BOB KULP

STATE REPRESENTATIVE • 69TH ASSEMBLY DISTRICT

August 13, 2019
Senate Education Committee

Rep. Kulp: In favor of passage of AB 110

Chairman Olsen and members of the Senate Committee on Education, thank you for giving me the opportunity to testify on Assembly Bill 110.

In 1994, Wisconsin ranked 3rd in the National Assessment of Educational Progress's reading scores which has since declined to 34th in the country by 2017. We are one of seven states that don't have some form of dyslexia legislation. The state of Oregon passed dyslexia legislation last year and just this past May the state of Georgia passed a dyslexia screening bill that was signed into law. Wisconsin is falling behind the rest of the country in reading education!

Many parents with dyslexic children have reached out to our office. They tell of the struggles they go through to get their kids the help they need. More often than not their local school districts do not have the tools or the programs to identify or help the children with dyslexia to learn to read. I myself have three kids with dyslexia and I understand the challenges involved. I chaired with Senator Patty Schachtner the 2018 Legislative Council Study Committee on the Identification and Management of Dyslexia which created Assembly Bill 110. The Dyslexia Study Committee's purpose was to focus on dyslexia since amongst all the different learning disabilities in Wisconsin we haven't focused on this issue before. After many discussions from many experts in literacy education, we developed this bill to create a dyslexia guidebook as a tool that was not previously available to our school districts.

It was referred to both this committee and the Assembly Education Committee by the Joint Legislative Committee in a unanimous bi-partisan vote. It has since passed through the Assembly with a strong bi-partisan floor vote of 76 – 21.

We look forward to giving parents and children more tools than currently available to learn to read. When a child does not learn to read, they are less likely to graduate high school and are less likely as an adult to become incorporated into our society. This bill takes a step in the right direction in ending our policy of letting children fall through the cracks. We will be hearing from advocacy groups, parents, teachers and children today who will be sharing their stories. I look forward to hearing all of their testimony.

Thank you Mr. Chairman.

REPRESENTING WISCONSIN'S 69TH ASSEMBLY DISTRICT

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School Administrators Alliance

Representing the Interests of Wisconsin School Children

TO: Senate Committee on Education
FROM: John Forester, Executive Director
DATE: August 13, 2019
RE: AB 110 – Developing a Guidebook on Dyslexia and Related Conditions

The School Administrators Alliance (SAA) is currently maintaining a neutral stance on Assembly Bill 110, relating to the development of a guidebook on dyslexia and related conditions. However, we would like to take this opportunity to share a few thoughts and concerns about the bill.

1. The SAA believes the concept of creating a guidebook has merit. We believe a well-crafted guidebook could provide parents with valuable resources to address their child's reading disability and could also provide guidance and support for teachers and school staff.

2. We note that AB 110 includes a definition of "dyslexia." We understand that this definition is a non-statutory provision of the bill included to provide a framework for the development of the guidebook. It is also our understanding that this provision exists solely for purposes of the development of the guidebook and would not apply outside of that purpose. Nonetheless, we question the wisdom of prescribing a definition that has not achieved broad consensus to help shape the development of the guidebook. In this case, it may be more appropriate to give that responsibility to the advisory committee charged with developing the guidebook.

3. We are concerned with the manner in which the bill prescribes the membership of the advisory committee charged with developing the guidebook. We question the wisdom of dictating that the co-chairpersons and the members of the advisory committee be split evenly between the International Dyslexia Association and the Wisconsin State Reading Association – two organizations that appear to be openly hostile to one another – with one member representing the Department of Public Instruction. We believe it would be wise to include members from outside of these two factions, such as parents, teachers, school administrators and school board members.

Thank you for your consideration of our views. If you should have any questions on our thoughts on AB 110, please call me at 608-242-1370.

State of Wisconsin

Wisconsin Council on Mental Health
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851
mhc.wisconsin.gov

Testimony in Support of 2019 AB 110
Senate Committee on Education
August 13, 2019

The Wisconsin Council on Mental Health appreciates this opportunity to submit testimony in support of AB110, for developing a guidebook on dyslexia and related conditions for parents, guardians, teachers and administrators.

While dyslexia is not a mental health diagnosis, it is clearly a mental health-related issue, at a time when families and schools are struggling with increased levels of anxiety, depression, suicidal ideation and suicide itself.

According to the Yale Center for Dyslexia and Creativity, 20% of students have dyslexia and 85% of students with learning disabilities have dyslexia. Students with learning disabilities have a three times higher risk of attempting suicide than their peers[1], and up to 89% of suicide notes contain dyslexic-type spellings[2].

On the broader level, anxiety and depression are both associated with dyslexia[3]. Students with dyslexia often experience the frustration of being viewed as not trying hard enough, coupled with their own frustration at not being able to easily learn what they see their peers being able to learn.

Conversely, when a child with dyslexia is properly taught to read, they can experience improved self-esteem, their overall mental health outlook improves, their confidence improves, and the resulting hopefulness echoes into many areas of their lives. Dyslexic students who are supported have lower rates of drug use and abuse and lower suicidal thoughts.

Wisconsin has never had a centrally-developed guidebook resource to help families and educators better help children with language-based learning differences and dyslexia. The guidebook as proposed in AB110 would provide guidelines on screenings for early identification and would recommend evidence-based interventions, as well as pointing to available resources. Creating the guidebook would be an important fundamental step toward offering the basic information towards helping students with dyslexia.

The Wisconsin Council on Mental Health urges the Senate Committee on Education and the legislature as a whole to pass AB110 into state statute.

For further information please contact the members of the Wisconsin Council on Mental Health at wcmh@wisconsin.gov.

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[1] Suicidality, School Dropout and Reading Problems among Adolescents. *Journal of Learning Disabilities*, 2006; 39(6): 507-14.
[2] Learning Disabilities and Adolescent Suicide. *Journal of Learning Disabilities*, 1997;30(6): 652-9.

[3] **M. Ryan, "Social and emotional problems related to dyslexia"** http://www.ldonline.org/article/19296/

early identification is important and possible

Early intervention
4x effective

Return of investment
$16 to 31 per $1 spent

Solution for dyslexia
Works for all

Waiting 1 year
25-50% diminished

Risk prediction
60-80% accurate

Critical Importance of science-based identification & preventive intervention at the earliest stage.

Al Otaiba & Fuchs. J Learn Dis 2006; Wanzek & Vaughn. School Psych Rev 2007 – MetaAnalysis
Beddington et al. Nature 2008; House of Common Report 2009; ***Assuming*** exchange rate of $1.50 to £1

Dyslexia
Reading Connection Inc

Inspiring a world of learning and literacy for the dyslexic community throughout Northeast Wisconsin.

August 13, 2019

Dear Senator Olsen and the Senate Education Committee:

I have the privilege of working with Dyslexia Reading Connection, a small 501(c)(3) nonprofit in Appleton, WI. We offer community events to build awareness, free consultations, screenings, and tutoring services. My work supports nearly 100 families of northeast Wisconsin and I am a huge advocate for reading and math literacy among our children. Recently, I have become very concerned about the legislative impact on education.

According to the International Dyslexia Association, as many as 1 in 5 people have symptoms of dyslexia in varying degrees of severity. Most people are never diagnosed, but as many as 80% of children in learning-disabled classes may actually be dyslexic. People with dyslexia are intelligent people with many gifts; however, since they process language differently they struggle in academic environments. They benefit from a direct, multi-sensory, explicit type of instruction that will teach them to read, spell, and process language at grade level, among their peers. Most schools teach students to read using the 'whole language' or 'leveled literacy' approach, which does NOT work for a dyslexic learner. At Dyslexia Reading Connection, we tutor students with reading struggles due to dyslexia because the schools do not use an Orton-Gillingham/Structured Literacy approach that is proven to teach dyslexic individuals how to read and spell, and get them to grade level.

Reading impacts a child's day in school nearly all day long. Imagine if you were a student in school who struggled with reading, imagine if you couldn't sound out a word, or your teacher asked you to read aloud to the class. This is the type of environment a child with dyslexia experiences daily. In a school, you cannot escape reading and if it is one of your weaknesses, then you are not comfortable in your learning environment, your confidence lessens and your behavior worsens. Intervention builds confidence.

Dyslexia doesn't only impact children, dyslexia is hereditary, and if an individual with dyslexia has a child, 50% of their children will also have dyslexia. Beyond school, dyslexia tends to be an impoverishing condition. According to the U.S. government, there is a strong correlation between illiteracy and poverty. In fact, a break down of the 2016 LIFE Study, conducted by United Way Fox Cities, showed that while 45.01% of non-economically disadvantaged students were able to read at a proficient or above level, only 22.94% of low-income students could. Children who do not have the needed literacy skills for school success are likely to drop out. Students who do not complete high school have lower earnings as adults. Even if they graduate high school, adults with poor reading and writing skills have a difficult time finding employment in all but the lowest paying

jobs and will likely need to depend on government assistance. This cycle of impoverishment can be reduced, if not eliminated.

The 2016 LIFE Study of the Fox Cities Region also revealed that only 38% of all third grade students in Outagamie County read at a rate considered proficient or above. Surrounding counties are no better. Third grade reading levels are a predictor of later school and career success.

I speak with parents on a regular basis, parents who cry in my office because their child is years behind their peers in reading and they don't understand why. During consultations, I speak with parents about the symptoms of dyslexia and they get so frustrated that this wasn't discussed nor discovered by the school, an institution that works to provide an education to their child everyday. I hear "Why?" all too often.

Parents and teachers don't know what they don't know. Dyslexia is a neurological language processing disorder. This isn't taught in an elementary education curriculum at the Bachelor's degree level. It isn't taught in a Master's degree or a reading specialist certificate program. Our teacher's are entering the classroom unprepared to provide an adequate and appropriate education to 20% of their students. A Guidebook for Dyslexia will provide parents and teachers with answers and resources to help support their child. A Guidebook will prevent children, who struggle to read due to dyslexia, from being years behind their peers. Early intervention is critical to a child's education, their self-esteem, and their success. Let's work together to support our youth!

This guidebook is just that, a guide, a handbook, an educational resource, a tool to get questions answered, to point people in the right direction. Not every struggling reader has dyslexia. It is easy to distinguish the difference between a grade level reader and a student struggling due to dyslexia. You have the ability to provide this resource, please don't disregard the opportunity to help nearly 30,000 children in Wisconsin. This guidebook will help parents, teachers, and administrators get answers to their questions. Let's make it easier to find information.

In my previous career I worked in higher education with at-risk college students, many with reading struggles. These were adult learners (average age 27) fighting for their education and their career field. If they would have received proper instruction and access to educational resources, they may not have struggled in college. Now, their children are in our elementary classrooms, let's provide a guidebook to the parents of our next generation.

I ask that you support AB110 Wisconsin Guidebook for Dyslexia and Related Conditions. In supporting this bill, funding will be provided that will begin to support 30,000+ children in our Wisconsin schools who need support. This is a very small price to invest in the futures of our great state's children. All children should have the opportunity to achieve and develop the skills necessary for the future. I believe that in supporting this bill you will impact the lives of countless children.

Dyslexia
Reading Connection, Inc.

The Department of Public Instruction was created in 1848 when Wisconsin became a state. Dyslexia was discovered in 1881 and the term dyslexia finally coined in 1887, yet in 2019 we still won't say the word 'dyslexia' in a school setting. We cannot put the term dyslexia, even when diagnosed by a neuropsychologist, into a child's Individualized Education Plan (IEP) or 504 Plan. Something has to change and the creation of a guidebook is just the start for a learning disability that was discovered nearly 140 years ago.

Lastly, at least 18 other states have published dyslexia guidebooks, let's make Wisconsin a state that is equal on the playing field.

Sincerely,

Kimberly Stevens
Executive Director

Residence:
2921 W. Big Bend Drive
Appleton, WI 54914

Wisconsin Reading Coalition Comment on Dyslexia and AB 110 by Steven Dykstra

We do not have data from the NAEP that would allow us to compare dyslexic students across states. We can compare disabled students with IEP's, many of whom are dyslexic, but depending on how well a state identifies and responds to dyslexia, many dyslexic students may never be identified. In other schools, early identification and effective intervention prevents disability, so these dyslexic readers would not be included in the broad category of disabled students. What we do know is there is a strong correlation between a state's overall reading performance and the performance of students classified as disabled. That correlation of .71 in 2017 across all jurisdictions means approximately half the variability in the reading performance of disabled and non-disabled students is shared. They do well, or not, for reasons they share in common. This means that what we do to benefit one group is likely to benefit the other, if they are allowed to share in it.

This prediction is born out in three large jurisdictions: Massachusetts, Florida, and the schools operated by the Department of Defense (DoDEA). All three jurisdictions made substantial gains in overall reading achievement after embracing the science of reading and reading instruction in a variety of ways.

From 1998, the last year before the science of reading was widely publicized, and the earliest year for which we have complete data for all three jurisdictions, until 2017, all three jurisdictions and all groups showed substantial gains in terms of raw score points.

Jurisdiction	Non-Disabled Gains	Disabled Gains	Increase in Students at Advanced Level
DoDEA	16.52 points	24.86 points	36.1%
Florida	28.94 points	34.42 points	147.9%
Massachusetts	14.27 points	17.31 points	123.2%

In every case, raw score gains were large, and better for disabled than non-disabled students. To put these gains in perspective, while reporting scores this way is often misleading, 11 points is generally considered a grade level at this point on the NAEP raw score scale. Students gain an average of approximately 44 points between 4th and 8th grade. This is a very rough equivalency and is useful only to illustrate that all groups had very substantial gains in achievement.

It is also very important to note that the benefits of reading science reached all the way to the top of the range of achievement: the advanced level. The same knowledge, methods, and

standards that raised the performance of disabled students as well as non-disabled students, increased the number of students scoring at the highest levels by anywhere from about a third in the DoDEA schools, to well over double the earlier number in both Florida and Massachusetts.

During this same period of time, performance by Wisconsin students at all levels, and for all groups, has been remarkably flat. The reason is transparently obvious to anyone familiar with the educational landscape in Wisconsin: we have not embraced the science of reading. We have been slow to make advancements based on a science that has benefitted other jurisdictions. We cling to a discredited view of reading and while everyone suffers, predictably, poor, minority, and disabled students pay the highest price.

That's why we need a dyslexia guidebook. It is a start to the process of bringing the science of reading to Wisconsin to benefit every child, every teacher, and every community. We need to do more than a single guidebook with optional advice for a limited population, but we have to start somewhere. Let's start here, and at the same time, make a brave pledge to do the next important thing, and all the important things after that.

Final Thought

White 4th graders who don't get a free lunch rank 48th out of 51 nationally. Black 4th graders who get a free lunch rank dead last. Between these disparate bookends of our most advantaged and least advantaged students, we are badly outdone by the many other states, including Mississippi, which outperforms us by a wide margin.

How much worse does it have to get before we take action? A dyslexia guidebook isn't enough, but it is a start. It is more than nothing.

Wisconsin Reading Coalition Data Packet on 2017 4th Grade Reading in Wisconsin

The National Assessment of Educational Progress is the best way to compare educational performance between states. The NAEP is completed every 2 years on a carefully selected cross section of students. At this time, the most recent results which are available to the public are from 2017. 2019 results will be released in October of this year.

All Students

When looking at all students, Wisconsin 4th graders ranked **34th out of 52** jurisdictions (50 states, the District of Columbia, and schools operated by the department of defense). Statistically, Wisconsin performed significantly worse than 22 states, significantly better than 12, and about the same as 17.

> *A Note About "Statistical Significance": Statistical significance refers to the likelihood that this one difference in performance might reflect chance variation, alone. A difference is typically said to be significant when the likelihood of such a result by chance alone is less than 5%. The actual likelihood of the same difference occurring due to chance alone is lower, and when we consider prior data that form a pattern, the likelihood falls much lower still.*
>
> *Data of this kind has sometimes been misinterpreted as showing Wisconsin may actually rank 23rd, since only 22 states are significantly ahead of us. This is untrue. Without delving into the statistical complexities, when considering years of data and not just this one comparison, the likelihood we've just been unlucky, and actually rank 23rd, is lower than your odds of winning the Powerball Jackpot, 2 times in a row.*

Racial Subgroups

Wisconsin's ranking benefits from a relative abundance of white students and relatively low poverty, both factors which inflate our scores over states with more poverty and more minority students. To account for these factors, it is possible to look at racial groups separately. (Because some states lack significant populations of certain minority groups these rankings are sometimes among fewer than the 52 jurisdictions mentioned previously.)

White Students: White 4th graders in Wisconsin rank **41st out of 52** jurisdictions, significantly better than only 2, significantly worse than 25, and about the same as 24.

Black Students: Black 4th graders in Wisconsin rank **40th out of 42** jurisdictions, significantly better than 0, significantly worse than 24, and about the same as 17.

Hispanic Students: Hispanic 4th graders in Wisconsin rank **46th out of 49** jurisdictions, significantly better than 0, significantly worse than 25 and about the same as 23.

Racial Subgroups, Plus Poverty

School data typically report poverty according to which students qualify for a free or reduced lunch, and which do not. Combining eligibility with the three racial groups already reported, produces 6 more specific subgroups: 3 racial groups each divided by school lunch eligibility.

White, Not Eligible: These students ranked **48th out of 51** jurisdictions, were significantly better than 0, significantly worse than 25, and about the same as 24.

White, Eligible: These students ranked **46th out of 50** jurisdictions, were significantly better than 0, significantly worse than 15, and about the same as 34.

Black not Eligible: These students ranked **10th out of 23** jurisdictions, were significantly better than 0, significantly worse than 0, and about the same as 22.

Black, Eligible: These students ranked **39th out of 39** jurisdictions, were significantly better than 0, significantly worse than 28, and about the same as 10.

Hispanic, Not Eligible: These students ranked **28th out of 31** jurisdictions, were significantly better than 0, significantly worse than 1, and about the same as 29.

Hispanic, Eligible: These students ranked **46th out of 48** jurisdictions, were significantly better than 0, significantly worse than 22, and about the same as 25.

We can be very confident in the big picture of these results. They are consistent with trends over time, and are not simply our collective bad luck on the day of the test. We're doing very badly, worse than all but a handful of states. Our fair ranking when we are put on equal footing with other states is probably in the low to mid 40's.

Our lingering impression of ourselves as high achieving educational leaders is not accurate when it comes to early reading achievement. In 2017, of the 6 subgroups listed above, 5 had enough data for comparing Wisconsin to Mississippi (Mississippi lacked enough Hispanic children who did not qualify for a free lunch). Of those 5, Black children who did not qualify for a free lunch performed about the same in the 2 states. ***For all 4 remaining groups, including both of the white groups, and all of the groups eligible for a free lunch, Mississippi scored significantly better than Wisconsin by very wide margins.***

Wisconsin Reading Coalition Comment on AB 110 by Mary Newton

August 13, 2019

Ironically, some of the most convincing arguments in favor of a dyslexia guidebook come from five objections made by opponents of AB 110 over the past few months. That is because these objections contain examples of common misunderstandings and misstatements about dyslexia that could be clarified by a guidebook.

The first objection we've heard is that there are numerous definitions of dyslexia. Opponents have not said what they find troublesome about the definition specified for the guidebook, and have not suggested a different definition. They seem to imply that dyslexia at best is poorly understood and perhaps does not even exist, as often claimed by popular reading guru and frequent Wisconsin speaker Richard Allington. WSRA has claimed on multiple occasions that dyslexia has been eliminated as a diagnostic term by the DSM-5, which is used to classify various disabilities. A guidebook can point out that brain imaging verifies the existence of dyslexia, that the DSM-5 includes dyslexia as a diagnostic term, just as in the DSM-4, and that although different organizations define dyslexia in different words, the core elements of the definitions are all the same: dyslexia is a problem with word recognition and spelling that stems from problems hearing and manipulating speech sounds, matching those sounds to written symbols, and learning spelling conventions. It has nothing to do with general intelligence or motivation. AB 110 employs the International Dyslexia Association definition, which is used widely and forms the basis of all the dyslexia guidebooks of other states.

A second objection is that for-profit dyslexia clinics and practitioners hope to use the guidebook to build business, and that more such tutoring centers will spring up. A guidebook can actually increase the chances that the educational needs of dyslexic students are met in school, lowering the demand for outside services. Every tutor I know wishes the schools would put them out of business by providing appropriate intervention, and families would be delighted not to spend money and after-school time seeking private educational support. Districts may save themselves from expensive judgments for failing to provide a free and appropriate public education for students with dyslexia, and the private market for ineffective treatments such as vision therapy, colored lenses and overlays, balance exercises, tachyon water, and antibiotics may dry up as parents become more informed.

A third objection is that a guidebook privileges student with dyslexia over other students with reading problems. A guidebook will clarify that all word recognition problems, whether stemming from innate or environmental causes, benefit from the same type of instruction that builds speech sound awareness, systematically teaches sound-letter correspondences, and explains word construction and spelling conventions. Nothing in the guidebook is mandatory, so no resources will be diverted from other children. Teaching background knowledge and vocabulary to children who enter school with limited experiences or language comprehension disabilities remains important, but it is a false dichotomy to say

we must choose between teaching word recognition and language comprehension. There are many reading risk factors over which educators have little control, such as school funding, class size, poverty, racism, school mobility, absenteeism, trauma, and lack of home support. Yet other states with the same problems do much better than we do. A guidebook will help educators be more effective with the instructional aspects of education that they do control.

A fourth objection is that the guidebook might recommend a particular type of instruction, which would interfere with teachers' ability to personalize instruction for each student. A guidebook will undoubtedly describe an approach to foundational reading instruction that is explicit, systematic, and complete. This is the approach recommended by the Report of the National Reading Panel, by the American Psychiatric Association, by the National Institutes of Health, by federal law for students with disabilities, by the International Dyslexia Association's structured literacy brief, and most recently by the International Literacy Association's phonics brief. A guidebook will not recommend specific programs, but will help districts evaluate programs for what are now universally recognized as essential and effective components.

Finally, a fifth objection is that a guidebook will not solve all the problems connected with dyslexia. While this is true, a guidebook can spur discussion about all the avenues of change that, if implemented in an integrated way, would lead to significant improvement. This includes changing the reading standards for teacher preparation programs, improving screening assessments, providing research-based core reading programs and interventions, linking intervention to diagnostic screening and progress monitoring, and providing meaningful professional development for teachers.

Other states have passed us by, and it's time for Wisconsin to take the first steps toward empowering teachers and supporting children.

To: Senate Education Committee

From: Deborah Cromer, WSRA President, 2019/2020

Date: August 13, 2019

Re: Testimony opposing 2019 Assembly Bill 110, Dyslexia Guidebook

Why WSRA opposes Assembly Bill 110.

Mr. Chair and members of the Senate Education Committee, WSRA--the Wisconsin State Reading Association--would like to thank you for giving us the opportunity to present testimony about 2019 Assembly Bill 110. We would also like to thank Representative Kulp for proposing an amendment to AB 110 that provides that individuals with certain vendor financial conflict of interests may not be appointed to the proposed advisory committee.

WSRA supported the original draft of the bill proposed by the Joint Legislative Council Study Committee. Evidence of our support can be found in the public record of the proceedings of the Study Committee for September 18th and in a letter sent to the Study Committee. With two amendments in addition to the one proposed by Representative Kulp, WSRA would be in favor of this bill becoming law.

Once again, the Wisconsin State Reading Association officially supported the original version of AB 110. Contrary to the view promulgated by other organizations, WSRA is NOT at war with anyone. We are not interested in fighting the so-called Reading Wars. We do not wish to exclude people with other perspectives as was done when the Joint Legislative Council Study Committee was composed. We would like to work with all stakeholders to develop a guidebook that will inform families and help educators do the best for Wisconsin students.

Here are the two amendments we believe are essential to our support for the bill.

1. The proposed guidebook should inform on ALL literacy \ reading related conditions - not be a marketing tool to promote one condition.

The original bill draft (LRB-0383/P3) provided for creating a guidebook for "*reading difficulties and dyslexia*" to ensure that this document educated parents and educators about the reading difficulties and reading disabilities including dyslexia. Unfortunately, the Study Committee amended and deleted this reference throughout the bill draft to instead focus on "*dyslexia and related conditions*" (LRB-0383/3) [*Report to the Joint Legislative Council, Feb 1, 2019, Page 10, first bullet point].*

WSRA supported the original focus and stated that "it is evident that parents of children who have been identified as dyslexic feel uninformed and at a loss to understand what they need to know to be active partners in their children's education. We believe a guide as originally proposed would serve a useful purpose and WSRA wishes to be part of the development of this important tool, if this project is accepted. WSRA commends the leadership and is appreciative of both Chair Representative Kulp and Vice-Chair Senator Schachtner for making sure there is broader representation on the proposed guidebook committee by including membership from both the Orton Society and WSRA."

2. "Dyslexia" definition included in the guidebook draft is controversial and not uniformly accepted by literacy and mental health experts in the field.

It is unusual for the state legislature to define in statute diseases, conditions and diagnoses – a fact that was confirmed during the Study Committee process by Legislative Council. In short, it begs the question, who is best suited to define a disease, disorder, condition or diagnosis? The medical profession or the "body of politic?" That is the basis of our concern.

The medical profession, specifically the American Psychiatric Association, who publishes guidance on disorders which is where dyslexia can be found, was unable to come to consensus and unwilling to define dyslexia. State legislators are being asked to create a definition of dyslexia in statute, a definition that has also not been accepted by the health care and medical profession. What you are being asked as a State Legislature, is to provide an official state sanctioned definition of what is purported to be a medical and mental health condition. WSRA believes the definition in this proposed bill is broad and could co-opt or usurp other disorders, conditions and identifications. Our concern is that this guidebook could lead to confusion, misidentification, or misdiagnoses.

Deborah Cromer
WSRA President, 2019/2020

To: Senator Luther Olsen, Chair
Members of the Senate Education Committee

From: Kathryn Champeau, WSRA Legislative Chair

Date: Tuesday, August 13, 2019

Re: Testimony opposing 2019 Assembly Bill 110, Dyslexia Guidebook

Creating a guidebook that is useful to parents and educators about reading difficulties including dyslexia is a productive goal that the Wisconsin State Reading Association supports. WSRA, however, opposes Assembly Bill 110 because without the two amendments stated below, this guidebook would serve to confuse, rather than promote, a better understanding of reading difficulties including dyslexia. Other organizations and the media have characterized WSRA's opposition as part of a "reading war". WSRA does not support nor promote this false characterization of our stance on this literacy issue. WSRA is not at war with anyone. Instead, since the inception of the dyslexia study committee, WSRA has publicly sought through communication with the study committee chair to be inclusive in the conversation and participation of other stakeholders in the process of establishing a useful guidebook.

WSRA seeks the following two amendments so that we may support AB 110.

Suggested Amendment #1:
Amend the bill to inform on all literacy/reading related conditions and dyslexia.

Specifically, amend the bill to delete references to "dyslexia and related conditions" and replace with "reading difficulties and dyslexia."

The original bill draft (LRB-0383/P3) provided for creating a guidebook for "reading difficulties and dyslexia" to ensure that this document educated parents and educators about the reading difficulties and reading disabilities including dyslexia. Unfortunately, the Study Committee amended and deleted this reference throughout the bill draft to instead focus on "dyslexia and

related conditions" (LRB- 0383/3) [Report to the Joint Legislative Council, Feb. 1, 2019, Page 10, first bullet point].

Suggested Amendment #2: Amend the bill to delete the definition of "dyslexia."

While medical and psychological conditions and diagnoses may be referenced in state statute, it is unusual for the Wisconsin State Legislature to define them in statute.

Further, the definition of dyslexia that is used as a non-statutory provision in the bill is controversial and not uniformly accepted by literacy and mental health experts in the field.

WSRA's position on the topic of defining dyslexia remains unchanged. That position is that there is not a universally agreed upon definition of dyslexia by the many researchers and various professional organizations on this issue.

WSRA concurs with the American Psychiatric Association who carefully and extensively reviewed and analyzed this issue for their DSM-5 manual. They concluded that "the multiple definitions of dyslexia and dyscalculia meant those terms would not be useful as disorder names or in the diagnostic criteria."
https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets

Thank you for your consideration in this matter.

Included for Your Research & Education: The Dyslexia Debate (Book)

The Dyslexia Debate is a comprehensive review of the research surrounding this important issue. Please note the last third of the book provides extensive citations, many of which are research studies, that expand educators' and the public's understanding of dyslexia. These citations are critical because they substantiate the issue of contradictory statements made about dyslexia that are currently being perpetuated to support legislation.

Chapter One addresses the multitude of definitions and descriptions of dyslexia. Chapter One also discusses the terms dyslexia, reading difficulties, and reading disabilities. Here are a few key pages that support WSRA's requests for the elimination of a legislative reference to one dyslexia definition and to expand the terms for the guidebook:

- **Foreword: p. xiii** "The reader who is unfamiliar with the relevant literature will be immediately struck by the utter lack of consensus regarding whether dyslexia is little more than a descriptive and somewhat misleading label for early reading difficulties or a neuropsychological construct with well- established construct validity."

- **Foreword: p. xvi** "...the number of definitions of dyslexia can be roughly equated with the number of theories of dyslexia and in practical applications the number of definitions of dyslexia can be roughly equated with the number of commercially available interventions designed to remediate reading difficulties said to be caused by dyslexia."

- **Chapter One: p. 5** "It is difficult because the field has been unable to produce a universally accepted definition that is not imprecise, amorphous, or difficult to operationalize."

- **Chapter One: p. 13** "A further difficulty concerns the observations that many 'signs of dyslexia' can be found in poor readers who may not universally considered to be dyslexic, and also in other individuals without reading problems."

- **Chapter One: p. 39** Table 1.1 *Differing understandings of who may be considered to have dyslexia*

- **Chapter One: p. 40** Section entitled "Note the terminology used in this book" and the subsequent paragraphs.

Good morning Senators Olsen and Darling, and members of the Senate Committee on Education. Thank you for your consideration. My name is Christi Hunter and I am a mother of five from Lake Geneva, WI. And, since 2016, I am also a dyslexia interventionist and advocate. I am here today to express my support of the proposed bill AB 110, and the need for a Dyslexia Guidebook in the State of Wisconsin.

In 2012 I found out that my oldest son is dyslexic. Sam was 11 when I found out, even though he had struggled with reading, writing, and memorizing his math facts since he had begun schooling at age 5. At the time, I believed many of the myths you yourselves may have heard or are familiar with. I thought (and was told) that he would "outgrow" his struggles, that he "wasn't trying hard enough," or that dyslexia was seeing and writing letters and numbers backwards (which he didn't do), that dyslexia meant someone could not read at all (which he could); or worse, dyslexics could not be taught to read, write or spell no matter what approach was applied. I was wrong. For the past 7 years I have done all I can to research and learn as much as I can about the truth of dyslexia and related reading struggles. Now, as a dyslexia interventionist and advocate I have seen firsthand the powerful effect correct information and reading science has on students and their families. I have helped numerous families find the resources they need to be successful, and, when possible, have tutored students as well. Many of these students, including my own son, are depressed and anxious about their abilities, having lived with what others deem as "failure" for years. However, I have witnessed these same students' confidence soar as their reading improves when they are taught using a Structured Literacy approach. But, I am only one person. And the services professionals like me provide come at a cost to students and their families. Providing quality reading instruction and intervention to ALL STUDENTS (not just those who can afford extra help) is an equity issue that needs to be remedied.

There are over 850,000 students attending Wisconsin public schools and over 60,000 teachers serving them, according to the Department of Public Instruction. As we know, Dyslexia affects as many as 5-20% of the population. So, even if only 10% of those students

struggle with reading, over 85,000 students throughout the State can benefit from effective reading intervention. And according to the latest results on the State assessments, we know that number is even higher (65% of Wisconsin's 4th graders are not reading proficiently...and we also know if a student is not reading proficiently by 4th grade, they often will not be able to read proficiently in 9th grade and beyond). Right now, if a parent is seeking help for their struggling student, they do not know where to turn. According to the International Dyslexia Association, there are currently only 14 dyslexia therapists/interventionists providing services in Wisconsin after school hours, while the Academic Language Therapy Association (ALTA) lists 24 qualified language therapists/practitioners throughout the State. The question begs to be answered: Who is better positioned to identify and intervene with a struggling reader when the timing is most critical (when the student is 5 or 6, rather than 10 or 11)? School districts, teachers and families NEED the guidance, resource, and support that a Dyslexia Guidebook can offer. It is critical that AB 110 be passed to provide a springboard for better awareness of dyslexia and its signs, as well as provide a resource and tool for more effective intervention for those who struggle with which is arguably the most essential skill one will ever achieve: Reading. Thank you.

Respectfully submitted on 8/13/19,
Christi Hunter, CALP
Certified Structured Literacy/Dyslexia Interventionist
1280 Promontory Dr.
Lake Geneva, WI 53147
262-812-6616

August 12, 2019

FROM: Christi Hunter, CALP
Certified Structured Literacy/Dyslexia Interventionist
Lexcel Read and Spell
1280 Promontory Dr.
Lake Geneva, WI 53147
262-812-6616
lexcelread@gmail.com

RE: Support for AB 110

Dear Senate Education Committee:

I am writing to once again urge your support for AB 110 to create a Guidebook on Dyslexia that recently received bi-partisan support and passed in the Assembly. Dyslexia is the most common learning disability, affecting students in every racial group, economic class, and geographical location. Dyslexia accounts for at least 80% of all students in Special Education, and approximately 20% of the total population. Dyslexia is hereditary and often affects multiple family members within a family tree. Dyslexia has affected *my* family for generations, including two of my children. And yet legislators, educators, and many families are largely unaware of its impact. Meanwhile gross mis-information and myths related to Dyslexia are widely distributed and accepted. Dyslexia is NOT the reversal of letters or "seeing" words backwards. Dyslexia, while neuro-biological in origin, is NOT a medical problem, but rather an educational and legislative crisis that can lead to long-term consequences if not adequately addressed including under- and un-employment, poverty, drug and alcohol abuse, and incarceration. Dyslexia also has an EDUCATIONAL and legislative solution. AB 110 begins to bring necessary awareness and guidance to an issue that has long been overlooked.

Wisconsin currently ranks 34th in the Nation for reading proficiency according the National Assessment for Education Progress (NAEP), down from 3rd in the Nation in 1994. States that are adopting evidence-aligned reading instruction are outpacing our students in reading, and the downward trend will continue unless positive steps are taken to move Wisconsin forward. With increased awareness and proper guidance of a Guidebook proposed by AB 110, reading struggles may be identified earlier, and School districts and families will finally be provided with the information they need to effectively address the weaknesses they witness in their students who struggle. Once a student with dyslexia is given the evidence-aligned tools they need to be successful in reading, reading failure is no longer a threat to their well-being, and overall reading proficiency increases over time. AB 110 begins to address all of these issues and is a critical step forward. Please vote in SUPPORT of AB 110. I am happy to address any questions or concerns you may have.

Thank you for your time and consideration,

Christi Hunter

262-812-6616

August 12, 2019

To the Senate Education Committee:

I am writing you in support of Assembly Bill 110, developing a guidebook related to dyslexia and related conditions.

Our first son was diagnosed with dyslexia in July 2018. Up until first grade we didn't know that he struggled with reading, writing or spelling. We thought he was progressing normally and thought he was doing very well. It was after the first quarter of first grade that we realized he was well below his grade level and might even be one of the bottom four readers in his entire first grade class.

As a parent, we were distraught. We thought we had failed him. We wondered what more we could have done to help him. This struggle continued throughout first grade. Many nights we sat at the kitchen island and struggled through homework – and he was in first grade. There were a lot of tears shed on both our parts. We didn't know how to break through to him to get him to understand and he was just so frustrated he was shutting down.

That following summer we noticed he was starting to realize something wasn't right. He could tell there was a difference between how he learned and how he did everyday things compared to his brother who was 19 months younger than him. He started to pull back from us and wanted to be alone most of the time. We didn't know what to do to get him the help he needed and to be honest we didn't even know what was wrong.

We reached out to a local business that provided tutoring assistance, but they had a waiting list and wouldn't be able to help us. However, they did provide us with a name and number of a teacher in the area that might be able to help. What we didn't know at that time was that this person would lead us on a road to discovering how to help our son.

Up until this point, our son's reading specialist at school was telling us she didn't think he had dyslexia, but his first grade teacher thought maybe he had signs of someone with it, but she wasn't a medical professional so she couldn't tell us for sure. We had so many questions. What is dyslexia? Will he struggle forever? Does this mean he can't learn? We didn't know where to go or who to ask for help. The school didn't really know how to help, and they weren't leading us in any certain direction. Our son was in Title 1 and Reading Recovery, but we continued to struggle night after night.

Finally, in August 2017, our son met with the teacher we were referred to and she educationally assessed him for dyslexia. It was then that we heard for the first time, "Your son shows signs of someone with dyslexia, but don't worry I will help you." It was such a relief for not only us, but for our son. I could see a weight had been lifted off him. I believe he felt as though we had found someone that could help him.

which one would receive from an Orton-Gillingham based reading program. From our discussions with our son's IEP team, there is no one trained in an Orton-Gillingham based reading program in the district. So instead, our son will now be placed in special education to help him with reading, writing and spelling. We still are not sure what that means for him. As a parent, that is frustrating because they aren't spending the time during school hours to properly educate our son, so instead we are spending two hours with a tutor and additional hours at home during the week in order to get him the instruction that he needs to learn.

There still needs to be a balance for children with dyslexia. Kids without struggles can be in afterschool activities, play with friends and have time to relax. Because our school doesn't teach our son the way he needs to learn, we don't have that freedom. We try and get him involved in activities he likes, but then we don't get as much tutoring time in. So, it's a balance and a struggle to help him improve his reading, spelling and writing skills, while still allowing him to be a kid. We want to re-iterate, if schools taught kids with dyslexia how to read in an explicit, systematic, and sequential way, then there would be no need to have the additional time outside of school to learn and children would be able to participate in activities they enjoyed. They would be allowed to be kids.

Just a few months ago, our second son was also diagnosed with dyslexia and we will be starting the process again to have him tested and hopefully qualify for additional services in school. We now know the process, but we feel as though it will still be a struggle to get him what he needs. Fortunately, he is lower on the spectrum than our oldest son, but he still needs the additional assistance in school in order to be taught how he needs.

As a parent that is navigating everything dyslexia from what it is, how to get diagnosed, testing and getting our children help in school, I can honestly say that if there were a guidebook available 3 years ago, we probably would not have struggled as much as we have. We would have had a resource, our children's teacher would have had a resource and our school district would have had a resource to help our children learn.

Therefore, I fully and whole heartedly support Assembly Bill 110.

Thank you for reading our story.

April Kaiser

April Kaiser
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We started tutoring in October 2017 and worked with our son's second grade teacher to make sure she understood his struggles even though we still didn't have a complete understanding of what dyslexia was or how to help him best. His second grade teacher allowed for many accommodations for him without having an IEP, which we are grateful for, but she also had no knowledge about dyslexia or what our son was struggling with. We were just lucky we had a sympathetic teacher that was willing to do what she could to help him. During second grade our son showed great progress in his reading and writing, and as much as the school would like to believe it was their Title 1 intervention, I whole heartedly believe that it was because of the work with the tutor that our son made such progress.

It wasn't until half way through second grade that our son's teacher got him on the list for additional testing in speech, occupational therapy and physical therapy. But there was no focus or testing for reading done at this time. We were confused. We knew he struggled with word formation, letter reversals and keeping up with his class, but our main concern was his reading. After discussing with the school psychologist, we were told he didn't have enough interventions to be tested for a specific learning disability. How could that be? During first grade, our son was in Title 1 and Reading Recovery and started out second grade in Title 1 again. Fortunately, our son qualified for speech, OT and PT and we developed an IEP. We understood that the reading part of it was missing, but felt it would be easier to amend the IEP then to try and develop a new one in the future.

It wasn't until the end of second grade that we were able to have our son tested for a specific learning disability in the area of reading at his school. This was after a lot of persistence on our part to make sure our son was put on the list as soon as our waiting period was over. Of course, it came back that he was well below grade level for reading and was not progressing at the level of his peers. But what it also showed was that he was above average for intelligence, he just struggled to read. We always knew our son was smart, but now we had the proof. We were able to amend the IEP and now he will be placed into a special education program. But remember up until this point the word dyslexia still had not been used. And to be completely honest, when we asked if a diagnosis would help get him the services he needed, the IEP team told us it did not matter.

We never thought it was necessary to get a medical diagnosis for our son because we felt that putting a label on it wasn't as important as getting him the help that he needed. However towards the end of second grade we decided it was time to get him medically diagnosed so that we would have formal documentation in his record at school. This would also allow for us to have better, more honest, and explicit conversations with his teachers. We would no longer have to say we think he has dyslexia, we could say our son has dyslexia and this is how to help him. An added benefit for our son is he now understands why he struggles because we have a word for it – Dyslexia – and he has even started to advocate for himself because of this diagnosis.

Our son is starting fourth grade in a few weeks. This is the most optimistic I have been for him in a few years because we have a diagnosis and we know how to help him. I am still apprehensive that the school does not have the tools in their classroom to really help him. Our school has a Title 1 program and a Reading Recovery program. From the research I have done and from talking to our tutor, these programs are not going to help our son. He needs explicit, systematic and sequential reading training,

August 12, 2019

Dear Senate Committee,

My name is Christine Sorge. I am a Reading Specialist and Title 1 Reading teacher for the Marathon Area School District. I am asking for your support of AB 110, creating a dyslexia guidebook for students with dyslexia and related conditions. I know this guidebook would contain crucial information for educators, administrators, and parents. All of the children in the state of Wisconsin deserve to have educators who know the best practices and use them to teach their students to read.

Teaching is my passion! As I think back on my first years of teaching, 19 years ago, I cringe at the "best practices" of Balanced Literacy that I was using to teach those students. Now I know better, so I do better. Through lots of reading and learning I now know that students need a systematic, sequential approach to literacy instruction, which starts with a strong foundation in phonemic awareness and phonics. Students need to be taught 'how words work' to help them decode words they encounter in reading texts.

Just the other day I took my children to the orthodontist. The orthodontist was explaining the practices they used 20 plus years ago, they now know, are not the best practices to use on patients. Hearing this gave me a sigh of relief to know that other professions also continue to grow, learn, and change to use best practices.

When we know better, we do better!

Sincerely,

Christine Sorge
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I support AB 110 because a guidebook will offer a dyslexia resource to parents and educators. It is a step towards the acknowledgment of dyslexia.

I know dyslexia exists because of my own children, my brother and the children I work with within my profession.

I came into the teaching profession not knowing how to teach a child to read. The only strategy I was given for reading was guessing based on looking at pictures, the first letter of a word or using context. I was told to send books home and just have them read, read, read. This worked for some of my learners but not all.

Once my children entered school my concerns grew as I noted the struggle with reading even though my children were growing up in a literacy-rich environment. According to what I was being told, my children should take to reading without any problems. I knew dyslexia was within the family and that this may be why there was this struggle with reading, spelling, and writing. I had a conversation with my son's reading recovery teacher in regards to my concerns and the discrepancy between reading levels when I did a running record on a book that was not memorized in comparison to the teacher's running record on a book that had been practiced all week. I told her that I wanted my son to learn to read any book, not just the ones that had been previewed and memorized. RTI or response to intervention is supposed to mean not waiting to fail and providing early intervention but if the teachers do not know how to provide the appropriate reading instruction then RTI is just waiting to fail enough and saying we are doing something.

My need to teach my son to read when his reading recovery teacher was not and my son was then diagnosed with dyslexia based on my seeking outside testing has taken me on a journey where I have learned how to teach a child to read based on methods that actually make sense to me. I often felt that what I was telling children to do as a reader was not at all what I did when reading. I have obtained a master's in reading science from Mount Saint Josephs in Ohio, a certification in Wilson Language, and Orton-Gillingham training which has shown me that the English language makes sense. That when I use this knowledge with any child I not only am teaching how to approach reading unknown words but I am also building in spelling and writing skills. I build excitement about words. A child who once struggled begins to build confidence. I have had a child ask to take the decodable passage he read with me to his Leveled Literacy Intervention teacher to show her that he, in fact, could read. You see he recognized that he was not reading when he was with her and was being asked to read a leveled book where he was guessing his way through the book. He even asked to read the decodable passage aloud to the class.

In closing, I continue to wait for schools in Wisconsin to catch up to where I am in my journey of learning. I wait for dyslexia to be acknowledged and that it is understood these children are working harder than most, have average to above-average intelligence and are capable of learning to read when the correct approach is used. It is empowering to a child when he or she

understands the reason behind the struggle. I have yet to see a child who has been told he or she is dyslexic use this as a reason to not try rather I have seen a weight being lifted because now there is proof of not being stupid, lazy or not working hard enough.

A quote by Maya Angelou: "Do the best you can until you know better. Then when you know better do better"

Education is an evolving profession and should not stay stuck in outdated practice. We know better so now it is time we do better.

Thank you,
Michele M. Raasch

shell1205.mr@gmail.com

The Dyslexia Dilemma: A History of Ignorance, Complacency and Resistance in Colleges of Education
The Journal of Childhood & Developmental Disorders, 2016
http://childhood-developmental-disorders.imedpub.com/the-dyslexia-dilemma-a-history-of-ignorance-complacency-and-resistance-in-colleges-of-education.php?aid=11208

The science is relatively clear on issues related to reading acquisition, how to teach reading, the causes of dyslexia and reading failure . . .[43-45]. The history within colleges of education has been a resistance to the Science of Reading. . . As a result, the pre-service teachers . . . fail to receive the necessary training that would allow them to be effective . . .

"For the greatest enemy of truth is very often not the lie—deliberate, contrived and dishonest—but the myth—persistent, persuasive, and unrealistic. Too often we hold fast to the clichés of our forebears. We subject all facts to a prefabricated set of interpretations. We enjoy the comfort of opinion without the discomfort of thought" [47].
John F Kennedy, Commencement address at Yale University, 1962

Heather Kendrick / Conway Public Schools, Arkansas; RISE - Reading Initiative for Student Excellence
Feb 1, 2019 at 11:55 AM; the cabin.net, Log Cabin Democrat
https://www.thecabin.net/news/20190201/science-of-reading
The Log Cabin Democrat began publishing July 1879. The newspaper owner had been a member of the old Whig Party; he chose the party symbol – the Log Cabin as the name for his newspaper. Created as a Republican weekly, in the late 1880's new owners assumed control and the Log Cabin became a Democratic Party newspaper.

For years, everyone thought learning to read came "naturally". . .people thought kids learned to read mostly by hearing others read. They thought the brain was "wired" to read. . ..But now all the research is saying **that is not true!** . . .

Our brains must be trained. . .taught how each letter connects with a sound.. . We now know **Phonics is NOT OPTIONAL**
. . the "whole language" or "balanced literacy" approach. . .did not include phonics. . . . .
(based on reading science)

. . . with the RISE initiative. . . teachers are being trained in the science of reading, so they can teach children. . .about letters and sounds. We are **training students' brains** to hear and recognize sounds. And they are learning to read... You can almost see literal "light bulbs" go on inside the heads of readers as they "decode" . . . They are empowered by their knowledge. Truly, becoming a reader is life changing.

Janet Larsen
Menomonee Falls Wi
N53W15321 Balsam Dr

Table 1. Different Definitions of Dyslexia

Source	Definition	Included skills	Identified cognitive processes	Superordinate category
NINDS of the National Institutes of Health (n.d.)	"Dyslexia is a brain-based type of learning disability that specifically impairs a person's ability to read."	Decoding, fluency, reading comprehension, spelling	Phonological processing. Rapid visual-verbal processing	None given
International Dyslexia Association Board of Directors (2012)	"Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities."	Decoding, spelling, word reading. Possible related skills: background knowledge, reading comprehension, vocabulary	"Phonological component of language"	None given
Understood Team of NCLD (n.d.)	"A specific learning disability in reading. Kids with dyslexia have trouble reading accurately and fluently. They may also have trouble with reading comprehension, spelling and writing."	Fluency, word reading. Possible related skills: reading comprehension, spelling, writing	Not addressed	Learning disability
American Psychiatric Association (2013), *DSM-5*	None—given as a type of "specific learning disorder"	Decoding, fluency, spelling. Skills in broader category (specific learning disorder): reading comprehension, spelling, writing, word reading	Not addressed	Specific learning disorder
ICD-10-CM Diagnosis Code F81.0	"Developmental dyslexia is marked by reading achievement that falls substantially below that expected given the individual's chronological age, measured intelligence, and age-appropriate education."	Reading achievement. Skills in broader category (specific reading disorder): reading comprehension, spelling, word recognition, writing	Not addressed	Specific reading disorder
Learning Disabilities Association of America (n.d.)	"A specific learning disability that affects reading and related language-based processing skills. The severity can differ in each individual but can affect reading fluency, decoding, reading comprehension, recall, writing, spelling, and sometimes speech and can exist along with other related disorders. Dyslexia is sometimes referred to as a Language-Based Learning Disability."	Decoding, fluency, reading comprehension, recall, spelling, writing. Possible related skills: speech	Language processing	Learning disability
Individuals with Disabilities Education Act (2004)	None—given as a type of specific learning disability	Not addressed. Skills in broader category (specific learning disability): reading, spelling, speaking, writing	Language processing	Specific learning disability
American Academy of Pediatrics Section on Ophthalmology et al.[a] (2009)	"Dyslexia is a primary reading disorder and results from a written word processing abnormality in the brain. It is characterized by difficulties with accurate and/or fluent sight word recognition and by poor spelling and decoding abilities. These difficulties are unexpected in relation to the child's other cognitive skills" (p. 838).	Word reading, fluency, spelling	Phonological processing. Also in some individuals: rapid visual-verbal processing, working memory, attention	Learning disabilities

Note. DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; *ICD-10-CM* = *International Classification of Diseases, Tenth Revision, Clinical Modification*, maintained by the World Health Organization; NCLD = National Council for Learning Disabilities; NINDS = National Institute of Neurological Disorders and Stroke.
[a]Joint statement from the American Academy of Pediatrics Section on Ophthalmology, Council on Children with Disabilities, American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, and American Academy of Certified Orthopedists (2009). Most definitions also implicitly or explicit proscribe the inclusion of students with intellectual disabilities from the category of dyslexia.

To: Members of the Wisconsin State Assembly
From: Amy C. Sippert
Date: August 13, 2019
Re: Testimony in opposition of AB110 Developing A Guidebook on Dyslexia and related conditions

Thank you for your consideration. My name is Amy C. Sippert. I am a mother of three children and a classroom teacher with 28 years of teaching experience. I have a Master of Science in Education-Reading. I am **opposed** to AB110 as written and am asking for **two amendments**.

My first request is to amend the bill to delete references to "dyslexia and related conditions" and replace with "reading difficulties and dyslexia." Reading is a complex and sophisticated process. While I do agree that some children may have dyslexia, I believe that the wording in this bill is misleading and much too specific. Dyslexia is one of many reading difficulties a child may encounter. This wording makes it sound as if all reading difficulties are caused by dyslexia. So many factors are involved in the reading process. Vision, engagement, attention span, prior experiences with written language and neurological differences are just a few of the other factors that play into reading development. We must consider the whole child when designing an intervention.

My second request is to amend the bill to omit the definition of dyslexia The Diagnostic and Statistical Manual of Mental Disorders (DSM) states that dyslexia falls under the category of specific learning disorders. Dyslexia is acknowledged by the American Psychiatric Association. Furthermore, there is not a universally agreed on operational definition of dyslexia in the education and medical fields. Using a definition provided by the study committee concerns me. We do not define other specific learning disorders through the Department of Public Instruction. What is the real motive? Many individuals on the study committee stand to make financial gain through this particular definition.

All three of my children grew up loving the written word. They were read to, surrounded by books and immersed in language. Each of them developed at different rates, had varied interests and approached learning to read in their own way. Most importantly, their teachers treated them as unique individuals. My youngest took a bit longer to blossom as a reader. Her teacher expertly exposed her to a few gaps in her phonics knowledge and capitalized on her strong comprehension to give her the tools she needed to succeed. No program made that occur. Rather, it was careful classroom observation, support within her range of development and excellent instruction.

Teacher expertise matters. As an educator I know it is crucial that I am current in research about effective practices. I also believe that fidelity to any single program or strategy is unacceptable. Each child is unique and deserves instruction based on their specific needs and interests. My fidelity is always to the child I am teaching. It is erroneous to think that purchasing a program or defining a learning difference will "fix" students. Helping students become proficient, joyful readers takes time, dedication and careful planning.

In conclusion, I commend you for creating a guidebook for parents and appreciate your thoughtful consideration of my suggested amendments.

Sincerely,

Amy C. Sippert

To: Senate Education Committee Members

From: Dr. Aimee J. Jahns

Date: August 13, 2019

Re: Opposition to AB110-Developing a Guidebook on Dyslexia and Related Reading Difficulties

Thank you for this opportunity to testify. I am a retired elementary reading specialist who worked with struggling learners for 30 years. I am currently an adjunct instructor in the Reading department at UW-Whitewater.

My concern with AB110 is the language used to put dyslexia first and other reading difficulties after. Dyslexia is one reading difficulty but certainly not the only one. When researchers and reading experts can't agree on a specific definition of dyslexia, I don't think a definition should be included in a guidebook for parents.

Please consider amending this bill to say "reading difficulties including dyslexia" so that parents and teachers will better understand the complexity of reading difficulties. Please also consider eliminating a specific and controversial definition of dyslexia until mental health experts and other experts come to a consensus on a definition.

A guidebook that explains the many different reading difficulties individuals can have should be as accurate as possible but should not focus on only one aspect of reading difficulties.

Dr. Aimee J. Jahns

Adjunct Instructor, UW-Whitewater

To: Senate Education Committee Members
From: Gayle Luebke
Date: August 13, 2019

Re: Testimony in opposition of AB 110, Developing a Guidebook on Dyslexia and related conditions.

My name is Dr, Gayle Luebke and I am an Elementary Principal in a small, rural school district in North Western Wisconsin. We are a high poverty district with approximately 63% of our students receiving free or reduced lunch and a diverse school with about 18% of our students who are learning English as a second language. One thing that is abundantly clear to education practitioners is that under no circumstances does a one size fits all approach work for our students. As every student has his or her own personalities so do they have their own ways of learning, understanding and applying new learning. It is paramount to our student's educations that we do not restrict their learning by applying generalized teaching strategies across the board, especially for those students who are in need of strategies that go above those needed for universal instruction. Just as medical treatments must be catered to the needs of each individual, so must the methods used to teach strategies to students in need of literacy interventions. I concur with the recommendations of the WSRA to adopt the two proposed amendments to the AB-110 Dyslexia Guidebook. The literacy and mental health experts in the field do not uniformly accept a definition for dyslexia and including it in the guidebook would be confusing for administrators and educators and could potentially be harmful to students who do not fit into the prescribed box but need interventions in the area of literacy. In much the same way, using the descriptor "dyslexia and related conditions" also confines the scope as we look at the needs of our students. Using, instead, "reading difficulties and dyslexia" enables practitioners to look at the whole child and determine his or her individual needs. Our students need the expertise, flexibility and individualized instruction determined by licensed professionals who know the child and can make informed decisions about the best practices needed for that specific students success.

To: Members of the Wisconsin State Assembly

From: Nichole Ponzer

Date: August 13, 2019

Re: Testimony in opposition of AB110 Developing A Guidebook on Dyslexia and related conditions

Dear Senate Education Committee Members,

Thank for the opportunity to address the committee. My name is Nichole Ponzer. I've been an educator for 15 years, working as both a classroom teacher and a literacy coach. I attended state universities for both my bachelor's degree in elementary education and my masters of science in education. I've had the honor of working in diverse, high poverty schools and am passionate about supporting striving readers and writers as they become effective, joyful, literate citizens.

I am opposed to AB-110 as it is currently written and am asking the committee to consider two amendments.

I am asking the committee to amend the bill to delete the definition of dyslexia. There is no one definition that is agreed upon by researchers and experts in the field. In the medical community, definitions are not decided upon by legislators. A guidebook should serve to inform parents and educators and the inclusion of a definition that does not have consensus is misleading and confusing.

In addition, this guidebook would best serve the public if it was amended to inform on all literacy/reading related conditions and dyslexia. It is critical that a guidebook provide comprehensive and accurate information for all stakeholders. Prioritizing dyslexia is misleading. A guidebook should be clear in its distinctions among all learning difficulties and diagnoses.

The most effective way to insure that our students get the education they all deserve is through very careful analysis of extensive diagnostics that lead to targeted, individualized instruction which takes into account each individual child's strengths and areas of need. That instruction must be delivered from a highly trained educator that critically observes the child's current processing system and carefully instructs the child to accelerate their learning. I've worked with students with a wide range of reading difficulties, including dyslexia, throughout my career. Each student's story is as complex and unique as they are. The way each student approaches text is also complex and unique. No one methodology or resource will adequately service the needs of all learners- only a highly trained teacher that follows the individual child can do that.

Several years ago, when I was a fourth grade teacher, I had the opportunity to work with a hard working, bright, adventurous, thoughtful young man that was fascinated by bugs, science, and animals (especially gross ones). He also struggled to develop into a proficient reader every single year of his school career. I worked with that student during classroom instruction 3-4 times per week in small group. In addition, I continually assessed his progress and observed his work as both a reader and a writer. I intentionally planned lessons that built upon his strengths and targeted his tangled understandings. I collaborated with his previous teachers, literacy interventionists and coaches, and even the district reading coordinator. I also provided one on one instruction three days a week over our lunches all year long. I even met with him throughout the summer and again during lunches throughout his fifth grade year. As a result of that intensive specially designed and individualized instruction, this student headed off to middle school reading at grade level. His confidence increased and reading became enjoyable- and something that he now chose to do in his free time. Earlier this summer, I had the honor of attending his high school graduation and wishing him well as he heads off to pursue post secondary education this fall. In the end, what mattered for this student was not the way he had been "labeled" or how his reading difficulties had been defined. What mattered was the intensive individualized instruction that he was provided that met his growing and changing needs over time.

This is what all students need. Students need a teacher that has access to ongoing high-quality professional development and an extensive range of resources so that they can meet each student's wide-ranging needs. This is not just my opinion. The research is clear. The effectiveness of an intervention is dependent upon the expertise of the teacher. Students who have a history of struggling to become proficient readers do not fit one consistent profile- their needs are diverse and shift over time. They do not fit under the umbrella of a single definition and to try to do so undermines their individual learning needs and all the gifts and talents they bring to the table.

This student's story is not the exception- I have seen this happen for many, many students throughout my career as they work with my dedicated colleagues across the state. Students who have had reading difficulties in their early school years have been able to accelerate and reach grade level proficiency (and beyond) when given intensive support in the care of an expert and caring teacher that works to meet the student's individual needs. Therefore, I ask you to support a guidebook that is clear in its distinctions among all learning difficulties and diagnoses. Please consider the two amendments mentioned above and delete the definition of dyslexia and expand the guidebook to inform on all literacy/reading related conditions and dyslexia.

Thank you for your time,

Nichole Ponzer
665 Grove St.
Oshkosh, WI 54901

August 12, 2019

TO: Senate Education Committee

RE: AB 110

Senators, my name is Tom Lueschow and I'm writing/speaking to recommend two (2) amendments that would improve AB 110:

1. The bill should be amended so that it is more inclusive. Dropping "dyslexia and related conditions" and replacing that language with, "reading difficulties and dyslexia" could accomplish this. With the aforementioned change the bill could inform both parents and educators about the distinctions between and among a number of learning and literacy conditions.

2. The bill should be amended to delete the present definition of dyslexia. The reason for deleting this definition is that there is no one agreed-upon definition of dyslexia. A close and careful reading of "The Dyslexia Debate," reveals that the world's experts on dyslexia state this concept unequivocally,

I have spent most of my adult life teaching, 40 of those years as a reading specialist. Though I have retired from full-time teaching; I still teach part time at St Jerome Elementary School in Oconomowoc as well as at UW-Whitewater and Viterbo University where I teach both graduate and under graduate course in literacy.

Thank you,

Tom Lueschow, Ph D
Oconomowoc

To: Members of the Wisconsin State Assembly
Regarding: Assembly Bill 110: Dyslexia Guidebook
From: Dawn Stevenson
201 Knapp St.
Oshkosh WI 54902

I am writing to ask you not to pass AB-110-Dyslexia Guidebook as it is currently written. I would like the committee to amend the bill in the following ways:

1. Amend the bill to inform on all literacy/ reading related conditions and dyslexia
2. Amend the bill to delete the definition of "dyslexia".

As a parent of a first grader, I am certain that my child's growth as a reader is due to the knowledge and flexibility of her teacher. Her teacher examined Hannah's strengths and determined what she needed to learn next in order to grow. The teacher's ability to use her critical thinking to provide individualized teaching based on the needs of a child/student is paramount. A guidebook should serve as a resource to parents and educators and should give equal weight to all areas of need in reading. Prioritizing one difficulty in a guidebook could lead to an imbalance in the classroom. This does not allow for the best outcomes for the students because it does not supply the student with the proper tools each individual child needs to be successful.

My hope as a parent is that my daughter would get the best quality education possible. Please amend the guidebook so that it provides complete and accurate information regarding all literacy/reading related conditions and dyslexia and delete the proposed definition of dyslexia.

Thank you for your time,

Dawn M. Stevenson

To: Members of the Wisconsin State Assembly
Regarding: Assembly Bill 110: Dyslexia Guidebook
From: Julie Ruck
2842 Stoney Beach Street
Oshkosh WI 54902

I am writing to encourage you NOT to pass Assembly Bill 110: Dyslexia Guidebook. I have several problems with this legislation which I'd like to present to you.

First, I am very concerned about a legislative committee creating a guidebook to direct districts toward specific instructional tools and methods when there is already a national resources with far more expertise and knowledge,The Institute of Education Sciences What Works Clearinghouse(WWC) has the most up to date research on educational resources, programs and tools. The information on WWC is screened using rigorous research standards and gives districts in Wisconsin the information needed to make informed decisions on the resources to meet the needs of their school community.

Second, as a special education teacher, I strongly disagree with designating Dyslexia in particular as needing the specific regard and attention of the state legislator. Every child with a disability has unique and complex needs. What does this mean for students with dysgraphia or Dyscalculia or other learning disabilities that don't fall directly into the definition you are proposing for Dyslexia? It seems to me that this legislation, rather than granting the flexibility for schools to use their knowledge and experience to meet the needs of their students, limits the range of solutions available and is driven by parents who are looking to avoid the SLD label and those who are out to sell specific products.

In sum, I am asking you today to make two amendments:

1. Amend the bill to inform on all literacy \ reading related conditions and dyslexia
2. Amend the bill to delete the definition of "dyslexia".

Sincerely,

Julie Ruck

To: Senate Education Committee Members,

From: Norman Andrews

Date: August 13, 2019

Re: Testimony in opposition of AB 110, Developing a Guidebook on Dyslexia and related conditions.

Dear Senate Education Committee Members,

My name is Norman Andrews. I am a first grade teacher and a certified Reading Specialist in the School District of Elmbrook. I have worked for the district for 30 years. I have a Bachelors in Elementary Education, Masters in Education, Certification as a Reading Teacher and Certification as a Reading Specialist.I have been an adjunct professor for Viterbo University. I am a member of the Wisconsin State Reading Association, an organization that is made up of highly qualified education professionals. I feel it is my responsibility to let you know of my education background so that you understand the wealth of knowledge that I bring to this testimony. The position I take is because I am an educator well-versed in the teaching of literacy. I am not a parent with a child with reading difficulties who is seeking out whatever is possible for my child. But I am a teacher who has taught hundreds of children to read and many teachers how to teach reading and writing. I live in the city of Milwaukee, and my spouse is a recent retiree of the Milwaukee Public Schools. I have a diverse understanding of children in both an affluent, suburban district and an inner-city urban district. I thank the Senate Education Committee for reading my testimony regarding my opposition of AB 110 as written. I am asking for two amendments so I can support this bill.

The first amendment that would help in my support of the guidebook, would be to delete references to "dyslexia and related conditions" and replace it with "reading difficulties and dyslexia." I am confused why this was changed when the original Legislative Council Study Committee bill draft provided for creating a guidebook for "reading difficulties and dyslexia." I feel that an overall guidebook would help educate parents and teachers about the different diagnoses of the various literacy conditions which include dyslexia. Having a guidebook that is specific about dyslexia, favors this condition over any others. There are many reasons why children have difficulties in the area of literacy. Shouldn't we be able to address all of these difficulties? As a classroom teacher and a reading specialist, a guidebook such as this would be very helpful when deciding programing and curriculum for these children.

The second amendment that would help in my support of the guidebook is to eliminate the definition of dyslexia. The definition of dyslexia in the bill/guidebook is controversial and not uniformly accepted by literacy and mental health experts in the field. American Psychiatric Association who carefully and extensively reviewed and analyzed this issue for their DSM-5 manual. They concluded that "the multiple definitions of dyslexia and dyscalculia meant those

terms would not be useful as disorder names or in the diagnostic criteria." How is it that a group of legislators and invited guests can create a definition for our state when there is no agreed upon definition with the experts in the field? For example, medical conditions are not decided by legislators but by the medical community. So, children's reading difficulties/conditions should be decided by the education community, not by legislators and not by parents. Researchers do not have consensus on a definition of dyslexia and a definition should not be included in this legislation. A guidebook should help, not confuse, educators and parents.

I know that as the Senate Education Committee, you have heard many stories from parents about their children's difficulties in the area of literacy. They have given you many opinions of what they think are the causes and the solutions to these concerns. However, as a teacher I can guarantee that as educators, we do the very best that we can to ensure the best, high quality education for all children. This is Wisconsin, and we have always taken pride in the high quality public education that our children receive here in our state. If there were a silver bullet that would alleviate all literacy learning difficulties, I can assure you that teachers would be doing this now. But you are hearing a lot of testimony regarding the incompetencies of our higher education institutions, our public school teachers and the programming in literacy. I take issue with all of these concerns. Our higher education institutions are ranked high among all those in the United States. In fact, my alma mater, the University of Stevens Point, was recently ranked number 1 in the University of Wisconsin System and number 2 overall in the "50 Best Colleges for Education Majors" ranking by Study.com, an organization that aids in the help of students researching higher education institutions or careers. Our public school teachers continue to be some of the most highly educated in the nation.

I hope that as the Senate Education Committee, you consider these amendments: delete references to "dyslexia and related conditions" and replace it with "reading difficulties and dyslexia"; and eliminate any definition of dyslexia in the bill and guidebook.

Thank you for reading my testimony,

Sincerely,

Norman Andrews

To: Senate Education Committee Members

From: Jamie Parma

Date: August 13, 2019

Re: Testimony in opposition of AB 110, Developing a Guidebook on Dyslexia and related conditions.

My name is Jamie Parma. I am a mother of a first-grader. I have been in education for 16 years--9 years as an elementary classroom teacher and 7 years as a literacy coach/literacy interventionist. In addition, I am a trained Reading Recovery teacher. I have a Master of Science in Education-Literacy and am certified as a reading specialist and reading interventionist. I am opposing AB 110 as written and am asking for two amendments so that I can support this bill.

The first suggested amendment is to amend the bill to inform on all literacy/reading related conditions and dyslexia. Specifically, amend the bill to delete references to "d*yslexia and related conditions*" and replace with "*reading difficulties and dyslexia.*" The original Legislative Council Study Committee bill draft (LRB-0383/P3) provided for creating a guidebook for "*reading difficulties and dyslexia*" to ensure that this document educated caregivers and educators about the distinctions and different diagnoses of the various learning/literacy conditions, including dyslexia. Unfortunately, the Study Committee amended and deleted this reference throughout the bill draft to instead focus on "*dyslexia and related conditions*" (LRB-0383/3) [*Refer to the Joint Legislative Council, Feb 1, 2019, Page 10, first bullet point*].

The second suggested amendment is to amend the bill to delete the definition of "dyslexia." While medical and psychological conditions and diagnoses may be referenced in state statute, it is unusual for the Wisconsin State Legislature to define them in statute. Further, the definition of dyslexia that is used as a non-statutory provision in the bill is controversial and not uniformly accepted by literacy and mental health experts in the field. WSRA's position on the topic of defining dyslexia remains unchanged--there is not a universally agreed upon definition of dyslexia by the many researchers and various professional organizations on this issue. The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (*DSM-V)* (2013) includes classification criteria for "specific learning disorder". Dyslexia is listed as an "alternative term" within the category of "specific learning disorder". WSRA concurs with the American Psychiatric Association who carefully and extensively reviewed and analyzed this issue for their DSM-V manual. They concluded that "the multiple definitions of dyslexia and dyscalculia meant those terms would not be useful as disorder names or in the diagnostic criteria." A definition should not be included in this bill as it would create confusion among families and educators, something you are trying so hard to avoid.

Throughout my educational career, I have been diligent in growing my capacity to reach all students in their journey as literacy learners. Especially in my current role as a literacy

interventionist, I have had the gift to see striving students make important, life-changing breakthroughs in their reading and writing. It is such joy! I have seen first-hand how important it is to design a literacy intervention based around individual students and their own specific strengths and goals. A one-size-fits-all approach is not effective as there are many paths to the same desired outcome: the child having an identity as a reader and a writer who loves reading and writing and feels confident with a variety of strategies they can use successfully when at a point of difficulty.

It is about teacher expertise and not about a specific program. I am concerned that this bill and corresponding handbook will lead to practices that are not research-based. Most research shows that what matters most is teacher expertise. No studies of unbranded Orton-Gillingham-based strategies that fall within the scope of the Students with Learning Disabilities review protocol meet What Works Clearinghouse (WWC) evidence standards. The lack of studies meeting WWC evidence standards means that, currently, the WWC is unable to draw any conclusions based on research about the effectiveness or ineffectiveness of unbranded Orton-Gillingham-based strategies for students with learning disabilities.

Again, I am opposing AB 110 as written and am asking for two amendments so that I can support this bill: amend the bill to delete references to "d*yslexia and related conditions*" and replace with "*reading difficulties and dyslexia*" and amend the bill to delete the definition of "dyslexia." We want the same thing: to ensure that all students have access to teachers with a high level of expertise to help them grow in their identity and agency as readers and writers. By including these two amendments, we will be working to broaden the conversation to include all students under the *DSM-V* category of specific learning disorder without causing unnecessary and potentially misleading confusions.

Thank you for your time and consideration.

To: Members of the Wisconsin State Assembly
From: Dr. Jacqueline Easley, Professor of Education and Dean of the Division of Professional Studies at Carthage College
Date: August 12, 2019
Re: Concerns with Assembly Bill 110: Dyslexia Guidebook

I am writing to express my opposition to Assembly Bill 110 (Dyslexia Guidebook) as it stands for two main reasons. First, in its current form, the bill refers to any reading difficulties as "dyslexia and related conditions". On what research foundation does the Wisconsin State Assembly base this reference? Dyslexia is not the only, or most prevalent, reading difficulty faced by students in K – 12 classrooms. In fact, the American Psychiatric Association, after careful review of the research into dyslexia, came to the conclusion that dyslexia as a term for reading difficulty is very problematic and therefore not useful as a label.

Please consider amending this reference to state that reading difficulties be labeled as "all literacy/reading-related conditions and dyslexia." In this way, the Committee will delete all references to "dyslexia and related conditions" and replace it with **"reading difficulties and dyslexia."** This will more accurately reflect the body of research conducted by reading specialists and educational leaders around the world, who have found that students who struggle with reading development do so for a myriad of reasons (Bishop, McDonald, Bird, & Hayiou-Thomas, 2009; Byrne, 2011; Castles & Coultheart, 2004; Catts & Adlof, 2011; Peterson, Pennington, Shriberg, & Boada, 2009). Furthermore, according to Nicolson & Fawcett (2008), reading difficulties such as phonological processing are characteristic of all poor readers, not just those labeled as 'dyslexic'. Rather, multiple deficits interact in unique ways for every child who experiences a reading difficulty. One program or methodology will NOT fit all their needs. Therefore, one label, such as "dyslexia" will NOT ensure that their needs will be met.

My second concern regards the proposed guidebook's inclusion of a definition for dyslexia. In so doing, the guidebook does not serve parents' or teachers' needs because it focuses solely on dyslexia by defining it only and having it portray all reading difficulties as connected somehow to dyslexia. Again, what are the qualifications of the Wisconsin State Assembly in determining this definition and this focus for the guidebook? Wisconsin teachers, especially its licensed reading teachers and reading specialists, have been trained to implement a variety of diagnostic assessments to determine each individual child's needs in their reading development. Furthermore, these licensed specialists (who have completed graduate work in order to obtain their licenses) have the knowledge base and experience to effectively interpret their diagnostic tools and implement appropriate remediation, tailored to the diagnosis of the specific student's needs. However, by legislating a guidebook that dictates the definition of all reading difficulties as dyslexia, the Wisconsin State Assembly will be negating the licensed professionals' years of experience, expertise, and extensive knowledge base. This will cause children who struggle in reading development to receive limited services from their teachers because they will be required to base their work on a narrowly prescribed legislated definition that all reading disabilities are dyslexic in nature. Is this really the best we can do for our children? As Vellutino,

Fletcher, Snowling, & Scanlon (2004) stated, the existing theories into the causes of reading difficulties do not provide "clear-cut, definitive, and unequivocal sets of diagnostic criteria that would pinpoint the ultimate (neurobiological) origin of the child's reading difficulties" (p. 28).

Given my arguments above, I ask for a second amendment to Assembly Bill 110. **Please consider amending Bill 110 by deleting the definition of dyslexia from the guidebook.**

Thank you for your time in reading my testimony.

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To: Senate Education Committee
From: Debra Zarling, MSE
Date: August 13, 2019
Re: Testimony in opposition of AB 110, Developing a Guidebook on Dyslexia and Related Conditions

I am writing to express my concerns regarding AB 110, relating to developing a guidebook on dyslexia and related conditions. I am asking you to oppose this bill as it is currently written.

As a Reading Specialist who has spent over 35 years working with administrators, teachers, and students, especially those who have difficulty with reading, I am very concerned about the implications of this bill as currently written. While I support the concept of a guidebook for parents regarding students who struggle with reading, my concerns about this particular bill are as follows:

1. **Limited scope:** The proposed guidebook should inform and educate parents about the distinctions and different diagnoses of various reading difficulties, including dyslexia and not be a tool to promote one condition and market unproven products and practices.

2. **Definition:** The definition of "dyslexia" that is included in the guidebook draft is controversial and not uniformly accepted by experts in the field. There is not a universally agreed upon definition of dyslexia by the many researchers and various professional organizations on this issue. The American Psychiatric Association carefully and extensively reviewed and analyzed this issue for their DSM-5 manual. They concluded that "the multiple definitions of dyslexia and dyscalculia meant those terms would not be useful as disorder names or in the diagnostic criteria." (See Specific Learning Disorder at: https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets)

I urge you to do what is best for Wisconsin children and amend this bill to delete the definition of dyslexia and replace references to "*dyslexia and related conditions*" with "*reading difficulties and dyslexia*."

Sincerely,

Debra Zarling
MSE Reading
Wisconsin Master Educator - Reading Specialist

2716 Shady Lane
Neenah, WI 54956
920-585-4842

Dear Senator Olsen and Members of the Senate Education Committee:

My name is Kathy Kline, and I live in Madison. I am urging you to support AB 110 to create a guidebook for dyslexia and related conditions.

My son reads at a first grade level. He just finished third grade in the Madison Metropolitan School District. Research has shown that by the end of third grade, 74% of struggling readers will never catch up. This statistic keeps me awake at night, worrying about my son's future.

We asked about dyslexia at school, but we were told to talk to our pediatrician. Our pediatrician said that we needed to talk to our school. We paid for an evaluation and learned that yes, he has dyslexia. We searched everywhere for information and help. What we learned is that most schools don't have the resources or expertise to teach children with dyslexia. Teachers don't learn about it at college. Although there is a wealth of scientific research about reading, it hasn't reached our children's classrooms.

To have any chance of catching up, my son needs intensive, immediate help. To provide this, last year I picked him up early from school every day so that I could tutor him at home using a structured literacy program that is designed for children with dyslexia. He was too exhausted after school, and MMSD would not allow me to come in to school to tutor him.

Because I can tutor him at home one-on-one using the appropriate instruction, my son is finally learning to read, and he finally believes that he will someday be able to read a chapter book. We work on reading for an hour a day, every day, and I expect we will be doing this for the next 1-2 years. That's what it takes to teach a 3rd grader with dyslexia to read when he is two grade levels behind.

It's a lot of work, but I am extremely fortunate that I can tutor my son. So many other parents can't, and they are depending on their schools to teach their children to read. However, two out of three fourth graders in our state are not proficient readers. It is clear to me that the current reading instruction used in many school districts is not working for many of our students.

Wisconsin ranks 34th in reading proficiency, and we should all find that unacceptable. Reading should not be a partisan issue, and structured literacy benefits all students, not just those with dyslexia. So many of the young people in Wisconsin are being disenfranchised because their public schools are not teaching them to be proficient readers.

This bill is just one small step—other states have done so much more. But we need to begin somewhere in order to fix this problem. Every single child in our state deserves better.

Thank you for your time.

Kathleen S. Kline

Kathy Kline
466 Clifden Drive
Madison, WI 53711

Speech is power: Speech is to persuade, to convert, to compel.

- *Ralph Waldo Emerson* This quote brilliantly summarizes the power of a good speech. Orton Gillingham training is crucial to helping the dyslexic brain learn. I'm writing to support passing AB 110. A dyslexia guidebook will not train educators, but, it's a place to start. We can no longer do nothing. Wisconsin is one of seven states that do not have dyslexia legislation.

How do you know what your student needs to succeed? A Dr. gets to know their patient. This is the same for an OG Specialist and their student. Today I want to share some of my student's stories.

Bauer has trouble with auditory discrimination. When he writes try, he needs hear himself say the word, pull apart the sounds, and write each phoneme as he says the sound. I know this because he writes chry rather than try. I ask him, "What's the first sound?" /t/ "How do we write /t/?" t says /t/.

Justin had a hard time discriminating between /r/ and /w/. We used a different auditory discrimination technique. I would say red, wed and ask, are they the same? no. which sound is different? the first.

Oliver couldn't remember the phonemes that said long a. We had to repeat this in what says every lesson. He also experienced difficulty generating the phoneme /oo/ for both sounds (good and food). We practiced words and sentenced with these phoneme sounds EVERY time we met.

Trey's handwriting is not his strength. He loves to create things with his sentences and spelling words. He doesn't even like to write what says. Choose your battles wisely.

Alysha spent nearly four months mastering her short vowel sounds.

Gunner also took around sixteen weeks to master short vowel sounds.

Leslie needed someone to believe in her. She was in middle school when I worked with her. One day I was subbing in eighth grade and a Language Arts Teacher told me that he had never ever had one dyslexic student. I knew for a fact that he had at least four of my clients as students!

Lane had trouble with spelling. We worked on sound to phoneme correspondence and phonemic awareness. Once we got to morphemes, he took off like a rocket. Once a student understands and has a handle on phonemes and what says, you start to teach about morphemes and language comes to life.

I know my students. I figure out what they require in order to rewire their brain successfully.

Teaching the dyslexic brain IS rocket science.

Dyslexia can be compared to the infections my body gets. We can spend years discussing, figuring out why, what kind, all these things. We know it's an infection. We know it's from

something foreign in my body. We know the metal plate needs to come out. Let's do something about dyslexia, just like my team is going to do something about my infections. We know that dyslexia is a brain based infection. We know that Orton Gillingham works to rectify the situation. Let's do one thing at a time to help so many who need to be recognized as having a brain based difference that required a brain based solution. Will a book solve the problem? I doubt it. If we don't do something, we're doing nothing. That's not good enough for one in five. It's not good enough for Wisconsin! Thank you for reading and thank a teacher too!

Respectfully submitted by: Libby Wallace, CALT, BS ECE, Wisconsin Certified Teacher 715 235-6459

N 7035 520th Street

Menomonie, WI 54751-7204

Chairman Olsen, Co-chair Darling, and members of the Wisconsin Senate Education committee:

My name is **Tracy Maxwell**, I'm from Beloit, and here in support of AB 110. I am a former teacher and I have 4 children. Our youngest, Maguire, is here today, because he is severely dyslexic. Because of Maguire, I sought additional training relating to dyslexia and re-entered the field of education as a private dyslexia consultant, because my undergraduate degree program in elementary education offered no information regarding dyslexia in any of its courses. (BA in Elementary Education, Carthage College, 1992)

As a former teacher, I have personally experienced the significant disconnect between available research on dyslexia, and the information, or lack of it, that makes its way to the teachers who most need it. As a parent/teacher, the more I learned, the more I would say, "Why did I not know this? Teachers NEED to know this!"

My message today is simple: **It's time to tell the teachers.**

In elementary school, when something is wrong, when there is an inequity in the classroom, what is the typical course of action? You tell the teacher.

The research and science of how to help struggling dyslexic readers, like Maguire, is readily available.
...no one's telling the teachers.

Warning signs of dyslexia can be recognized as early as preschool.
... no one's telling the preschool teachers.

As a parent, you see the struggle, you have your child diagnosed, you do the research, and head back to his school to discuss appropriate reading instruction for dyslexia.
... but no one has explained it to the teachers.

During your child's IEP meeting, you realize you, the parent, are the dyslexia "expert" in the room of highly degreed educators.
...because no one has educated the teachers.

During that meeting, a tenured teacher pulls you aside and whispers, "If you figure this out, will you let me know? I've had students just like him, but I don't know how to help them...."
...no one has told his teacher.

As a parent you pay $6000 a year for your child to get additional reading instruction outside of the public school system that is desperately failing him -
...because no one trained his own teachers.

Now, as a consultant, you work with children whose schools are unable to effectively teach their dyslexic students to read,
...because no one is training their teachers.

<u>In WI, 65% of 4th graders and 61% of 8th graders can not read proficiently*</u>... and the science of reading is readily available, we know what works!
...we desperately NEED to tell the teachers!

Today we are gathered here to determine if the State of Wisconsin should develop a guidebook to help teachers and parents learn about dyslexia.
This seems almost rhetorical. Why wouldn't we make this information available and educate our own teachers?

Wisconsin can no longer afford to ignore dyslexia. It's time to help our teachers.

(over)

Tracy Maxwell
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*www.apmreports.org/story/2018/09/10/hard-words-why-american-kids-arent-being-taught-to-read
https://www.nichd.nih.gov/publications/pubs/nrp/smallbook

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Carolyn Stanford Taylor, State Superintendent

Senate Committee on Education
August 13, 2019

Testimony for Information on Assembly Bill 110

Description of Assembly Bill 110:

This bill requires the Department of Public Instruction (DPI) to develop a guidebook for parents, guardians, teachers, and administrators regarding dyslexia and related conditions. To develop the guidebook, the State Superintendent of Public Instruction must establish an advisory committee, whose membership shall be determined in consultation with the International Dyslexia Association—Wisconsin Branch, Inc. (IDA), and the Wisconsin State Reading Association, Inc. (WSRA). Representatives from IDA and WSRA also serve as co-chairpersons on the advisory committee.

By no later than the first day of the 7th month after the effective date of this paragraph, in addition to the co-chairpersons, the state superintendent shall appoint to the advisory committee all of the following:

1. One member who is a representative of the Department of Public Instruction.
2. Eight members from the recommendations provided by International Dyslexia Association –Wisconsin Branch, Inc.
3. Eight members from the recommendations provided by the Wisconsin State Reading Association, Inc.,

The advisory committee must submit to DPI a draft guidebook containing at least all of the following information: (1) a description of screening processes and tools available to identify dyslexia and related conditions, (2) a description of interventions and instructional strategies that have been shown to improve academic performance of pupils with dyslexia and related conditions, and (3) a description of resources and services related to dyslexia and related conditions that are available to pupils with dyslexia and related conditions, parents and guardians of such pupils, and educators.

The advisory committee must submit its draft guidebook to DPI within one year of appointment of all members of the advisory committee. DPI must publish the final guidebook within three months after it receives the draft guidebook from the advisory committee. Any school board that maintains an Internet site must include a link to the guidebook on its Internet site.

Finally, DPI must review the guidebook once every three years, in consultation with IDA

and WSRA.

Policy and Administrative Effects:

The Department will need fiscal support or reallocate resources to absorb the associated costs of developing the guidebook with in its existing budget. The advisory committee will need a neutral facilitator, staff assistance from those who work in both general and special education, as well as graphic design work, professional editing, and printing. Finally, the bill requires the guidebook to include screening processes and tools, interventions and instructional strategies, and available resources and services. These resources most likely would require funding and reallocation of staff.

It is the role of the department of provide guidance and resources to support our schools and students. We want to share best practices and supports to increase student achievement and close gaps. Should AB 110 be enacted, the department would use this advisory committee to continue that practice with the understanding that ultimately schools and districts make independent decisions about classroom instruction, assessment and materials.

To: Members of the Wisconsin State Assembly
From: Liz Berlyn, Reading Specialist
Date: August, 13, 2019
Re: Concerns with Assembly Bill 110: Dyslexia Guidebook

Good morning and thank you for the opportunity to speak with you today.

My name is Liz Berlyn and I have been teaching for 32 years, 23 as a reading specialist. I have worked with hundreds of struggling readers in gr. K-8. I have also worked as a staff developer in my district and as an adjunct instructor at Cardinal Stritch for teachers in the area of literacy. I'm here today to oppose Bill AB 110, Developing a Guidebook on Dyslexia and related conditions unless two important amendments are made.

1. To delete the specific definition of dyslexia as there is no consensus of definition among researchers, experts and professional organizations.

In putting together a guidebook, we must ensure that we provide accurate, research based information that will guide our ability to meet the individual needs of every student. Reading is a complex process as is the diagnosis and remediation of reading difficulties, so the guidebook should not include a definition for only one type of reading difficulty, dyslexia. Doing so may result in a focus on one reading difficulty, dyslexia,neglecting all others.

It would be a tragedy if students were required to receive instruction based on a faulty diagnosis with an ineffective curriculum because of an unacceptable definition in a guidebook.

2. Second, instead of developing a guidebook around "dyslexia and related conditions", it should be based on "reading difficulties including dyslexia".

I have students who can read every word accurately but struggle to demonstrate understanding when they read, students who have a decent understanding of what they read but significant difficulties in decoding, students who read well but are not able to express their ideas in writing and students who struggle with vocabulary. These students need instruction that is individualized to meet their specific learning needs. As a Reading Specialist, it is my responsibility to work with the teacher, parents and other staff members with expertise, to provide the most appropriate and effective instruction for students with reading difficulties, including dyslexia. Students deserve high quality instruction provided by an expert, that is based on the type of reading difficulty the student is demonstrating.

I leave you with a short story regarding one student I had a number of years ago. She struggled in reading and writing in elementary school. We worked closely with the parents who believed she was dyslexic because she was unable to do the work her peers were doing and demonstrated significant delays in decoding words both in reading and in writing, which impacted all academic areas. Her parents had her tested outside of school. She hated reading and writing because it was so hard. Her teachers, parents and I worked with her throughout elementary school and provided her with the literacy experiences and instruction she needed.

While there were years of tears and frustration, there was slow and steady academic growth and eventually success. Today, she is a pediatric nurse.

In closing, I hope that you will amend AB110 because it is the right thing to do for the children, their families and the teachers in this state.

Thank you for listening and considering these amendments.

To: Senate Education Committee Members,

From: Gale Gerharz

Date: August 13, 2019

Re: Testimony in opposition of AB 110, Developing a Guidebook on Dyslexia and related conditions.

My name is Gale Gerharz, I am a reading teacher. I have been teaching for twenty-seven years. Thank you for the opportunity to share my testimony in regard to AB 110. I am opposed to AB 110 as written for two main reasons:

1) By selecting only one of several definitions for dyslexia the conversation and continued research for an agreed upon definition ends. This conversation needs to continue in order to best benefit ALL students.

2) Proposed language "dyslexia and related conditions" in the guidebook for families greatly narrows the main reason students struggle to learn how to read and write. Literacy is too complex to identify a single condition that would result in difficulty to learn. I would propose "reading difficulties including dyslexia". Again this also leaves room for conversation about the complex process for literacy development. It is vitally important in order to meet our students needs that we leave room to have conversations about what the difficulties are, why they exist, and how best to help a student. Equally important is to recognize that students develop at different rates in unique ways. Educators need to have expertise to be able to make the best decisions possible for the students in front of them. Too often the accountability to standards, curriculum, and assessment interfere with fidelity to what students actually need.

Most importantly the more narrowed the focus on educational practices the less adaptable and responsive educators can be to meet the needs of all students.

As an educator I would be glad to share my experience teaching students and my expertise to answer any questions you may have. My contact information is:

Gale Gerharz
galegerharz@gmail.com

(920)379-2797

To: Senate Education Committee Members
From: Ryanne E. Deschane, First Grade Teacher/Reading Specialist
Date: Monday, August 13, 2020
Re: Concerns with Assembly Bill 110: Dyslexia Guidebook

Good morning, My name is Ryanne Deschane. I am an elementary teacher of 23 years and recently achieved my reading specialist license. I would like to thank the Senate Education Committee for the opportunity to have my testimony read today. Please understand that it is not my intent to dismiss the concerns of those with dyslexia or their families. Having worked closely with students and families striving to learn to read, I know that those concerns are very real. However, I stand with WSRA's position to oppose AB110 as written because I believe that if left as is, it would further complicate the issue, causing confusion to parents and teachers.

There are two proposed amendments to AB110 that would allow me to support this bill.
The first amendment is asking for a slight change in wording so that ALL reading related conditions would be considered. There are many students who struggle to learn to read that do not have dyslexia. These include, but are not limited to; students in poverty, those challenged with ESL, autism and other conditions. Putting the emphasis first on dyslexia and second on "Related conditions" is not equitable to all. Changing the wording to its original recommendation of, "Reading difficulties and dyslexia" has the potential to make this bill equitable to ALL that encounter difficulties learning to read because by doing so, it would ensure that those reading the guidebook are educated on the distinctions and different diagnoses between various learning difficulties and dyslexia. I would hope that we would want to ensure equity for all students who struggle with the complexities of learning to read.

The second proposal is to eliminate a definition of dyslexia in the guidebook. A single definition of dyslexia has yet to have been determined by those in the research community. There simply is no consensus on a single definition. Asking those in legislative positions to define dyslexia, when those in the research field remain at odds regarding a definition, greatly concerns me. In addition, putting a single definition into the guidebook could have potential side effects for students. Especially those students who have challenges learning to read that are not related to dyslexia. This then becomes an equity issue. Those not in the medical field should not be taxed with creating a definition. While is not unusual for state statutes to reference medical and psychological conditions and diagnosis, it IS unusual for Wisconsin State Statutes to include definitions for them in a statute. I am asking you to consider the side effects that a single definition would have on ALL Wisconsin students. Who might inadvertently become marginalized?

I appreciate the time allotted for my testimony, and the time that many have given to this issue. I understand the concern that a shift in teacher education regarding literacy instruction may be needed in the state of Wisconsin, but I also understand the dangers of limiting that education to a single definition, and/or a single program for all. Literacy is complex. Please be cognizant of

the need to ensure that the unique needs of all students are being taken into account when legislation is created so that it is equitable for all involved. Thank you for your consideration.

Hello! Thank you, Chairman Olsen, Co-Chair Darling and the members of the Wisconsin Senate Education Committee for this opportunity to speak today.

My name is Kari Baumann, I'm from Baileys Harbor Wisconsin. I am the Door County region leader of Decoding Dyslexia, and today I'm here to discuss my personal story.

My 10-year-old Son, Grady, has been diagnosed with Dyslexia, Dysgraphia, severe A.D.H.D, and also a slow processing disorder. We noticed his struggles starting as early as 4 years old. Grady has a difficult time with many common everyday tasks. He struggles with writing his own name, and all the basic concepts of reading, rhyming, and the sounds of letters and words.

A few words directly from Grady:

"I don't like school; I know I have to go to school. School is very hard for me, I don't like reading class, math class, social studies, even music class is hard. I get many headaches from school. I love my teachers; I love my friends and I love recess. Sometimes my brain goes blank when I'm asked a lot of questions and I get tired. I know I'm not stupid, I know I can write great stories, I like to hear about stories. One day I want to read about dragons and dinosaurs."

When Grady started kindergarten, his struggles became more apparent in a classroom setting. He could not keep up with his peers and he struggled with focus and attention. We had Grady evaluated in 2015 when he was in the first grade, by a local pediatrician and he was quickly diagnosed with A.D.H.D and anxiety. Grady's doctor thought he would highly benefit from daily medication, so this began the long process of searching for the best medication regimen for our son. We spent the year going through many difficult medicine adjustments, without little to no change in school.

Before the fall of his 2nd grade school year, his pediatrician recommended Grady have his first Neurological study. The results showed that Grady's current medication program was only partially helping his ADHD symptoms and his anxiety was worsening. It also brought a red flag for an underlined learning disability in reading and math. Unfortunately, more frustrations came with this, since he was not 2 years behind in school, nothing could be done academically to help him. We again continued to try to figure out the correct medication and dosage and also started Grady working with an occupational therapist at home and school, to help with his anxiety and depression. Even after all the positive personal changes that Grady was now making, he was still showing signs of horrible struggles with the academics at school.

In 2017 we took Grady back to the same neurologist to have him evaluated for a learning disability. The study showed that, while Grady's attention, focus and anxiety had drastically changed for the better, his ability to read, write and process information had not shown any improvement. He was now in the second grade but learning at a pre-kindergarten level. The study had diagnosed him with dense dyslexia and dysgraphia.

In September 2018, he entered the 4th grade with a kindergarten reading level, he was still showing great struggles with all of his studies. He had not closed any gap at school. In December 2018 we learned about a private tutoring company that was looking to open a summer clinic here in Door County, we sat through an evening session among counselors, teachers and other parents learning about this specialized school and the possibilities of how it can help these children that are unable to learn through the typical ways of teaching. As they described previous students with huge success that have gone through their program, I was left in shock, it was as if they already had known Grady and all of his struggles.

Again, we have decided to push forward with new ideas to benefit our son, he was tested, and recommended for tutoring by the Linda mood Bell center in Illinois. The results came back with some of what we had already known, although as Grady's parents, it's still hard to be told the realization and the degrees of his learning struggles. Grady needed extensive reading training and speech therapy. These specific teachings would be able to program Grady's way of thinking to where it will make sense to him. We were very excited about this new opportunity. The cost of the school was very expensive, $19,500 for 8 weeks of learning and unfortunately insurance does not cover any of it. We are fortunate with the help of our small close-knit community, family and friends and a lot of fundraising; we were able to raise the money needed to get Grady the education he deserves.

So why do we continue to invest all of this time, energy and money? We have no other choice! Our school district is not helping him. His IEP is behaviorally based and is not focused on the fact that they have a soon to be fifth grader that could not picture/retain more than 3 letter words. Can you imagine at age 10, not being able to read and write??? It effects everything on a daily scale. Grady didn't have to imagine it; He lived it every day!

As I stand here today, I want you to know that after 8 weeks of Linda Mode Bell summer school, he is reading and loving his new ability to explore the world. He can now read, Grady can order his own food off of a restaurant menu, he can play board games with his family and friends that require the ability to read and of course he can read books. It has opened up a wonderful new world for my son!

Opposition says "this guidebook is leaving out other disabilities related to reading struggles" well I can say, my child is proof that you can have many challenges but with the right approach HE CAN AND DID LEARN TO READ!!!! Now it's time for Wisconsin to step up, prove that no child **should** or **will be** left behind, and **every** child in our state deserves the right to an education!! It's now in your hands to do what is right for my son and for all the other kids like Grady! I support SB110 fully and if you were walking in my shoes you would too!

Thank you for your time, I'm open to any questions you may have.

Kari Baumann

To: Members of the Wisconsin State Senate Education Committee

From: Mary Beth Whalen, Site Manager—SPARK Early Literacy Program

Date: Tuesday, August 13, 2019

Re: Testimony in opposition of AB 110, Developing a Guidebook on Dyslexia and Related Conditions

My name is Mary Beth Whalen. I am a site manager of a literacy tutoring program, and a member of the Families and Literacy Committee of the Wisconsin State Reading Association. Thank you for this opportunity to testify.

I am opposing AB 110 as written, and would like to see two amendments to the bill, so that I could support it. The first is an amendment to replace the wording "dyslexia and related conditions" with "reading difficulties and dyslexia". I'm a longtime teacher of struggling readers, and a bit of a word nerd. Students find learning to read difficult for many reasons, including dyslexia, and teaching them requires many different approaches. When I'm training tutors to help students develop the skills to become confident, joyful readers, we start with the well-known "sound it out", but we go way beyond that. I make sure the tutors are able to teach students many different strategies for figuring out difficult words. A guidebook on "dyslexia and related conditions" implies that dyslexia is the main reason children struggle, with one solution, and other conditions are related to it. Changing the wording to "reading difficulties and dyslexia" would more closely reflect the reality parents, children, teachers, and the tutors face.

The second amendment would delete the definition of "dyslexia". While dyslexia is certainly very frustrating, researchers, mental health experts, and educators have yet to successfully define it. Any definition used in this bill would not be widely agreed upon by professionals in a number of associated fields.

Thank you for considering this important matter.

Mary Beth Whalen 262-895-9347
SPARK Program Manager: Early Childhood Education
Boys & Girls Clubs of Greater Milwaukee
Mitchell Elementary School

My name is Donna Hejtmanek and I am a retired special education teacher, reading specialist, and reading interventionist of 41 years. I served for 3 plus years on the Read to Lead Council and more recently on the Dyslexia Study Committee. Today is a day to celebrate because this hearing may be the start of recognizing and addressing dyslexia, a learning disability, in the State of Wisconsin.

Currently 17 states have guidebooks. Having a guidebook will provide critical dyslexia information to teachers since Wisconsin teacher training programs **inadequately** prepare them to identify and treat dyslexia and related conditions. I speak from experience having completed a reading specialist certification from a UW institution in 2016. During my coursework of two and a half years, the word dyslexia was used once, in one course, in one chapter, out of 9 graduate courses.

Clearly, Wisconsin schools of higher education have avoided teaching about dyslexia in spite of the 2015 U.S. Department of Education's guidance document https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/guidance-on-dyslexia-10-2015.pdf recognizing dyslexia as a learning disability and Superintendent Ever's Dyslexia and Learning Disabilities Guidance letter of 2016 https://dpi.wi.gov/sites/default/files/imce/sped/pdf/sld-dyslexia.pdf Wisconsin teachers and reading specialists must be given the training to help the estimated 80% of the 27,000 students with dyslexia and related conditions. That is 22,000 students with dyslexia often referred to as having a reading fluency disability (one of eight Learning Disability categories). The word dyslexia is NOT even spoken in Wisconsin schools because of the misunderstanding of what it is, how to identify it,

and how to treat it. Sadly, we are one of the last seven states in the nation without any dyslexia legislation.

Wisconsin has fallen from 3rd place in 1991 to 34th in 2017 on the National Assessment of Educational Progress. Thirty two percent of 4th graders scored below basic and 76% of students with learning disabilities are below basic, indicating that they do not have the skills necessary to navigate print in school or daily life. We often hear that students have trouble learning to read due to poverty or lack of funding. But why is it that we don't have a large number of students with a math disability? The reason is that we learn math by learning number sense, numbers, their values and how to manipulate them through addition, subtraction, multiplication and division. We don't give kids numbers and tell them to figure it out. No, students are directly taught the concepts. It is taught explicitly, systematically, and sequentially.

Reading is no different. Our language is made up of 26 letters, 44 sounds, 95 ways to write those sounds, with 30 spelling rules. Our written language is 87% predictable. But yet Wisconsin teachers continue to use outdated pedagogy, whole language or balanced literacy, which includes guessing at words and trying to make sense of text. Reading just like math, needs to be taught explicitly, systematically and sequentially.

In conclusion, teachers, administrators and parents that know better, do better. Better teacher training using the science of reading, will produce better results. Ask yourself, why does the Wisconsin State Reading Association feel the need to have paid lobbyists to persuade legislators to vote NO on this bill? What are they trying

to preserve, to the detriment of 860,000 Wisconsin students? And finally, Dyslexia legislation has become a partisan issue. As was demonstrated at the Assembly Education Committee, Wisconsin students are being sacrificed and used as political pawns. This is shameful. I ask you, the Senate Education Committee, to vote yes to a guidebook for teachers on dyslexia and related conditions. If a teacher can teach a student with dyslexia or related conditions, they can teach ALL students. They just need to know how.

To: Senate Education Committee Members
From: Nicole Cilley Date: August 13, 2019
Re: Testimony in opposition of AB 110, Developing a Guidebook on Dyslexia and related conditions

I am a mother of two sons, one of whom has had vision issues in the past which hindered his ability to read fluently. Fortunately, he can read fine now but I want all of you to know that as a second grader he would have been labeled Dyslexic according to your proposed definition. When in fact he was not Dyslexic rather he had significant visual issues, which impaired his ability to read. Had his teacher been directed towards the definition in this bill and subsequently used the Orton Gillingham curriculum that Bill AB110 definition would lead to, the real problem would not have been addressed. He needed vision therapy, a medical intervention, not to be labeled a dyslexic.

Currently, I am a reading specialist in New Lisbon with 28 years of teaching experience in 5 different districts using multiple curriculums. I worked in a district that identified a few students who benefitted from Orton Gillingham curriculum, but fortunately the district did not require that all students needed that type of instruction. Of the hundreds of students that I have taught to read, I have found that each student is unique. No two students learn at the same rate even with the same curriculum. If one of my students needed glasses I wouldn't force all of them to wear glasses.

I haven't read any research that supports one specific way to teach reading that works 100% of the time for all students. In my 28 years of teaching I have included phonics along with authentic children's literature and teaching for deeper comprehension to support the local curriculum.

Developing a guide book for parents and students is constructive. However, it is unhelpful for a guidebook to be exclusively for students with dyslexia. Rather I urge you to amend AB110 to read: **"all reading difficulties including dyslexia"**, instead of the current language which states "Dyslexia and related reading difficulties." It needs to be clear that Dyslexia is just one of many reading difficulties, not the umbrella for all reading difficulties, because it is not. This would lead to major misunderstanding for parents and teachers.

Districts need to continue to have local control in order to provide a wide variety of curriculum and interventions to better meet all students' needs. Teachers use their professional judgement daily to provide every child with the tools they need to succeed. Orton Gillingham is only 1 of many reading methods. My youngest son reads at an extremely high level. If AB 110 were to pass under its current conditions, he and his classmates would be forced to sit through unnecessary direct instruction which has a great probability of deterring their enthusiasm for reading. I want all children to learn to read because I believe that reading is one of the most important factors for success in both school and life. Reading opens doors to a world of possibilities. As an experienced reading specialist, I believe this bill would lead to all students wasting time in unnecessary interventions that could harm their love of reading and possibly prevent them from getting the intervention they actually need, taking precious time away from other instruction that would benefit them. Hence AB110 needs an amendment to change the wording to read: **"all reading difficulties including dyslexia."**

Greetings to Education Chair Olsen, Darling and members of the Senate Education Committee,

My name is Jodi Edmonds. I live in Green Bay and my kids attend the Green Bay public schools. I am the mother of 4 children. My youngest has dyslexia. The only reason we realized she had it was because of me. Not her school. Not her teacher. When she finished kindergarten she could hardly read. She was way below the other students in her class. No one at the school questioned it and they were going to move her to the 1st grade anyway. I told them no she needs to be held back and she needs to learn to read better. They thought it would come to her in time and questioned me on holding her back. In the end we got her held back. I then went on and did my own research. I also reached out to an Aunt in Alabama who tutors children who have dyslexia. We talked over Skype with her and she told me "I know she has dyslexia but because I'm not a doctor I can't diagnose her." My Aunt is not a teacher only a tutor. We did get an official diagnosis when she was in the 3rd grade.

Why was I the one to see she has a learning challenge? Isn't that what the schools need to be looking for? I knew about dyslexia because my mother thought I had it. But what if I didn't know about dyslexia? What if I was a parent who wasn't as involved in my child's education? We need teachers to recognize the signs of a child with dyslexia. This handbook could be the start of bettering the children of our state. I am in support of AB 110, creating a Dyslexia handbook. I hope you are too.

Thank you for taking the time to read my testimony.
Sincerely
Jodi Edmonds mother of Clara Edmonds

Greetings Chairman Olsen Co chair Darling and members of the Wisconsin Senate Education committee:

The legislation addressing bill 110-Dyslexia Handbook is of paramount interest to me because I am a parent with a child who has dyslexia and my husband's family has a strong family history of dyslexia. This issue directly impacts my family on a day to day basis.

I am primarily concerned about teachers not being taught about Dyslexia because no matter where you try to get services be it public or private school there is a general misunderstanding surrounding the issue. As long as teachers are continued to be uneducated about dyslexia, our students will not be receiving the education they are entitled too. As part of having the Dyslexia Handbook, parents and educators would have somewhere to turn to as a guide to helping children get the help that they deserve.

I have been reaching out to my daughter's teachers for the past 3 years and we are going into our 4th year. In Kindergarten, her teacher didn't think that she was dyslexic and that it was too early to identify. In first grade, her teacher suggested I get her eyes tested. This was after I had already told her that the eye doctor said she had 20/20 vision without corrective lenses. We ended first grade with my daughter hiding her homework, 15 minutes of crying or her lashing out because of her frustrations with trying to read the way she was being taught. This year she is in second grade and having her teacher on board with wanting to help her has majorly boosted her self-confidence and helped her to make great gains in her school work. Her teacher is familiar with dyslexia and has more tools in her toolbox to help my daughter and other students that are affected. I have had her tested by a neuropsychologist recently to attempt to get her the instruction in the classroom that every child deserves. The neuropsychologist highly suggested private tutoring to keep her treading water and making strides forward in her reading. I was told if I turned her scores from the tests over to the school that the school would laugh in my face. But, if we do nothing to help her now, then in about 2 years she would fall behind enough for the school to step in.

Please tell me why do these children need to fall so far behind before they can be helped? Why do parents need to fight with every last bit of energy they have to get their child taught a very necessary life skill? Research shows using multisensory structured language education (MSLE) approach is key to helping them read. Most children I know are eager to learn to read and learn new skills in the beginning. But by the time they are finally getting help, they have little, if any, confidence left that they CAN read, write and spell accurately. Please help dyslexic children learn to read, write and spell by teaching teachers about dyslexia and providing the Dyslexia Handbook so that they can teach the children!

Thank you for your consideration of my viewpoint in support of Bill AB110 for creating a Dyslexia Handbook. I believe it is an important issue, and would like to see the legislation pass to ensure effective educational services for the students involved.

Sincerely,

Krystle Flier,
W8659 County Road F Fox Lake, WI 53933
920 296 3083
kvossekuil@gmail.com

Dear Chairman Olsen Co chair Darling and members of the Wisconsin Senate Education committee,

I respectfully request you to support Assembly Bill 110 to create a Dyslexia Handbook.

My son, Jackson, was diagnosed with Dyslexia in March of 2018. I was confused on why he was struggling in school and why he wasn't learning to read. After all, I am an elementary teacher and couldn't help my own child. I went through college to become a teacher and have a Master's degree in Curriculum and Instruction. I had no idea how to help him! I quickly learned the school's reading specialist had no idea what to do with Jackson and his teachers didn't know either.

Jackson is going into third grade but is reading at a beginning first grade reading level. This bill is extremely important to me. I watch my child struggle daily. We pay for tutoring outside of school because our insurance does not cover that additional cost. We are forced to make tough decisions as parents like have our son tutored after school to improve his reading or let him play baseball/football.

I am primarily concerned about teachers not being taught about Dyslexia because no matter where you try to get services be it public or private school there is a general misunderstanding surrounding the issue. Our school system does not have the resources to adequately provide effective instruction for students with Dyslexia. There is only one teacher trained in a reading program that works for Dyslexic students. We again have to make a tough choice to have our son attend recess or go to special reading class with her. The only time that fits in the teacher's schedule is during Jackson's recess time.

The bill is necessary to bring Wisconsin Stakeholders the guidance they so deserve. There has never been any handbook with guidance to help schools, families, educators better serve children with language-based learning differences and dyslexia. Dyslexia is the largest category of Learning Differences in Wisconsin affecting approximately 30,000 children. I would like to see better outcomes for children in Wisconsin.

Thank you for your consideration of my viewpoint on this matter. I believe it is an important issue, and would like to see the legislation pass to ensure effective educational services for the students involved.

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Article

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Anxiety and Depression in Children With Nonverbal Learning Disabilities, Reading Disabilities, or Typical Development

Irene C. Mammarella, PhD[1], Marta Ghisi, PhD[2], Monica Bomba, PhD[3], Gioia Bottesi, PhD[2], Sara Caviola, PhD[1], Fiorenza Broggi, PhD[3], and Renata Nacinovich, PhD[3]

Abstract

The main goal of the present study was to shed further light on the psychological characteristics of children with different learning disability profiles aged between 8 and 11 years, attending from third to sixth grade. Specifically, children with nonverbal learning disabilities (NLD), reading disabilities (RD), or a typical development (TD) were tested. In all, 15 children with NLD, 15 with RD, and 15 with TD were administered self-report questionnaires to assess different types of anxiety and depression symptoms. Both NLD and RD children reported experiencing more generalized and social anxiety than TD, the NLD children reported more severe anxiety about school and separation than TD, and the children with RD had worse depressive symptoms than those with NLD or TD.

Keywords

nonverbal learning disability, reading disability, anxiety, depression

The term *learning disability* (LD) or *specific learning disorder* (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; DSM-5*; American Psychiatric Association, 2013) has been used to describe children with difficulties in learning and using academic skills related to reading decoding, reading comprehension, spelling, written expression, and calculation and mathematical reasoning in children with average or above-average intelligence associated with a poor school performance. One well-known subgroup of individuals with LD includes those with impaired reading skills, such as children with reading disabilities.

A separate, less thoroughly studied subgroup of children with LD comprises cases with a neuropsychological profile characterized by poor nonverbal abilities—a disorder not recognized in the actual classification systems (*DSM-5; ICD-10*; World Health Organization, 1992), known as *nonverbal learning disability* (NLD; Mammarella & Cornoldi, in press; Rourke, 1995). Although the majority of researchers and clinicians agree that the profile of NLD clearly exists (but see Spreen, 2011, for an exception), they disagree on the need for a specific clinical category and on the criteria for its identification (see Fine, Semrud-Clikeman, Bledsoe, & Musielak, 2013, for a critical review).

Children with NLD usually show a discrepancy between their levels of verbal and visuospatial intelligence and have major problems with visuospatial working memory (Cornoldi, Rigoni, Tressoldi, & Vio, 1999; Mammarella & Cornoldi, 2005), and with psychomotor and visuo-constructive tasks, within a context of well-developed psycholinguistic skills. Children with NLD are also impaired in some aspects of academic learning, and especially drawing, science (Pelletier, Ahmad, & Rourke, 2001), arithmetic (Mammarella, Lucangeli, & Cornoldi, 2010; Rourke, 1993; Venneri, Cornoldi, & Garuti, 2003), and comprehension of spatial descriptions (Mammarella et al., 2009).

The impairments in children with reading disabilities (RD), on the other hand, concern either their accuracy or their speed. Phonological deficits in children with RD have been extensively reported in the literature (Helland & Asbjørnsen, 2004), although there is conflicting evidence regarding their performance in visuospatial tasks (Kirkwood, Weiler, Bernstein, Forbes, & Waber, 2001; Lipowska, Czaplewska, & Wysocka, 2011).

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Both the above-mentioned subgroups with LD therefore function poorly at school and fail to achieve the expected results. These features can become a risk factor for the onset of current and long-term psychological maladjustment. In particular, difficulties at school have been shown to increase the risk of individuals suffering from internalizing disorders, such as depression, anxiety, and social withdrawal (Bandura, Pastorelli, Barbaranelli, & Caparra, 1999; Feng, Zhang, & Wang, 2005; Grover, Ginsburg, & Ialongo, 2005; Sideridis, 2007; Sourander et al., 2005). It is well known that students with LD may be at a greater risk for developing mental disorders because they tend to have lower self-concepts and are less socially accepted and more anxious than their peers without LD (Heath & Wiener, 1996; Howard & Tryon, 2002; Margalit & Shulman, 1986). Moreover, co-occurring conditions such as depression may exist among students with LD (Bender & Wall, 1994; Newcomer, Barenbaum, & Pearson, 1995). The results of a meta-analysis conducted by Maag and Reid (2006) revealed that although students with LD obtained higher depression scores than their peers without LD, the degree of difference may not be sufficient to place them in the clinical range for a major affective disorder.

Anxiety disorders are the most common childhood and adolescent mental health disorders (Bosquet & Egeland, 2006), with a median onset age of 11 years (Kessler et al., 2005). Social anxiety is characterized by social incompetence and social isolation, which are often, though not always, associated with LD (Tur-Kaspa, Weisel, & Segev, 1998; Wiener & Sunohara, 1998). In the literature on LD different research have investigated the presence of anxiety symptoms. Studies have reported elevated stress and anxiety levels for students with LD. Higher rates of school-related stress and anxiety were found in samples of school-identified children (Geisthardt & Munsch, 1996) and adolescents (Wenz-Gross & Siperstein, 1998). Moreover, Fisher, Allen, and Kose (1996) found higher rates of state and trait anxiety among boys with LD. Moreover, over time, the impact of persistently heightened anxiety on academic achievement may contribute to negative educational outcomes, such as failure to complete high school and failure to enter college (Kessler, Foster, Saunders, & Stang, 1995; Van Ameringen, Mancini, & Farvolden, 2003). In a meta-analysis carried out by Nelson and Harwood (2011), a medium effect size was found, meaning that approximately 70% of students with LD experience higher anxious symptomatology than do non-LD students. This finding suggests cause for concern that students with LD are at risk for potentially problematic anxiety-related distress. Wilson, Deri Armstrong, Furrie, and Walcot (2009), analyzing a large data set of people aged between 15 and 44 years, found that people with LD had more than 2 times the odds of reporting an anxiety disorder, with a prevalence rate around 20% for 15- to 21-year-olds and around 30% for 30- to 44-year-olds.

Although a judge number of research have analyzed depression and anxiety symptoms in students with general LD, only a few studies have focused on the psychological characteristics of children with NLD or RD. Research on the social problems and social skills of children with NLD is rather limited, but findings generally point to difficulties in understanding social interactions, and to social perception problems (Forrest, 2007; Myklebust, 1975; Ozonoff & Rogers, 2003; Woods, Weinborn, Ball, Tiller-Nevin, & Pickett, 2000; Worling, Humphries, & Tannock, 1999). For instance, Semrud-Clikeman, Walkowiak, Wilkinson, and Portman Minne (2010) tested social perception in children with NLD, Asperger syndrome (AS), or attention-deficit/hyperactivity disorder (ADHD), comparing them with typically developing (TD) children. The NLD and AS groups had greater difficulty in understanding emotional and nonverbal cues than did the TD group. A limited ability to interpret social feedback may facilitate unpleasant experiences with peers, and this may lead to sadness and social withdrawal (Little, 1993; Rourke & Tsatsanis, 2000).

Findings regarding internalizing symptoms are inconsistent, however. Although NLD children experience some degree of acting out or other externalizing disorders during their early childhood, as they grow older they risk developing internalized forms of psychopathology (Casey, Rourke, & Picard, 1991; Forrest, 2004; Little, 1993). It is not surprising that the incidence of depression and suicide seems to be high among older children and adults with NLD (Gross-Tsur, Shalev, Manor, & Amil, 1995). On the other hand, a study comparing NLD children with other children who had verbal LD and with controls who had psychiatric symptoms could find no differences between these groups (Petti, Voelker, Shore, & Hayman-Abello, 2002). Semrud-Clikeman et al. (2010) examined NLD, AS, ADHD, and TD children and again found no differences between the NLD cases and the other groups in terms of anxiety and depression symptoms.

As in NLD, so too in RD research has identified a higher risk of internalizing problems (Maughan & Carroll, 2006), although externalizing disorders, such as ADHD, seem to be the most frequently observed comorbidities (Carroll, Maughan, Goodman, & Meltzer, 2005; Willcutt & Pennington, 2000). Symptoms of anxiety and depression have been reported (Dahle, Knivsberg, & Andreassen, 2011; Stringer & Heath, 2006), consistent with *ICD-10* (World Health Organization, 1992), which describes emotional problems, low self-esteem, and problems with peer relationships as being features commonly associated with RD. To give an example, an epidemiological study in the United Kingdom (Carroll et al., 2005) found that 9.9% of children with RD had a comorbid anxiety disorder, indicating a significantly higher prevalence than among children with no literacy difficulties (3.9%). Willcutt and Pennington (2000) looked for psychological problems in a sample of twins in which one of each pair had RD and found that the

children with RD reported higher rates of anxiety than their unaffected siblings. Prior, Smart, and Oberklaid (1999) also identified clinical symptoms of anxiety in 10- to 11-year-old RD children, Margalit and Zak (1984) found that children with RD had more severe social anxiety than their TD counterparts, and Dahle et al. (2011) reported that children with dyslexia suffered from more severe somatic complaints and anxious symptoms. Conversely, Boetsch, Green, and Pennington (1996) and Miller, Hynd, and Miller (2005) were unable to detect any differences in the anxiety levels of RD and TD children.

As for depressive symptoms in children with RD, *DSM-5* (American Psychiatric Association, 2013) points to the possibility of high percentages of comorbid depression. Boetsch and colleagues (1996) and Willcutt and Pennington (2000) found that children with RD endorsed significantly more symptoms on the *Children's Depression Inventory* (CDI; Kovacs, 1982) than normal controls, suggesting that they experienced more depressive symptoms such as self-blame, low energy, and suicidal ideation. Dahle et al. (2011) compared RD and TD children in self-report measures, likewise finding more depressive and withdrawal symptoms in the former than in the latter. In a longitudinal study on males aged between 7 and 10 years from a community sample, Maughan, Rowe, Loeber, and Stouthamer-Loeber (2003) examined the extent to which children with RD showed high levels of depressed mood. They found the risk of depressive symptoms higher the more severe and persistent the children's reading difficulties, but only for the younger ones at their initial assessment, not for those already in their teens. On the other hand, Heiervang, Stevenson, Lund, and Hugdahl (2001), and Miller et al. (2005) reported finding no differences in self-reported depression levels between RD children and healthy controls.

In light of the limited and inconsistent research findings on internalizing symptoms in NLD, the present study was designed to investigate anxious and depressive symptoms in children with NLD, comparing them with RD and TD children. To do so, the children's internalizing symptoms were assessed using self-report questionnaires. To the authors' knowledge, such a comparison has not been drawn before. Our research focused on seeking any differences between children with NLD, RD, and TD in terms of depressive and different types of anxious symptoms. In particular, we tested generalized, social, and separation anxiety, as defined by the *DSM-5*; moreover, school-related anxiety was investigated, due to the academic impairments of both children with NLD and those with RD.

Method

Participants

The total sample comprised 45 children aged 8 to 11 years. Of the children, 15 (8 male, 7 female; mean age 120.13 months, *SD* = 14.33) had a clinical diagnosis of NLD and 15 (8 male, 7 female; mean age 125.00 months, *SD* = 17.06) had a clinical diagnosis of RD, established at a clinic specializing in child and adolescent neuropsychiatry. The remaining 15 (10 male, 5 female; mean age 116.67 months, *SD* = 17.46) were TD children attending the third to sixth grades at school (like the two clinical groups) and were tested at local schools. In particular, the TD group consisted of children matched for age, schooling, and socioeconomic status, with no reported academic difficulties.

All the children spoke Italian as their first language, and none had any primary visual or hearing impairment, or neurodegenerative condition.

Although the NLD and RD children had been referred by a neuropsychiatry clinic and their diagnosis had been clinically confirmed, we also ensured that the groups met further specific criteria (see Mammarella & Cornoldi, in press). The inclusion criteria for the NLD group were (a) a diagnosis of NLD; (b) age between 8 and 11 years; (c) a verbal intelligence quotient (VIQ) on the *Wechsler Intelligence Scale for Children* (WISC-III; Wechsler, 1991) at least 15 points higher than the performance intelligence quotient (PIQ); (d) a difference of at least 15 points between the student's verbal and perceptual/visuospatial intelligence, that is, a higher score for the verbal comprehension index (VCI) than for the perceptual organization index (POI) on the WISC-III scale; (e) visuo-constructive difficulties (i.e., < 30th percentile in a visual-motor integration test); and (f) poor academic performance in mathematics and good reading decoding skills (i.e., around average performance for speed and/or accuracy on reading aloud compared with a normative sample).

The inclusion criteria for the RD group were (a) a diagnosis of RD established using standardized procedures, (b) age between 8 and 11 years, and (c) impairment in reading decoding (speed in reading aloud) and in learning tasks that involve processing verbal material.

The exclusion criteria for both groups (NLD and RD) were (a) treatment with psychoactive drugs; (b) fulfillment of the diagnostic criteria for clinically significant autistic syndrome or AS, developmental coordination disorder, or traumatic brain injury; (c) a history of seizures in the previous 2 years; (d) total IQ less than 80 (see Note 1); (e) poor socioeconomic conditions; and (f) medical illness requiring immediate treatment.

Materials

Screening Tests

Reading, arithmetic, and IQ screening tests were administered to ensure that the groups met the above criteria. The assessments included the battery in the latest standardized Italian version of the WISC-III (Wechsler, 1991); the MT battery (Cornoldi & Colpo, 1998), which measures children's reading skills; and the AC-MT standardized

arithmetic battery (Cornoldi, Lucangeli, & Bellina, 2002), which measures children's arithmetical abilities. Children in the TD group completed only the Vocabulary and Block Design subtests (Wechsler, 1991) to estimate their general cognitive abilities. The screening measures were included to ensure an appropriate group matching: Children with NLD, RD, and TD were matched for reading comprehension and vocabulary; children with NLD were matched with TD for reading decoding skills; children with RD were matched with TD for block design; and children with NLD and RD were matched for arithmetical skills.

Reading test (Cornoldi & Colpo, 1998). The children's reading skills were measured considering three aspects: (a) reading speed, which is considered the best indicator of an RD for transparent languages and is measured by calculating the mean number of syllables per second that the child reads aloud; (b) accuracy, consisting of the number of mistakes the child makes while reading aloud (using the same text as for measuring reading speed); and (c) comprehension, established from the total number of correct answers given in a multiple-choice questionnaire with no time constraints concerning the meaning of a passage; during the comprehension test, the child reads the passage silently and can refer to the passage at any time while answering the questions.

Arithmetic test (Cornoldi et al., 2002). The AC-MT standardized arithmetic battery measures the following: (a) accuracy in written calculations, which involves children completing a list of calculation problems (addition, subtraction, multiplication, and division); (b) accuracy in mental calculations, which involves children finding solutions for multiple-digit calculation problems; and (c) speed in seconds in performing these mental calculations.

Self-Report Questionnaires

Children were administered two self-report questionnaires: the *Self-Administered Psychiatric Scales for Children and Adolescents* (SAFA; Cianchetti & Fancello, 2001), which assesses different types of anxious symptoms, and the CDI (Kovacs, 1982; Italian validation by Camuffo, Cerutti, Lucarelli, & Mayer, 1988; see also Nacinovich, Gadda, Maserati, Bomba, & Neri, 2012).

SAFA anxiety questionnaires. This is a self-report measure assessing anxious symptoms in children and adolescents aged from 7 to 18 years old. The SAFA anxiety questionnaire contains 42 items with multiple-choice answers. It consists of four subscales measuring four distinct components of anxiety, that is, Generalized (irrational worries about everyday things), Social (fear in social interactions and regarding what others think of them), Separation (worrying excessively about being separated from home or from people to whom the individual has a strong emotional attachment, such as a parent), and School (fear and worry concerning academic activities and achievement). Cronbach's alpha values ranged between .86 and .90 for the 8- to 10-year-old children and between .89 and .91 for those aged 11 to 13.

CDI. This is a brief self-report questionnaire that helps to assess cognitive, affective, and behavioral symptoms of depression in children and adolescents aged from 7 to 17 years old. The CDI contains 27 items, each consisting of three statements, and respondents are asked to choose which answer best describes their feelings over the past 2 weeks. The total score varies between 0 and 54. The original version has a good internal consistency: Cronbach's alpha values range between .70 and .87 (Kovaks, 1982); the Italian version has an acceptable internal consistency (alphas between .69 and .76; Camuffo et al., 1988).

Procedure

Participants were tested in two separate individual sessions in a quiet room: In the first one children were presented with the WISC-III test, whereas in the second session participants performed both reading and arithmetic tests and the self-report questionnaires (SAFA anxiety and CDI).

Results

Statistical Analyses

One-way ANOVA were run. Post hoc analyses were corrected with Bonferroni adjustment for multiple comparisons, and effect sizes (Cohen's d) were calculated. The magnitude of the effect sizes was interpreted according to Cohen's (1988) guidelines ($d = 0.20$ small, $d = 0.50$ medium, $d = 0.80$ large).

Screening Tests

Table 1 summarizes the IQs and visuo-constructive, reading and arithmetical performance of the children in the NLD and RD groups.

The NLD, RD, and TD children did not differ significantly in terms of mean age, $F(2, 42) = .49$, $p = .61$, Cohen's $d = 0.19$ (small), but they did differ in reading speed (i.e., mean number of syllables read aloud per second), $F(2, 42) = 34.55$, $p = .0001$, Cohen's $d = 2.61$ (large). The NLD and TD children had similar reading speeds ($p = .99$), whereas the RD children were slower than either the NLD ($p = .0001$) or the TD ($p = .0001$) groups. The groups also

Table 1. Demographic and Clinical Characteristics of Children With Nonverbal Learning Disabilities (NLD), Reading Disabilities (RD), and Typical Development (TD).

	NLD		RD		TD	
Characteristics	*M*	*SD*	*M*	*SD*	*M*	*SD*
Age	121.40	14.31	124.67	17.28	118.67	17.62
General cognitive skills						
Vocabulary	11.27	2.60	9.80	2.96	11.87	1.87
Block design	6.33	2.55	10.93	2.49	11.00	2.39
Verbal IQ	100.47	10.49	98.93	11.88	NA	
Performance IQ	77.60	18.45	104.47	11.00	NA	
Total IQ	87.80	9.99	101.73	11.05	NA	
VCI	102.1	11.07	99.47	14.49	NA	
POI	76.57	7.13	102.20	11.82	NA	
Visuo-constructive skills						
VMI test (percentiles)	19.80	17.11	NA		NA	
Reading abilities						
Speed (syllables/second)	3.12	0.72	1.37	0.76	3.15	0.49
Accuracy (z scores)	−0.42	0.45	−2.07	0.73	−0.19	0.32
Comprehension (z scores)	0.18	0.86	0.08	1.02	0.14	0.61
Arithmetical skills						
Written calculation (z scores)	−1.42	1.45	−1.37	0.96	0.26	0.51
Accuracy on mental calculation (z scores)	−1.15	1.05	−1.04	0.74	0.03	0.59
Speed on mental calculation (z scores)	1.01	1.22	1.12	1.01	−0.16	0.59

Note. NA = not available; POI = perceptual organization index; VCI = verbal comprehension index; VMI = visual-motor integration test (Beery & Buktenica, 2004).

differed in terms of reading accuracy (measured on *z* scores), $F(2, 42) = 56.38$, $p = .0001$, Cohen's $d = 3.12$ (large). Here again the NLD and TD children were similar ($p = .77$), whereas the RD children were less accurate than either the NLD ($p = .0001$) or the TD children ($p = .0001$). The three groups revealed no differences in reading comprehension skills, $F(2, 42) < 1$, Cohen's $d = 0.37$ (small).

As for their arithmetical skills, the groups differed in written calculation, $F(2, 42) = 12.64$, $p = .0001$, Cohen's $d = -1.61$ (large), that is, the TD performed better than either the NLD ($p = .0001$) or the RD ($p = .0001$), whereas the two clinical groups were similar ($p = .99$). The same pattern emerged in the tests on mental arithmetic—both for accuracy, $F(2, 42) = 9.59$, $p = .01$, Cohen's $d = -1.37$ (large), where the TD children differed from both the NLD ($p = .002$) and the RD ($p = .001$), whereas the latter two were similar ($p = .99$), and also for speed, $F(2, 42) = 7.89$, $p = .001$, Cohen's $d = 1.19$ (large), again with the TD children differing from both the NLD ($p = .006$) and the RD ($p = .003$), whereas the two clinical groups were similar ($p = .99$). Finally, the TD did not differ from the RD in the Block Design subtest of the WISC-III scale, $F(2, 42) = 17.46$, $p = .0001$, Cohen's $d = -1.88$ (large; NLD < RD, $p = .001$; NLD < TD, $p = .001$; RD = TD, $p = .99$). The three groups' performance was similar in the Vocabulary subtest as well, $F(2, 42) = 1.49$, $p = .24$, Cohen's $d = 0.58$ (medium).

Self-Report Questionnaires

Preliminary ANCOVA were run using PIQ and reading speed as covariate variables. Since these covariate variables were never significant and did not change the pattern of results, they were disregarded in the analyses.

Different patterns emerged from the different subscales in the SAFA Anxiety Questionnaire. On the Generalized Anxiety subscale, $F(2, 42) = 7.84$, $p = .0001$, Cohen's $d = 1.42$ (large), both the NLD and the RD had higher scores than the TD children ($p = .001$, $p = .03$, respectively), whereas the NLD and RD did not differ ($p = .65$). Similarly, on the Social Anxiety subscale, $F(2, 42) = 6.10$, $p = .005$, Cohen's $d = 1.22$ (large), the NLD and RD both had higher scores than the TD ($p = .005$; $p = .04$, respectively), and the former two groups (NLD and RD) did not differ ($p = .99$). But when it came to Separation Anxiety, $F(2, 42) = 4.25$, $p = .02$, Cohen's $d = 1.06$ (large), the NLD group scored higher than the TD children ($p = .02$), whereas the RD children did not differ from either the NLD ($p = .44$) or the TD ($p = .44$) groups. Finally, as concerns School Anxiety, $F(2, 42) = 6.14$, $p = .005$, Cohen's $d = 1.26$ (large), the NLD group again scored higher than the TD children ($p = .004$), whereas the RD group differed from neither the NLD ($p = .09$) nor the TD ($p = .70$; see Table 2).

The results of the CDI showed that the groups had different depression scores, $F(2, 42) = 16.58$, $p = .0001$, Cohen's

Table 2. Means and Standard Deviations for Scores Obtained in the Self-Administered Psychiatric Scales for Children and Adolescents Anxiety Questionnaires and in the Children's Depression Inventory (CDI) by Children With Nonverbal Learning Disabilities (NLD), Reading Disabilities (RD), and Typical Development (TD).

	NLD		RD		TD	
	M	*SD*	*M*	*SD*	*M*	*SD*
Generalized Anxiety	6.60	3.04	5.20	4.06	2.27	1.53
Social Anxiety	5.73	4.52	4.67	4.04	1.33	1.39
Separation Anxiety	5.40	4.42	3.43	3.66	1.73	1.62
School Anxiety	6.07	4.94	3.33	2.61	1.87	1.41
CDI	12.80	5.41	30.33	17.89	7.80	5.50

$d = 2.00$ (large): Children with RD had higher scores than NLD ($p < .0001$) or TD ($p < .0001$) children, whereas no differences emerged between the groups with NLD and TD ($p = .69$; see Table 2).

Discussion

The aim of this research was to seek to identify different profiles of internalizing difficulties (e.g., anxiety and depression) in children with NLD compared with RD and TD individuals because too few and inconsistent results have been published on the internalizing problems of children with NLD (and RD). In particular, we explored the differences between these groups in terms of different types of anxiety (generalized, social, separation, and school-related).

Our results indicate that children with NLD and RD have more anxious symptoms than TD children. Both the clinical groups reported higher levels of generalized and social anxiety than the TD group, in agreement with the literature (Burkhardt, 2005; Goldston et al., 2007; Willcutt & Pennington, 2000). High levels of generalized anxiety might be due to the feeling that things are beyond their control, something frequently experienced by children with LD (Margalit & Zak, 1984). Symptoms of social anxiety in children with NLD may be associated with their characteristic particular impairments in recognizing nonverbal emotional cues, such as facial expressions and gestures (Petti et al., 2002). Their social anxiety might therefore be reasonably attributed to low social skills (Woods et al., 2000; Worling et al., 1999). On the other hand, it is common for children with RD to expect to perform badly, and to worry about having to read aloud in class, and this may trigger social anxiety symptoms. Such worries may be prompted by negative feedback from teachers, parents and classmates. Our findings also suggest that different types of LD coincide with different pictures of anxiety. In particular, our children with NLD reported experiencing higher levels of both separation and school anxiety than children with TD (whereas the children with RD did not differ from the other two groups). It may be that NLD children suffered from more school anxiety than TD because their disorder is less well known than RD and may consequently be handled inappropriately at school (e.g., cases of NLD may go undetected and teachers may be unable to recognize NLD promptly). An inappropriate approach to these children may make them feel inadequate and anxious about their performance at school. A generally poor understanding of the symptoms typical of children with NLD could also be responsible for dysfunctional parental styles, which would further contribute to NLD children's anxiety, particularly as regards their academic achievements. In fact, a previous study by Antshel and Joseph (2006) on mothers of 8- to 11-year-old children with NLD, RD, and TD found that the mothers of the NLD group reported higher levels of dysfunctional interactions with their child than in the case of the other two groups.

Dysfunctional parental styles might likewise be associated with these children's separation anxiety. Previous research (Al-Yagon, 2003) revealed that the additional stress associated with raising a child with LD can affect children in several ways, including the children's insecure attachment to their parents. Several authors have highlighted a positive association between insecure attachment style and separation anxiety in children (Dallaire & Weinraub, 2005; Lynch & Cicchetti, 2002). Unfortunately, no information about parental styles was available for the present sample, so further research is needed to analyze the relationships among the parents' perceived stress, their parental style, and their children's separation anxiety in more depth. Another possible explanation for high levels of separation anxiety in NLD may relate to the well-known asociality and withdrawal characteristic of children and adolescents with NLD (Rourke, 1995). Their inclination to keep to themselves and become cloistered might imply a shortage of social networks other than their parents, which would give rise to a more severe separation anxiety than in TD children.

As concerns depression, children with RD had more severe symptoms than NLD or TD children. This result is consistent with a previous report from Maughan et al. (2003), who found that children with RD feature higher levels of depressed mood than their peers. It is worth noting here that, judging from the literature, children with NLD also reveal internalized forms of psychopathology, such as depression, but such observations (Casey et al., 1991; Forrest, 2004; Little, 1993) were usually based on children who were older than the 8- to 11-year-olds tested for the present study. As reported in previous research, children with NLD are also characterized by specific deficits in the use of emotional content, in making social inferences (Worling et al., 1999), and in processing social cues (Woods

et al., 2000); symptoms of depression in children with NLD may consequently go underreported because of their impaired understanding of emotions. Future research should compare younger and older children with both NLD and RD to further analyze how any internalized symptoms of psychopathology develop.

Limitations and Implications for Research and Practice

Some limitations of the present research should be mentioned. The first major limitation is the small sample sizes of participants, which prevent us from generalizing conclusions on the strength of our findings—though the difficulty of recruiting NLD children has to be taken into account. In fact, as previously mentioned, NLD is not included in the actual classification systems of mental disorders, therefore it has not been easy to find children with such diagnosis in specialized clinics. Second, as mentioned previously, no information was collected on parental styles, nor have we reported on our sample's externalizing disorders. Smart, Sanson, and Prior (1996) suggested that symptoms of anxiety in RD children are mediated by any comorbid behavioral problems, and this has to be considered when interpreting the results of comparisons between NLD and RD cases on internalizing symptom measures. A last shortcoming lies in that we relied solely on self-report measures, without considering input from teachers or parents.

The present study offers a small contribution with a view to shedding light on the psychological and emotional correlates of NLD, which is a still scarcely studied issue. Future investigations should focus not only on assessing psychological distress in children with NLD, for example using interviews to enable them to express their voice, but also on whether or not all NLD children have impairments in the same areas (Forrest, 2004; Grodzinsky, Forbes, & Bernstein, 2010). Moreover, preventive approaches should be devoted to sensitizing teachers and parents to the children's emotional distress. Another topic crucial to NLD concerns the social skills, given the high levels of social anxiety frequently observed in these children. Clinical intervention targeting this population should aim both to increase these children's social skills and to help them manage their social interactions. This appears to be crucial to improving their chances of not becoming sad and withdrawn in response to negative interactions with other children (Little, 1993; Rourke & Tsatsanis, 2000).

The emotional needs of LD children are often underestimated and frequently ignored by teachers (Bender & Wall, 1994; Rock, Fessler, & Church, 1997), who are often trained to recognize LD and deal with LD children, but given little or no information about how to detect and manage these children's affective correlates and psychopathological comorbidities. Failing to target their anxiety symptoms in the earliest possible stages may exacerbate their anxiety and foster the development of other psychological disorders, such as depression (Cicchetti & Toth, 1998). In the light of the evidence-based cognitive-behavioral treatments available for anxiety disorders in childhood (American Academy of Child and Adolescent Psychiatry, 2007), it would be advisable to combine individual and group interventions at school with training for parents (Barrett, Dadds, & Rapee, 1996; Muris, Mayer, Bartelds, Tierney, & Bogie, 2001).

In conclusion, our findings show that children with NLD and RD have important differences in their psychopathological symptoms. Both groups reportedly experienced more severe generalized and social anxiety than TD children. NLD children experienced more school and separation anxiety than their TD counterparts, whereas children with RD had worse depressive symptoms than either NLD or TD children.

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Note

1. It is worth noting that due to the high discrepancy between verbal intelligence quotient (VIQ) and performance intelligence quotient (PIQ; or between the two factorial indices of verbal comprehension index [VCI] and perceptual organization index [POI]) the total IQ of children with nonverbal learning disabilities is often lower of the total IQ usually observed in other children with learning disabilities. For this reason, as the exclusion criterion we were forced to use a total IQ less than 80.

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Hi, my name is Nicole Van Ooyen and I am here today asking for your full support of AB-110. My family's experiences throughout our journey to dyslexia has prompted me to hold this to a high importance.

A little of our history; my son is in the 6th grade, reading at a 2nd grade level. My husband and I brought dyslexia to the forefront when my son was beginning 3rd grade. We sat down with his classroom and special ed teacher to express our concerns. We were completely blindsided at the classroom teacher's response of, "If that is how you feel you are more than welcome to pursue that outside of school, we don't address that here." We went into that meeting confident and excited that we had the 'why' to our sons struggles, but we left there; speechless, frustrated and utterly disappointed.

As time passes, the battle continues, and our frustrations intensify. The lingering theme from the school has been; "he's a boy", "he'll get there", "he's not far enough behind", "there's no reason for concern at this time", "he's not trying hard enough", "boys are slower learners", "your son is his own roadblock" and the continued "we don't recognize dyslexia". Those statements will forever haunt me, for every time they've been said, my son has fallen further and further behind.

It is disappointing, and frustrating, the backlash related to dyslexia and its acceptance. There has been so much heartache, sadness, long days, frustration, endless struggles, and disbelief in our journey to dyslexia. As a parent it makes you absolutely sick. I am fighting for my son's right to learn. Not being able to read is like an anchor through life because reading is the foundation to everything. The lack of dyslexia knowledge, results in our children being left behind-it's like he's been left in the ocean without the ability to swim and no flotation device there to support him.

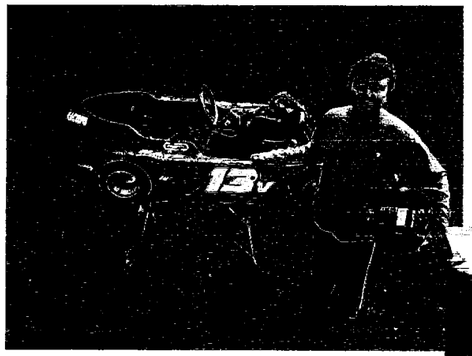
The recognition and acknowledgment of dyslexia is not only necessary, but also vital to our children and their success. Providing screenings and resources will assist schools, and parents alike, with improving the direction of our children's futures. I hate to think about all the children currently in the system that are undiagnosed, struggling, with no idea why. We have the ability to know the 'why', it's time we begin acknowledging it for what it is.

We've been very lucky and recently found a tutor who has made great strides with Nate. With her training, dyslexia knowledge and use of scientific proven strategies, his reading is improving. He's made more progress in roughly one year of bi-weekly tutoring sessions, than he has since 1st grade through school interventions, and again, he's only reading at a second-grade level going into 6th grade. If tutoring wasn't so financially demanding, we'd increase his tutoring because of the progress we have seen!

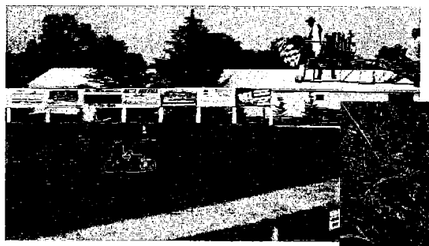
A learning difference doesn't need to turn into a learning disability. Acknowledgement goes a long way. As a mother that holds onto hope for the future, I am asking for your support of this bill. Let's begin, here, to change the way this story ends.

Nicole Van Ooyen 1041 W Glendale Ave Appleton, WI 54914 92

Nate Van Ooyen- 6th grade, 11 years old from Appleton WI



Nate loves the outdoors (hunting and fishing), racing, camping, art, working with his hands building and creating things, his dogs, working in the shop on cars and his go-kart!



Nicole Van Ooyen 1041 W Glendale Ave Appleton, WI 54914 920-680-1710

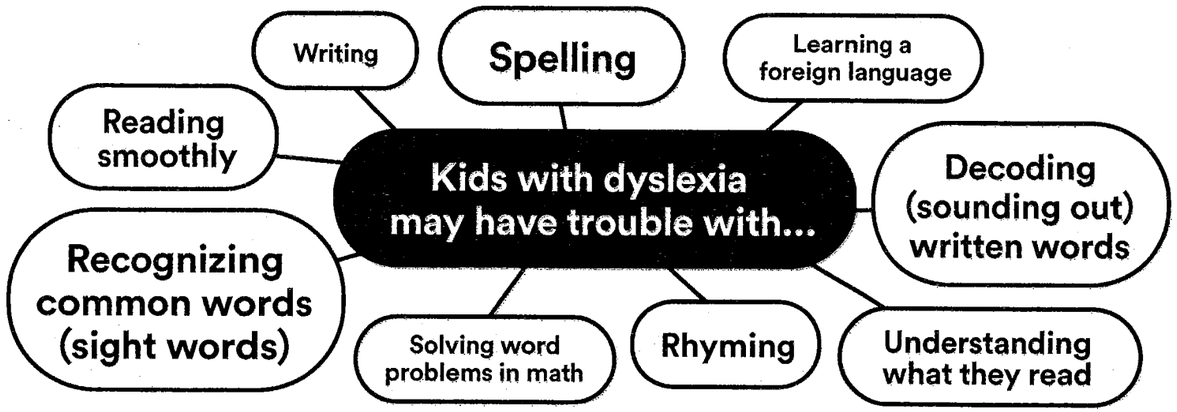
Dyslexia Fact Sheet

Dyslexia is...

- ✓ **A brain-based issue** that makes it hard to learn to read accurately and fluently.
- ✓ **A lifelong condition.** Kids don't outgrow dyslexia, but with the right support, key skills can improve.
- ✓ **A common learning issue.** Many successful people have it, and researchers have been studying it for over a century.

Dyslexia is *not*...

- ⊗ **A problem of intelligence.** Kids with dyslexia are just as smart as their peers.
- ⊗ **A problem of vision.** The core issue involves understanding how the *sounds* in words are represented by letters.
- ⊗ **A problem of laziness.** Kids with dyslexia are already trying hard. They need more help to make progress.



Ways to help kids with dyslexia

Multisensory structured literacy instruction engages kids through sight, hearing, movement and touch.

Accommodations help kids learn and show what they know, like doing an oral report instead of a written assignment.

Assistive technology tools, like audiobooks and text-to-speech apps, can help level the playing field for struggling readers.

Success stories

Salma Hayek, Oscar-nominated actress

Daymond John, *Shark Tank* star and CEO of FUBU

Carol Greider, Nobel Prize–winning scientist

Understood For more information on dyslexia and how to help, visit **u.org/dyslexia**

Mary Schulz
1107 Aster Lane
Winneconne, WI
54985

To Chairman Olsen, Co Chair Darling, and Members of the Senate Education Committee,

I write to you today as I sit staring at my 12 year old son who is nothing short of amazing. I know what you're thinking, that sounds like the words of a mother describing her son, the light of her life, the extension of her own self. But see I'd argue that. He earned that word: amazing. How? Let me paint you a picture of Adam's journey.

Adam was an eager 5 year old who was so excited for Kindergarten that he could have me play school with him just so he could practice. That passionate young child quickly became an isolated student once he was 5 weeks into Kindergarten. Us parents would receive almost daily emails about Adam's short comings. We would cringe at each notification telling us that his teacher had sent us an email because we already knew what the message was. "Adam needs to be tested for ADHD. He can not focus. He is a distraction to our learning environment."

These emails never stopped. With each passing school year and each passing teacher, we would sit in parent teacher conferences and we would have the same conversation. Our son was and is intelligent. He achieved reports cards that are brag worthy. He had no behavioral issues or concerns YET he was unable to perform the simplest of tasks. When it was time for math he wouldn't have his supplies ready. He made up words as he read. He would fold his papers instead of read the words on them and he would doodle on his assignments instead of fill in the answers. We later would learn he was avoiding reading! I would respond the same way each time , "If he's below reading level then what is our plan? If he is not "paying attention" then how I'd get getting these grades. And how are you fueling his self esteem along the way?" See, there's nothing that could be done. Because the law prevents teachers from having the resources to help students with dyslexia.

After researching and speaking to his pediatrician we finally had him tested by a neuropsychologist who said Adam had severe dyslexia and next to no working memory.

Now here's where I want to tell you how badly this affected my son. My 6th grade son who had a 2nd - 3rd grade reading level deserved intervention at the times he was met with issues that his disability prevented him from over coming. He had a low working memory and no ability to perform at the level and in the way he was required to by his educators. He was sad and isolated. He is sad and isolated.

I could write an entire lengthy letter about how this affected him, our family and our relationship with our school district in the past yet I'd rather hold your attention as to what we need in the future.

Our state is beyond behind in how they help support dyslexic students. Adam is unable to read, write, respond, receive and respond to information in a standard class room. He is draining the time and attention from teachers who are only trained to teach standard learners. He is frustrated and sad daily that he isn't able to please the people who he wants to please the most.

He deserves more! His fellow dyslexics deserve more! The state of Wisconsin deserves more!

So back to that word "amazing", Adam has pushed through these horrible road blocks that he calls his school with such class and respect. He fights hard every day to read a sentence that his 8 year old sister can breeze through. He's kind and deserving and quite frankly, if our state had the empathy that he shows we would not be one of the last states to have a plan in place to support dyslexics.

He's a son, brother, step son, grandson, cousin, nephew, dog lover, comic maker, runner, student, comedian and a dyslexic. I ask you, if this was your child would you feel comfortable allowing him to not have support for his disability?

Please help our schools, teacher and students by enforcing help for our dyslexic students!

Thank you,
Mary Schulz, Mother of a Dyslexic

ProLiteracy

U.S. ADULT LITERACY FACTS

U.S. FACTS

MORE THAN **36 Million**

adults in the United States cannot read, write, or do basic math above a third grade level.

68% of programs are struggling with long student waiting lists, and **less than 10 percent** of adults in need are receiving services.

UNEMPLOYMENT/WORKFORCE

Low literacy costs the U.S.

$225 Billion

or more each year in non-productivity in the workforce, crime, and loss of tax revenue due to unemployment.[3]

FAMILY LITERACY

Children whose parents have low literacy levels have a **72%** chance of being at the lowest reading levels themselves. These children are more likely to get poor grades, display behavioral problems, have high absentee rates, repeat school years, or drop out.[1]

POVERTY

43% of adults with the lowest literacy levels live in poverty.[4]

EDUCATION

ONE IN SIX

young adults—**more than 1.2 million**—drop out of high school every year.[4]

HEALTH LITERACY

$232 Billion

a year in health care costs is linked to low adult literacy skills.[2]

ELL(English Language Learners)

2 million immigrants come to the U.S. each year, and about **50%** of them lack high school education and proficient English language skills.[7]

CORRECTIONS

75% of state prison inmates did not complete high school or can be classified as low literate.[6]

Sources: 1 National Bureau of Economic Research (NBER) ... 4 National Center for Education Statistics ... 6 Panel Report: Evaluating the Effectiveness of Correctional Education

Hello,
>
> I am writing to you to let you know what it means for my family that this bill is passed.
>
> For years my son has struggled in school and we weren't sure why. My children attend a parochial school for a Christian education, and this past year his third grade teacher pointed out that he was a struggling reader, and our school proceeded to do testing. The results came back that he was reading at a 1st grade reading level.
>
> After testing with a neuropsychologist; it came back that he has Dyslexia and ADHD.
> So we thought ok, we'll get him tutoring and help. And the our eyes were opened. There was nothing in place for people with dyslexia.
>
> We were sad because we thought we'd have to pull our children from their parochial school and send them to public, because public schools are known to help struggling students.
> Wrong again.
>
> This past year our school had tried to do its best to find some outreach to help our son and daughter (struggling reader, we're on the waitlist to get her assessed).
> We were able to find a parochial school 40 minutes away that partners with a Dyslexia center, and are currently in the process of moving our family up there.
>
> I thank God that financially we are able to make this move, because some families are not able to uproot and move.
>
> This has warmed my heart so much that I have signed on to be a Dyslexia tutor. Students, including mine are on the waiting list because the need is great and the workers are few.
>
> My prayer is that screening is put in place at a young age and that help is available at every school, that insurance will eventually cover tutoring costs, as they are not inexpensive. And lastly that these growing children are not labeled lazy, stubborn, dumb, but smart, resilient and hard-working considering all the obstacles put before them.
>
> Thank you for your time and consideration.
>
> Sincerely,
> Jeremiah, Lauren, Dylan and Elle Prochnow
Currently in Oakfield WI, 53065

Here are some tips to create a Dyslexia-Friendly Classroom!

- Learn what it means to have dyslexia. Educate yourself on how dyslexia can affect people. The web sites of Decoding Dyslexia Wisconsin and the International Dyslexia Association.
- Familiarize yourself with classroom accommodations for students with dyslexia. Understand that accommodations are not cheating- they allow equal access to the curriculum.
- Encourage and facilitate the use of accommodations- do not make a dyslexic student ask for them in front of others. They are often embarrassed to do so.
- Understand that most students with dyslexia will have trouble copying from the board. If the board is used, provide a transcript for them.
- Allow dyslexic students to show what they know despite their difficulties with reading and writing. Let them answer questions verbally and consider alternate assignments such as oral reports.
- Do not ask students with Dyslexia to do things that publicly expose their weaknesses. For example, do not ask them to read aloud unless they are comfortable and agreed to do so ahead of time, in private.
- Watch for signs of fatigue. Students with Dyslexia have to work much harder than other students, which is exhausting. Their work will often deteriorate over time, especially at the end of the day.
- Don't overload dyslexic students with oral instructions. Go a little slower and allow time for your words to sink in. Remember that many dyslexic students have weak auditory processing.
- Make worksheets dyslexia friendly. Avoid visual crowding of text and multiple- choice questions with confusing wording. Familiarize yourself with technology that allows students with dyslexia to have worksheets read to them to type their answers.
- Don't scold students with dyslexia when they lose or forget things, miss the meaning of something or have a bad day. Remember that you would not scold a deaf child for not hearing something.
- Don't expect the same quantity of written work as you do from other students.
- Offer Audio books & Digital Text to Speech in your classroom for required reading and during free reading time. Audiobooks and Digital Text to Speech have been shown to improve literacy outcomes for all students, but they are especially important for students with dyslexia who tend to have high comprehension but low decoding abilities.

Abbreviated version of my son's life with dyslexia....

We knew there were issues as early as kindergarten – teacher was more focused on behavior, his need for practice, and time.
By second grade, we asked for specialized instruction – school declined.
Summer out of third grade, began 1:1 with an OG tutor – school had us believing he was at a first grade reading level- we knew it couldn't be so, and this was confirmed by the OG specialist – he didn't even know all his letters/sounds – let alone read at a first grade level.
Fast forward – my son, on paper will enter 7th grade this fall. He is still at a first-grade level in reading (despite a lot of intervention – paid for by school district), he has no connection to his school, and his mental health continues to be compromised, to a point that we (family/school) do not know yet how his educational needs will be met in the coming year; a direct impact of unmet needs, as a learner with dyslexia.

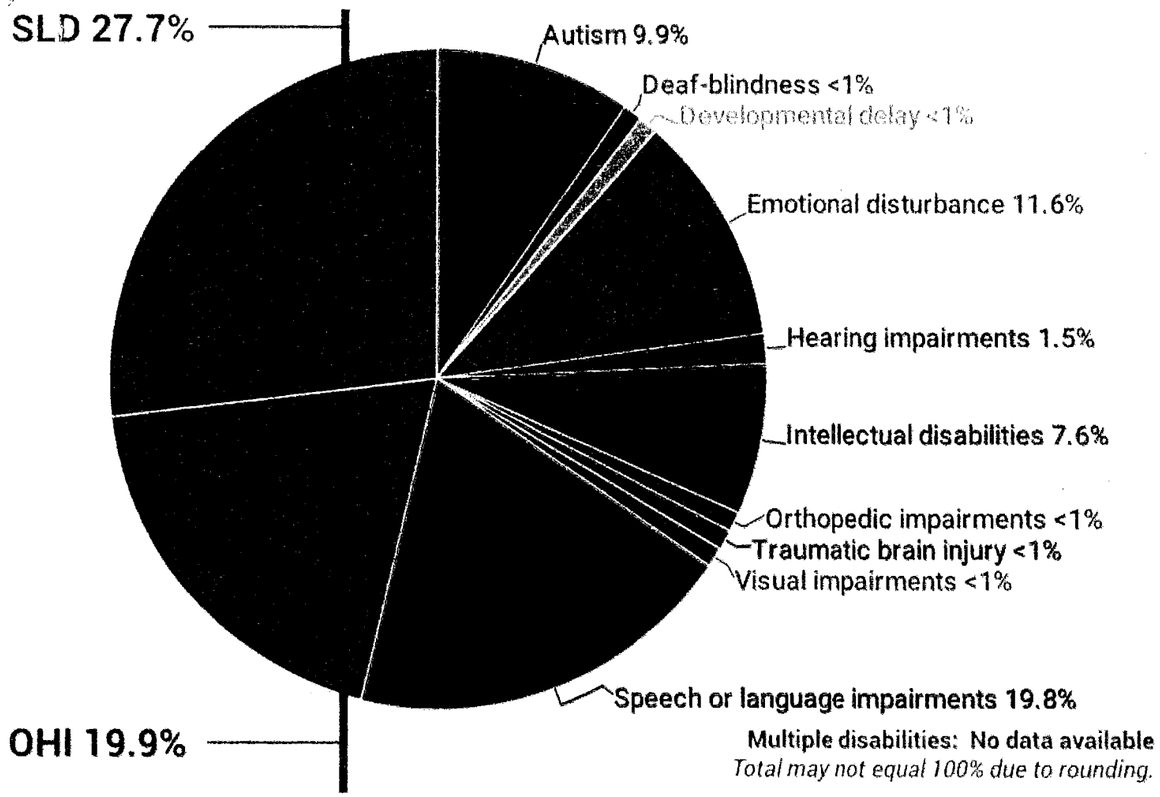
There has been an IEP in place for my son since kindergarten, the outcome? Ever increasing gaps in his learning.

Despite degrees in education, and former teacher within our UW system, I am not able to teach my son to read. I have worked closely with my son's OG specialist and taken classes to support the work she does with my son. Nothing in my teacher training, including Master level work, prepared me to teach a child with dyslexia. I find it is ironic that my training, via the UW System is as a special education teacher.

Yes, things need to change at the teacher preparation level, and until it does, **we need to empower and support schools today,** so we can better meet the needs of today's learners who are challenged with dyslexia.

Respectfully,

Antoinette Chambers
715.531.0471
332 Edgewood Drive
Hudson WI 54016



Multiple disabilities: No data available

Total may not equal 100% due to rounding.

June 15, 2019

To Whom It May Concern:

I am writing in regards to the proposed Assembly Bill 110. I am a Licensed School Psychologist through DPI (license # 3590000326) and a Licensed Private Practice School Psychologist through the Psychology Examining Board (license # 900). I am thrilled that Wisconsin is considering legislation to support our students with dyslexia. However, with all due respect, I am flabbergasted that there is so much ignorance among our educators and reading specialist here in Wisconsin regarding dyslexia. It only took two years of working in Wisconsin's public education system for me to understand how undertrained educators are to support students with dyslexia.

With that said, my intention in writing this letter is to respond to the WSRA President's letter to the Assembly Education Committee dated April 19, 2019. I would like to address some of the comments from a trained school psychologist perspective and knowledge base. First, I would like to clarify how the American Psychiatrist Association refers to dyslexia as the quote stated in the President's letter seems to be a slight misrepresentation. In fact, the DSM-5 in the section regarding Specific Learning Disorder with Impairment in Reading states, "Dyslexia is an alternative term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities."

It is important to note that dyslexia is the most well researched learning disability. It is quite unfortunate and a great disadvantage to our students that Wisconsin is one the last states to consider dyslexia legislation. Instead, we seem to still be in the midst of the "reading wars." Clearly, what we are doing in our schools is not working as the reading proficiency among our students is declining. There is no doubt that children struggle to learn to read for many reasons. However, the research demonstrates the most prevalent cause for students who struggle to learn to read is due to neurobiological underpinnings that are *typically* associated with phonological deficits. Many educators have no idea of the importance and the relationship of phonemic awareness (a component of phonological awareness) and reading. It is the foundational skill that must be learned to automaticity for individuals to become proficient readers. While phonological awareness, the ability to perceive and manipulate sounds that make up words, is considered the key deficit of dyslexia, orthographic processing and more specifically, rapid automatized naming, is another cognitive correlate related to reading. Poor readers with dyslexia may have a deficit in phonological awareness, rapid naming speed, or both. A thorough evaluation would look closely at these correlates and verify or refute the likelihood of dyslexia.

Finally, I would like to address the WSRA President's fifth and final bullet point. She states "that the proposed legislation has the potential to exacerbate children's reading difficulties by limiting or negating the ability of teacher's like me to use our expertise and years of experience to customize instruction to meet student's needs." Given that Wisconsin is a state that has been implementing RtI since 2010 (with mandates to implement it no later than December 1, 2013), this statement seems to be quite a supposition that is not grounded in DPI's direction with instruction and intervention. Conversely, the proposed handbook would offer information that most educators have not been trained in and likely would expand, rather than negate, their expertise in providing effective reading instruction and intervention. I have been involved in countless multi-tiered system of supports (MTSS) problem solving meetings with a wide range of educators who almost always request from me more information and understanding regarding dyslexia. They admit that they were not trained in it and have a very limited understanding of how dyslexia manifest in reading and other areas of academics.

As a school psychologist and mother of a son who has dyslexia, I have no vested interest in advocating for our educators to be more informed about dyslexia other than the deep desire for every child in our state to become proficient readers. I have witnessed firsthand the detrimental impact of students who struggle to learn to read and either go undiagnosed or never receive the appropriate instruction to learn to read. I also have witnessed children with dyslexia that have been properly diagnosed and given appropriate instruction and eventually thrive. The outcomes of each are night and day.

Thank you for the opportunity to express my support of the proposed Assembly Bill 110.

Sincerely,

Tonya Klem, Ed. S, NCSP

Dyslexia Myths & Facts

MYTH: Dyslexia is rare.

- **FACT:** Dyslexia affects 5- 20% of people, according to the American Academy of Pediatrics. The AAP further states that dyslexia is the most common learning disability, accounting for 80% of all learning disabilities.

MYTH: Kids with dyslexia will outgrow it.

- **FACT:** Kids with dyslexia do not outgrow dyslexia. Dyslexia can be remediated with effective instruction, symptoms of dyslexia do not go away just because a child grows up. A child with dyslexia becomes an adult with dyslexia.

MYTH: Dyslexia could be prevented if parents read more to their children.

- **FACT:** Dyslexia is caused by an inherited brain difference, not by something a parent fails to do. According to the AAP American Academy of Pediatrics if a parent has dyslexia, there is a 40-50% chance their parent or sibling has it also. No amount of reading aloud will teach a person with dyslexia how to read. People with dyslexia require specific instructional approaches that will systematically and sequentially teach the sounds and symbols of language.

MYTH: People with dyslexia see things backwards.

- **FACT:** People with dyslexia see things just like everyone else. They do not see "was" as "saw" for example. They often have trouble with directionality-for example they may confuse left and right. They often have difficulty finding the right names for things. Dyslexics have trouble processing & manipulating the sounds of language.

Kristine Seeley
823 Eastman St.
Oshkosh, WI 54901

August 12, 2019

To Whom It May Concern,

I write today to share my concerns about the current literacy practices in our state. I write to you asking for change. I wish for our state to create legislation for people with dyslexia that gives them opportunities to learn to read by offering early screenings, effective evidence-based instructional techniques for students with dyslexia, and educator training. I passionately believe it is a civil right in our state that every person learns to read. This starts with passing AB-110.

Because my family is invested in our state and community, I would like to share a little bit about us. My husband and I own a home in the City of Oshkosh with our two children who attend an elementary school in the Oshkosh Area School District (OASD); my son will be a 7th-grade student in the fall, and my daughter will be a 5th-grade student. My husband owns a small business in Oshkosh, serves on a PBIS committee at our children's school, and coaches an OASD basketball team as well as an Amateur Athletic Union (AAU) basketball team in the Fox Valley area. I have been a special education teacher in the OASD for over 17 years; I earned my Master's Degree in Special Education at UW-Oshkosh, completed my student teaching in the OASD, and chose to pursue a career in the same district, and most recently, I completed a cohort through UW-Oshkosh and earned my Master's Degree in Educational Leadership.

Like many other parents, I feel my children are an investment to our community. My son has always excelled in his education by reading far above grade level, performing advanced and proficient on his assessments, and although he is a hard worker, he has easily completed most tasks asked of him in school. He really fits "the system." My daughter has had a different experience in school. She has to work extremely hard to get herself to just proficient in reading, gets a lot of help to perform proficient on daily work, and has cried many tears of embarrassment and sadness to me at home after being called out by her peers in school for not knowing how to spell or read. Although she falls behind at times, her end of the year report card comments from her teacher stated what a hard worker she was four separate times, even going so far as to say she is "one of the hardest working kids (her teacher) knows," so I know her struggles are not from a lack of effort. My daughter needs to learn differently; more of the same will not help.

When my daughter was in first grade, we took it upon ourselves to have her medically evaluated. I shed tears of joy when our daughter was given her diagnosis of dyslexia. We would finally be able to understand why her dolls did not have names, why she could not read books her peers were reading, why she did not listen when given multi-step directions, and the many other "whys" we often asked in relation to our intelligent daughter. Although we were getting the questions we had answered at home, we were not getting responses to our questions from our school district. Despite the research we did on our own and the support system we established, we felt jilted from

those whose job it is to oversee the education of our children. My husband and I have now been put in a position of having to look into private tutoring for our daughter which will be a huge financial burden for us to bear.

In addition, I work as a special education teacher at a high school. I spend most of my school day in an English classroom where I witness students who have not received proper instruction (or sometimes even a diagnosis) in reading. For many years, I knew what we were doing with the whole language approach in literacy was not working for the students I taught, and the more research I did on dyslexia, the more my feelings were validated. If I am being honest, it is painful to watch students not be able to read their own writing, get up in front of class and not be able to read words an 11th-grade student should be able to read, watch their brave faces say they don't need help when you know they do, and worst of all have to continually test them on reading and writing when they know, and I know, their scores will not change much, but I keep going, as I know it is not their fault they were not given the instruction they needed. I watch students walk across the stage at graduation every year knowing in my heart we failed them. We did not have the tools to do what was best for them, and that is not only gut-wrenching but embarrassing. Sitting in meetings with parents and not having interventions other than accommodations to get their children through school is unacceptable. All of our students deserve an appropriate education!

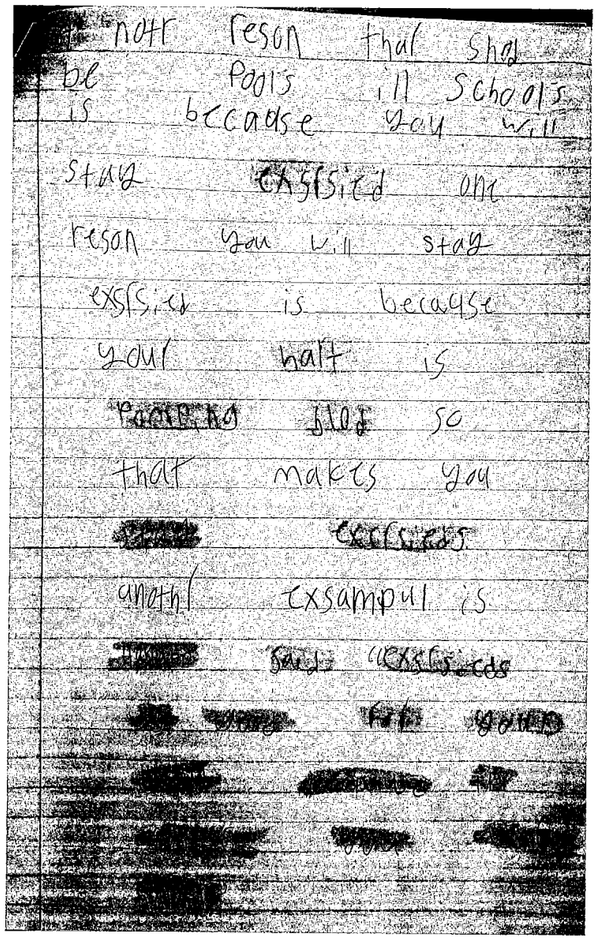
While I have struggled to get administrative support, I have been pleased at the willingness of teachers to want to understand more about how to best teach our daughter and others who struggle. I have been asked numerous times by teachers at every level what to do to help students. In addition to the "hard worker" comments on my daughter's report card, her teacher also stated, "I learned a lot from you this year. Yes, you taught me!" Teachers want to help. Teachers are willing to learn. Teachers want students to be successful. Instead of using time and energy to fight the "reading war," we need to come together and do what is best for kids. There are many people in our state who are willing to help; this is not something that needs to be solved in a vacuum, especially when there are professionals in the field of dyslexia who have seen success with the instruction they have used.

I believe every student deserves to learn to read; however, when students do not fit the mold of the current whole language practice most districts in Wisconsin use, they are not given the chance to reach their full potential. As a parent, teacher, and taxpayer in the state of Wisconsin, I am truly upset at what has been allowed to go on, for years, when it comes to violating the civil rights of our students who do not "fit the system."

Thank you for your time. Please feel free to contact me with any comments and/or questions at krissyseeley@gmail.com or 920-279-5743. I ask that you pass AB-110 in order to help the many people in the state of Wisconsin affected by dyslexia.

Sincerely,

Kristine A. Seeley
Parent, Public School Teacher, State of Wisconsin Resident/Taxpayer



Sample writing from my daughter; Spring of 3rd grade.

>> Dear Education Chair Olson, Education Chair Darling, and Members of the Senate Education Committee,
>>
>> Our names our Scott Seifert and Stephanie Opel-Seifert and we support AB 110. Our son, Noah, is an 8 year old, soon to be second grader, who was diagnosed with dyslexia. Currently, he does not receive any services specific to dyslexia at his school, Elmwood Elementary in New Berlin, WI. We think educators need to have access to information about dyslexia. He attended 4-year old kindergarten preparatory program and delays were noted in his word finding, letter formation, but no interventions were put into place. We were told, "he will grow out of it" and "he is a boy and boys develop later," and "he will catch on." We put our son in a different school for kindergarten and then sent him back to Elmwood Public school to repeat kindergarten, since we felt he was really struggling. When he completed kindergarten, he was reading below grade level, struggling with word sounds, formation of words, and with phonics. His teacher noted at the end of the school year that Noah had some " red flags for dyslexia," but stated a pediatrician/psychologist would not diagnosis my son at this time. If the teachers had been better educated, they may have known that children have evidence of dyslexia from birth and he may have been diagnosed sooner and received earlier interventions. Currently he struggles with low self worth and self esteem since he realizes that other children do not struggle like he does.
>>
>> We feel if teachers had a reference for screening for dyslexia, proper interventions, and additional resources, teachers would be able to assist students with dyslexia and provide a supportive educational environment. Additional curriculum in undergraduate studies for people pursuing a degree in education and continued education credits for teachers should be provided since so many people are effected by dyslexia and so many students are reading below grade level. We struggled to find support for Noah to meet his needs as being a person with dyslexia and teachers had a limited knowledge base of dyslexia. We feel recognition should be made for the need for funding and training for teachers and specialized instruction for people with dyslexia. Our son Noah deserves it, would you not support this for your kids? This is why we support AB 100.

Thank you,

Scott Seifert and
> Stephanie Opel-Seifert
> 5560 S Andrae Drive
> New Berlin, WI 53151

Cassidy Announces Dyslexia Screening Provision Included in New Criminal Justice Reform Bill

WASHINGTON– U.S. Senator Bill Cassidy, M.D. (R-LA), a member of the Senate health and education committee, today announced that his provision providing for the screening of inmates for dyslexia is included in the new version of the First Step Act(S. 3649), legislation endorsed by President Trump to reform America's criminal justice system. Cassidy announced his support for the legislationtwo weeks ago.

"Having treated patients in prisons, I learned that illiteracy often leads someone to turn to a life of crime. Dyslexia is a leading cause of illiteracy, so to address illiteracy and incarceration, we must better address dyslexia," said Dr. Cassidy. "I'm pleased Chairman Grassley, Jared Kushner and the White House agreed to incorporate my proposal for screening inmates for dyslexia into this bill. It makes sense that if a someone learns to read, they're less likely to end up in prison and more likely to be a productive member of society. And if someone ends up in prison, they're more likely to be get a job and keep it once they are released. In the end, I think this will save some people from the prison system, make our streets safer, and save taxpayers money."

A study found that 80 percent of prison inmates at the state prison in Huntsville, Texas, were functionally illiterate and 48 percent were dyslexic.

The First Step Act will formally define dyslexia as "an unexpected difficulty in reading for an individual who has the intelligence to be a much better reader, most commonly caused by a difficulty in the phonological processing (the appreciation of the individual sounds of spoken language), which affects the ability of an individual to speak, read, and spell." The bill requires the U.S. attorney general to incorporate an evidence-based, low-cost, readily available dyslexia screening program into the new risk and needs assessment system, including by screening for dyslexia during the prisoner intake process and each periodic risk reassessment of a prisoner. It also requires the U.S. attorney general to incorporate dyslexia treatment programs into recidivism reduction programs.

In October, Cassidy and his wife, Dr. Laura Cassidy, coauthored an column about their family's personal struggle to overcome dyslexia.

In June, Cassidy met with Senior Advisor to the President Jared Kushnerabout prison reform, and Cassidy stressed the need to identify and address dyslexia in early education in order to prevent students from being consigned to a path of illiteracy, crime, and incarceration.

In May 2016, Cassidy chaired a HELP Committee hearing on understanding dyslexia. The hearing featured actor Ameer Baraka, a New Orleans native who struggled with dyslexia as a student and turned to selling drugs. Barak discussed how he taught himself to read in prison on Fox News in April 2017.

In February 2016, Cassidy's READ Act was signed into law by President Obama. The legislation requires the National Science Foundation (NSF) to devote at least $2.5 million to dyslexia research every year.

In 2015, Cassidy hosted world experts on dyslexia for a discussion at Pennington Biomedical Research Center in Baton Rouge, and chaired HELP Committee field hearings on dyslexia and education in New Orleans and Baton Rouge.
Each year, Cassidy introduces a resolution in the Senate designating October as National Dyslexia Awareness Month.

My name is Kalten Brandenberger. I am 12 years old. I live in Janesville, Wisconsin and I have dyslexia. I think you should pass Assembly Bill 110 and here is why:

Have you ever tried really hard to do something, but failed at it? Did anyone try to help you or did they tell you you didn't try hard enough? For many kids, this is everyday life at school. This is because teachers really don't understand about dyslexia. I got in trouble in third grade because I just couldn't pay attention even though I tried. I didn't finish assignments because I had trouble reading and writing, but my teacher thought I just didn't want to. I finally got an appointment to figure out what was wrong after waiting another 9 months because they were so backed up! By that time, I was already in 4th grade and still having trouble.

Approximately 1 in 5 people have dyslexia or other learning disabilities, so in a classroom of 25 kids, you could have 5 kids who are having reading trouble, and most never get a diagnosis. This is why I believe teachers should have a guidebook to teach them the signs to look for. If kids are having trouble paying attention, not getting assignments done, or have bad handwriting, those are signs of dyslexia. Teachers should be taught those so they can spot dyslexia in kids before the kids are labeled as bad kids or just told to try harder. Then they can get specialized tutoring to help them learn better. They can also use accommodations like I have had that helped me. Some accommodations are text-to-speech and speech-to-text software, programs that teach math and reading in more visual ways, and a little extra freedom to move around.

I believe school districts should help teachers recognize dyslexia and other learning differences so that kids don't have to wait so long for help. Even though kids with dyslexia have average or above average intelligence, they often feel stupid and have bad self-esteem. Students with learning disabilities are three times more likely to drop out of school than kids without disabilities. This gives them a disadvantage for getting good jobs and being successful, and it all starts in elementary school. Some people might think that school districts can't afford to do all this work for dyslexia. However, studies of inmates in prison showed that almost half of inmates have dyslexia. Illiteracy is a risk factor for committing crimes, and dyslexia is the main cause of illiteracy, so if we spend a little more to help kids in school, we will spend a lot less on caring for them in prison.

If my teacher had known the signs of dyslexia, maybe I would have been screened sooner and gotten help faster. Then I wouldn't have started to hate school. My teacher wasn't mean, she just didn't understand.

Sources:

Hennessey, Sean. "The State of LD: Understanding the 1 in 5." *NCLD*, 2 May 2017, www.ncld.org/archives/blog/the-state-of-ld-understanding-the-1-in-5.

Cassidy, B., & Cassidy, L. (2018, December 19). Addressing dyslexia is key to reducing criminal recidivism. Retrieved from https://thehill.com/blogs/congress-blog/judicial/422011-addressing-dyslexia-is-key-to-reducing-criminal-recidivism

August 12, 2019
Senate Education Committee

Dear Senators,
My name is Melissa Miller and I live in Herbster Wisconsin, located in Bayfield County. I am a certified Dyslexia Consultant, the director of the non-profit Lake Superior Tutoring Center for Dyslexic Children and Adults, and the proud parent of a child with dyslexia.

I am reaching out to let you know that I am in support of AB110 creating a Dyslexia Handbook.

As someone who over the past 8+ years has worked very closely with individuals, both children and adults, struggling with dyslexia related issues, it is my hope that you could help put me out of a job. Now I know this bill will not do that, but I am in support of any legislation that helps to bring positive awareness to dyslexia in an effort to help children receive the necessary support and instruction that they need in order to learn the way they learn, in a public school setting, so that they do not require the services that our center provides, but rather receive the necessary instruction and support in the classroom.

When I first began working as a dyslexia tutor in the fall of 2010, the world of dyslexia was quite new to me and I immediately began learning all I could in order to help my student succeed to the best of his ability. At the time, my own daughter was just 8 months old. Her father and I decided early on, that if we could, we would choose to homeschool and as I continued to work with various school districts throughout the region, sitting in on IEP meetings, meeting with administrators and teachers, holding seminars and trainings to help bring awareness to dyslexia, it reinforced our decision that homeschooling was still what was in the best interest of our child. As I began teaching her, I began to see all the tell tale signs that I had been witnessing over the past 5 years and questioned if what I was seeing was truly dyslexia or if I was imagining due to my being so involved with dyslexic learners. But I wasn't imagining and I began working with her using the Barton Reading and Spelling System, an Orton-Gillingham research and evidenced based program that I had both access to and experience with as a certified Barton tutor. I immediately began to see improvement., just as I have with all my students. Her struggles have been real, but I am so proud of the progress she has made and it is my belief that had we entered her into a public school setting we would not be seeing the level of success and progress that we are witnessing in this bright, capable amazing human being that I am so very proud to be the parent of.

To homeschool my child is a luxury that all individuals do not have access to. Hiring tutors, is a luxury that all individuals do not have access to. A quality public school education that uses teaching methods that allow for the greatest success of every student is a reality that can be achieved. AB110 is a stepping stone on that journey to improving the reading abilities of every child by promoting awareness of an issue that is a scientifically proven reality. I still believe Wisconsin is a great place to raise our children, but I know that there is always room for improvement. Let's help bring our youngest learners to a higher level of achievement by increasing awareness of dyslexia and join with other states throughout the nation who have passed legislation that is currently doing just that.

Thank you so much for your time.

Sincerely yours,

Melissa M Miller

86260 Clover Cemetary Rd.

Herbster, WI 54844

lakesuperiortutoring@gmail.com

Robin Johnson-Pierre
804 Draper St
Kaukauna, Wi 54130
920-851-5804
Robinjohnsonpierre@yahoo.com

I am a concerned citizen and resident in Wisconsin. I am contacting you to ask for support and a vote for AB110 the creation of a dyslexia handbook.

My daughter has had difficulty in school since kindergarten. She at that time was identified in the public school as a struggling reader. She started to see the reading specialist. Kindergarten continued on with the schools intervention with really no gains. I asked for a special ed eval. They completed and at that time she was not " far enough behind".

1st grade came and went. With reading specialist intervention 4 days per week. Little to no progress was being made. She was falling behind fast. I asked again for a special ed eval again. I was told " let's wait till 2nd and 3rd grade it's the make it or break it years".

This really made to start to wonder. I struggled with learning and reading as a child. So what does a mom do? Hit the internet and started to research. Everything led to her and I having dyslexia. I personally had a hard time with this.

Now 2nd grade started. Hattie took her standard tests and she is tanking reading. 8th percentile in fall and 2nd in winter. I called a meeting to the school. Went into the meeting to question dyslexia. School is where you turn, correct? We sat down and I expressed my concern she has dyslexia. I was sharply told by the reading specialist and the school psychologist, dyslexia can't really be diagnosed. We don't believe in that. Hattie just need to try harder. The school did agree to start the special ed eval process again. With the understanding she would be tested for a learning disability.

Well this fueled my fire. Momma bear came out. I hit the internet again and looked for local resources. As the school was doing their assessment. My husband and I had a private psycho-educational assessment. (we couldn't afford a full neuropsychologist assessment at about $4000.00 and about a 6-9 month waitlist)

The school finally agreed that she had a learning disabilities after a 2 hours meeting debating this. During this meeting we talked about the private assessment with the diagnosed with moderate/severe dyslexia. With the 28 page assessment in hand. The school refused to agree with our professional assessment. Refused to implement the 17 recommendations. Including providing explicit, structure literacy training based on phonics/ OG based methods.

At this time I know time was not on my side. Stats say if we don't remediate reading by 3rd grade the chances are they won't learn to read.

Hattie was at the end of 2nd grade. Her IEP was written with the only reading component bring fluency. I knew I wasn't going to get any where. My husband and I agreed to the IEP instead of fighting.

We then went to Dyslexia Reading Connection in Appleton for tutoring. The public school system failed my daughter. She is not getting the free and appropriate education she is entitled to.

The handbook is a starting place for the much needed awareness of dyslexia. Our state can not turn its head any longer. The handbook will be a great resource. However we still have much more work ahead. Parents of these kids will continue to fight. We will not be silenced.

Our kids deserve this! Wisconsin deserves this! We need to be the state with the best education for all again!

Thank you for your time
Robin Johnson-Pierre

AGE 3-5

■ 2012-13 ■ 2013-14 ■ 2014-15 ■ 2015-16 ■ 2016-17

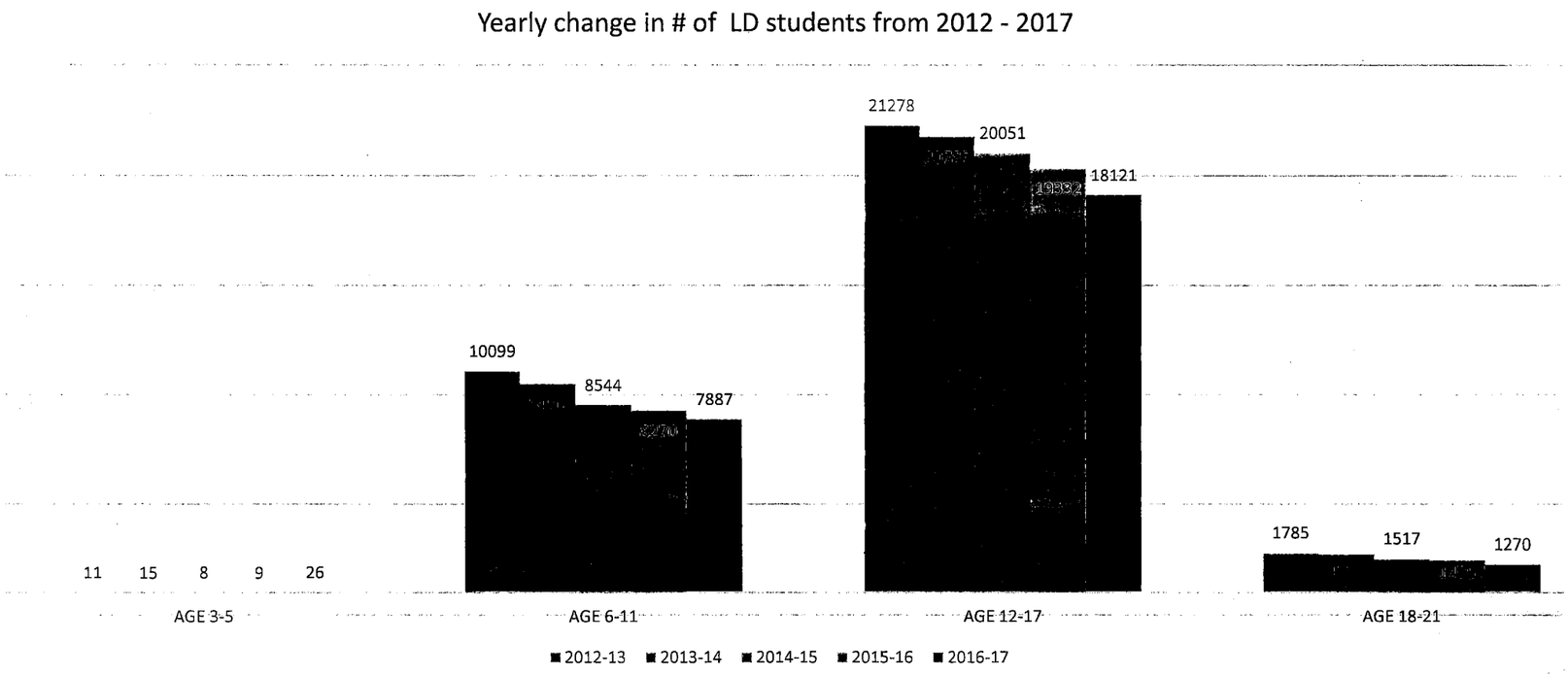
School Year	AGE 3-5
2012-13	11
2013-14	15
2014-15	8
2015-16	9
2016-17	26

LD raw data by year

School Year	AGE 3-5	AGE 6-11	AGE 12-17	AGE 18-21	tota
2012-13	11	10099	21278	1785	3317
2013-14	15	9496	20787	1725	3202
2014-15	8	8544	20051	1517	3112
2015-16	9	8270	19332	1475	2908
2016-17	26	7887	18121	1270	2730

School Year	AGE 3-5	AGE 6-11	AGE 12-17	AGE 18-21	tota
2012-13	0.03%	30.44%	64.14%	5.38%	3317
2013-14	0.05%	29.65%	64.91%	5.39%	3202
2014-15	0.03%	27.46%	64.43%	4.87%	3112
2015-16	0.03%	28.43%	66.46%	5.07%	2908
2016-17	0.10%	28.89%	66.37%	4.65%	2730

WI SLD Data



https://dpi.wi.gov/sped/idea-child-count-2016-17

Senate Hearing—AB 110

Every child and family should have equal access to proper reading instruction. This is an equity issue. We must pass AB 110 to give educators information about dyslexia through an awareness handbook.

My name is Laurie Borkon. I live in Monona, Wisconsin. My daughter, Talia, is 13 years old. She has dyslexia. My father had dyslexia. My aunt has dyslexia. Looking back now, we think my great grandfather, an immigrant from Russia, may have also had dyslexia.

I'm writing today about Talia. By the end of second grade, she was still not reading. She was receiving pull-out reading interventions as part of Monona school's Response to Intervention program. Talia had a very caring reading teacher, but Talia was not learning to read. Monona was not providing the proper reading interventions/instruction. Further, Talia's reading teacher did not have the proper information to teach dyslexic children.

Talia needed explicit, systematic, multi-sensory instruction that directly taught phonemic awareness and phonics. Some children don't need this type of instruction—they'll pick up reading almost "effortlessly." But, other children, like Talia, need direct instruction in the foundational skills. One of the approaches for this type of instruction is called Orton Gillingham. Orton Gillingham is a method, not a product.

We were very lucky to find a reading specialist, Jackie Carter, who tutors children. Mrs. Jackie uses the Orton Gillingham approach. We started seeing Mrs. Jackie at the end of second grade, twice a week and through the summers. Talia fully caught up and became a "reader" in fifth grade. We spent over $60,000 in tutoring fees. We were very lucky to have been able to afford this, but the opportunity to read should not be based on luck. Every child and family should have equal access to proper reading instruction. This is an equity issue.

I am a certified teacher and a reading specialist. My bachelor and master's degrees are from UW-Madison. I did not receive any training in explicit, systematic instruction in reading during my undergraduate or graduate training. We must pass AB 110 to give educators information about dyslexia through an awareness handbook.

April 5, 2018

Chairman Olsen and Chairman Darling & Senate Education Committee
Room 411 South
Madison State Capitol
2 East Main St.
Madison, WI 53703

Dear Chairman Olsen and Chairman Darling & Senate Education Committee

I am writing to you in support of AB 110 creating a Dyslexia Handbook. I wish I could be at the meeting to talk with you personally today but was unable to attend. I am concerned about reading struggles of students in our state. I am a parent of 3 children and a licensed teacher in Wisconsin. My oldest child was a bright bubbly youngster who began to struggle academically in middle school. As a parent with a strong work ethic, I was concerned about her academic struggles and the anxiety I began to see in my child. I worked to help her with tutoring and academic needs, but she continued to struggle into high school. I was seeing her give up on her ability to learn and knew that this was not going to lead to the success in life I had hoped for her. I sought counseling and found out her junior year in high school that while she was in AP English she was dyslexic! As an elementary student I had seen some signs of concern when learning to read but she had overcome those initial issues and educators re-assured me all was well. After the diagnosis I was able to learn about techniques that dyslexics need to learn to decode words. I hired a private tutor and Ashlynn attended tutoring outside of school hours to learn these skills. I saw not only increased ability to comprehend her reading but relief from the anxiety of feeling that she was incapable of learning. The years of frustration and anxiety have taken a toll on my daughter. The good news is that with her Orton Gillingham based tutoring to learn explicit decoding of words she is a successful college student at UW Oshkosh. She still struggles with self esteem and believing she can succeed.

Shortly after Ashlynn was diagnosed I learned more about dyslexia. It is genetic and runs in families. Nearly 1 in 5 students have some dyslexic tendencies and just like autism, it is a spectrum disorder where it can be mild (like my daughter who was a junior year in high school in advanced classes without knowing) or severe. I had my youngest tested as a 2nd grader. He came back through private testing as dyslexic. Evan was eager to learn, and I had raised questions on his struggles for years. He had horrible hand writing and was very overwhelmed with learning to write sentences and read. I chose to wait to send him to kindergarten as an older child with a summer birthday, so he is old for his grade level. In spite of this, Evan did not meet expectations in Kindergarten and his teacher recommended summer school for him which he completed with no significant gains. In 1st grade, we did extra hand writing practice at home and worked with him often, but he was still frustrated and overwhelmed at times by school. By 2nd grade his frustration in writing and just scraping by as an on-target reader had me concerned. When I learned Evan was dyslexic I shared this information with his Kindergarten and 1st grade teachers. As they compared notes about Evan as a learner they found that many times they would need to find a different way to explain a concept to Evan and there would be a light bulb moment where it then made sense to him. Dyslexia is a processing disorder so there were elements of this learning difference they were not aware of. As a licensed educator myself, I know that teachers traditionally have not been trained to know the signs/characteristics of dyslexia nor given tools to help these students.

After the diagnosis, the school psychologist in Neenah agreed he needed Orton Gillingham based instruction to learn to decode words. I was informed that Evan was successful enough in school that he did not qualify for services at school to support his needs. He met benchmarks for expectations for his grade level. I located a private tutor, but she only had openings during the day. I was informed that I could not take him during lunch and part of Intervention time twice a week out of school for tutoring as he would be marked truant. I found another tutor and Evan spends 2 hours after school each week and during the summer to get his tutoring. I have been able to prevent much of the

anxiety and frustration my oldest child had by giving Evan the tools to be successful. Instead of being in the lowest at grade level reading group, Evan is now in one of the highest in his class and enjoys writing at school! At the start of 4th grade, he had gained 3 reading levels over the summer months due to his private tutoring! He continues on to middle school this fall and has almost completed private tutoring interventions.

Since the diagnosis of my children, I was willing to share my researched information on what helped my own children and was asked by teachers in my son's schools for this information to share with other families. While working as a playground supervisor at the local elementary school this past year, I was called down to the office to talk with a concerned parent about a child with severe dyslexia and what to expect for support from the school. As there were no clear answers from the school, I was the best resource for information! I think it would be very valuable for teachers to have a handbook that was up to date and helpful for families who need information.

Can students be identified who need explicit instruction techniques? Can we prevent frustration and anxiety for up to 20% of struggling readers in our schools? Can students who are given explicit decoding techniques retrain their brain to make more direct connections to decode words? The answer is yes. If we can prevent struggles for students, we will see gains in students' academic and mental health as well. Nothings is more frustrating than not knowing why you can't comprehend what those around you can grasp. As a substitute teacher in Neenah Public Schools, I have worked with many students who show dyslexia characteristics. Many families cannot afford private tutoring or do not prioritize the time outside of school to help their children. I have researched and found options to support my kids but wish other students did not have to go without the benefits of effective techniques to meet their academic needs.

I urge you to approve AB 110 to create a Dyslexia Handbook. Teachers need information to help our students meet their full potential. Please use this letter as official written testimony to be included in the public hearing.

Do not hesitate to contact me if you have any questions. Please help our students across Wisconsin. Thank you for your thoughtful consideration of this issue.

Sincerely,

Jennifer L. Numrich
Private Math Tutor
Neenah Joint Schools Substitute Teacher
Licensed Math teacher with masters in Math Education
977 S. Prairie Creek Dr. Neenah
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Dear Senate Education Committee members,

I am writing in regards to the hearing on August 13 on the proposed assembly bill 110. I am unable to testify and have created an official written testimony. I feel it is imperative for Wisconsin to have a dyslexia handbook for educators.

Dyslexia is a topic close to my heart. I have both personal and professional experience. My 4th grade daughter and myself are both dyslexic. I have also been a special education teacher, reading interventionist and reading specialist for 10 years in the public-school setting. The last two years I have been a private tutor and educational consultant and interventionist in a private school.

I have seen the problems and lack of education for educators despite the current research on struggling readers and dyslexia. We are in a reading crisis! According to the Nations Assessment of Educational Progress, 65% of Wisconsin students cannot reading grade level material. With awareness, proper training, screening, and interventions we can improve literacy rates in the state of Wisconsin.

Teachers want the best for all their students but I can say first hand we are not equipped with any knowledge on dyslexia in undergraduate or graduate school nor training in understanding the signs of students who may be at risk for reading failure. It is estimated that up to 20% of our students in classrooms are dyslexic however according to a poll in 2017 of over 400 teachers, 50% of teachers said that dyslexia was never mentioned in any undergraduate teacher training program. Wisconsin is one of a handful of states that doesn't have any legislation to support students with dyslexia. Dyslexia continues to be a taboo word in schools. Awareness and acknowledgment are key to progress.

I know with proper training for teachers and research-based instruction, all children can succeed in literacy instruction and become competent readers. Every child deserves the right to learn to read! "A journey of a thousand miles begins with a single step." The handbook is the first step in our journey for the children of Wisconsin and their future. I strongly support the bill for a dyslexia handbook. Thank you for your time and support.

Sincerely,

Erin Giles

N1087 Summer Breeze Ln.

Greenville, WI 54942

920-209-5860

August 12, 2019

To Whom it May Concern:

My name is Vicki Kamps. My youngest child was diagnosed by outside MD with Dyslexia. Had I not sought to keep finding the right information for my child he probably would have been one of the drop out statistics.

When we entered into his Junior year of high school, we finally got a correct diagnosis two years prior, we met with his "team" at the HS. Immediately we were told that "since he hasn't learned to read past the 6 th grade there was nothing they could do. It isn't our responsibility to teach him that now." WRONG it is still necessary for them to help close that gap.

We questioned every year since he was in 1 st grade to get him a reading at grade level with no help. We ended up taking him to an outside program that figured out exactly what he needed, which we paid out of our own pockets. He then was asked several times by the Spec Ed teacher who was supposedly a trained and certified instructor with Orton Gillingham if she was doing it correctly. How was he supposed to know this information?

We found that in our struggles with Special Education staff at our school district that they did not want to see exactly where his struggles were but to only offer what the staff wanted to. They would even go as far as to tell us he was a lazy procrastinator....

My son, now 24, graduated with two college classes as well as his requited credits from the school. WHY? Because he had the correct help, albeit too late, from outside help.

We feel that if the schools had staff that were properly trained in ALL programs that help those that have Dyslexia as well as other reading/language/spelling delays we would not have had such a hard time getting the proper Free Appropriate Public Education.

I could go into very lengthy details of the struggles we had in most of his educational years but you would end up reading a book. A child should never feel they are "stupid" because they cannot read due to the lack of proper instruction in schools, as my child did and to this day still says he stupid because he cannot read like his peers. No child or family should ever have to struggle and "fight" to have a successful education.

Sincerely,

Vicki Kamps

342 Ivory Street

Seymour WI 54165

Dear Chairman Olsen Co chair Darling and members of the Wisconsin Senate Education committee,

I am writing to support AB 110 for Dyslexia Guidebook which has already been heard by the Assembly committee on Education on April 18, 2019.

Dyslexia is the most common learning disability, and affects students in every racial group, economic class, and geographical location, regardless of intelligence. I know because my 7 year old daughter is one of them.

During the past two decades, brain imaging techniques have shown the neurological basis of dyslexia and demonstrated the dramatic and life-altering changes that can occur with scientifically-based instruction. Sadly this information has not found its way into teacher education programs or classrooms in Wisconsin, and our students continue to suffer. Of all Wisconsin 4th graders with disabilities, of which students with dyslexia are a large number, only 11% performed at the proficient level on the latest National Assessment of Educational Progress. 76% performed at the below basic level indicating that they are functionally illiterate. For too many years, our DPI has watched this happen and taken no effective steps to help.

Many other states have created dyslexia guidebooks to help families and educators identify and successfully intervene with student with dyslexia. The Study Committee on the Identification and Management of Dyslexia has done a thorough job of investigating this issue, including listening to hours of testimony from individuals who question whether dyslexia really exists and who deny the overwhelming scientific evidence behind recommended instructional methods. The committee's suggestions will be welcomed by educators who want to improve, while not being mandated for those who are content with the status quo. I urge you to accept this very basic legislation to move Wisconsin toward a brighter more equitable future.

There are 27,000 students in Wisconsin identified with a learning disability. Learning disabilities can be dyslexia, dysgraphia, or dyscalculia as recognized by IDEA. The majority of students identified as Learning Disabled have IEP's for reading fluency and/or comprehension. The rest are identified for dysgraphia or dyscalculia. Since this is a large number of students of the 850,000 in Wisconsin, these students have a right to get the best education possible.

Teacher training programs at the UW system, are teaching outdate pedagogy. The science of reading is never referenced in the coursework, nor is dyslexia discussed or explored in any of the schools of education resulting in teachers using methods that are not responding to the needs of all learners and underserving struggling readers and those with dyslexia.

The guidebook is a resource for teachers to understand the characteristics of dyslexia and related conditions, screening procedures, and interventions (treatment) of the disorder. Having a guide specifically for Dyslexia will be beneficial since the treatment is specific and intense, however the approach can and should be used for ALL students. Districts are not required to use it. It is not mandated but a resource. When teachers know better, they do better.

Wisconsin's national ranking has dropped from 3rd in 1992 to 34th in 2017. Current teaching methodologies stifle the growth of our most talented children, and seriously hinder academic and life success for minority children and those with disadvantaged backgrounds or learning disabilities.

Senator Stroebel, I am just asking you to give my daughter a chance at receiving an education that she deserves. To help her contribute and be a thriving member of our society as an adult. To

do this she needs a proper education. I don't want to see her be a statistic of the76% of dyslexics that are functionally illiterate. We can do so much better. Other states are doing so much better! You are able to provide her with this opportunity, along with the 27,000 students identified with a learning disability, by simply supporting AB 110 for the Dyslexia Guidebook.
Attached is a picture of just one of the students you would be helping by supporting this bill. My smart, sweet, funny, hardworking, caring, determined 7 year old daughter Remiah.
Thank you for your time,

Rachel Koeferl
930 Shepherds Dr
West Bend, WI 53090
262-707-5577
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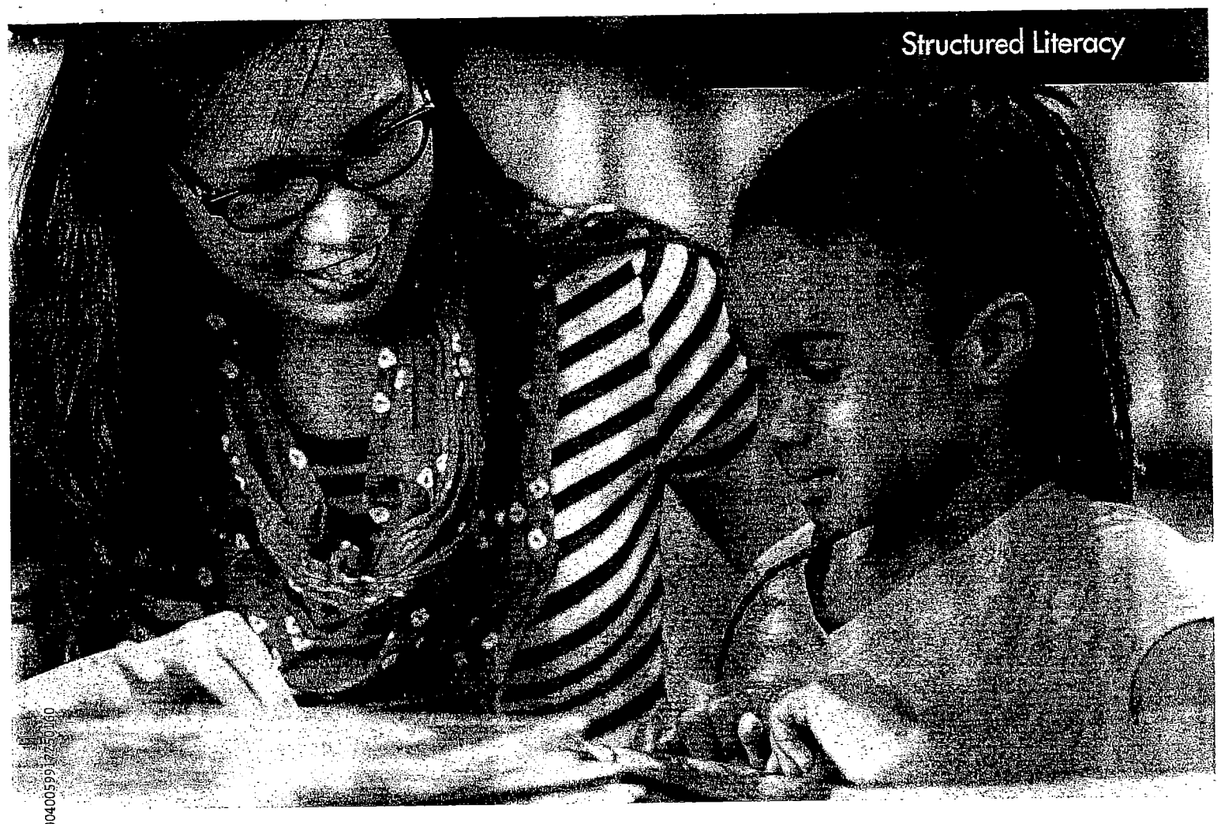

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Structured Literacy and Typical Literacy Practices

Understanding Differences to Create Instructional Opportunities

Louise Spear-Swerling

Isabelle Rowe is an elementary-level special education teacher who is beginning her second year of teaching. A third grader named Curtis was recently placed on her caseload after being identified with dyslexia at the end of Grade 2. In preparation for working with him, Ms. Rowe read his file. She knew that difficulties with phonemic awareness, decoding, and spelling are central to dyslexia, and as she anticipated, Curtis did have a history of these kinds of problems. As a beginning third grader, Curtis should be able to decode most one-syllable and two-syllable phonetically regular words; he also should be starting to read more complex types of texts, such as chapter books, written at an early-third-grade level. However, assessments in Curtis's file showed that he had difficulty decoding many one-syllable word patterns, such as unfamiliar silent e words (e.g., tame, stripe*), but his ability to read common sight words was relatively good. He also had poor spelling skills, and because he often omitted sounds in words or substituted other sounds that did not belong, Ms. Rowe often could not even recognize the intended word in Curtis's misspellings.*

Ms. Rowe was not surprised to discover that Curtis had an excellent oral vocabulary and good listening comprehension, because she knew that such strengths are found in many students with dyslexia. However, when she reviewed his history, she was somewhat puzzled to see that Curtis was perceived as doing well in reading as a kindergartner and throughout first grade. He was not identified as needing intervention until the beginning of Grade 2.

Ms. Rowe's school uses a multitiered-systems-of-support model, with universal screening and tiered interventions as part of the general education system. Unfortunately, although Curtis had received tiered interventions throughout Grade 2, he had not made good progress in those interventions. Because of his inadequate response to tiered interventions, he was referred for a comprehensive evaluation for special education. He was found eligible for services as a student with a learning disability in the area of reading. Although Ms. Rowe had had good preservice preparation with considerable exposure to evidence-based instruction for students with reading difficulties, her experience with specific intervention programs for students with dyslexia was limited. Ms. Rowe was determined to find the details of Curtis's previous interventions, so that she could use that information to help design more effective special education instruction. She also did some reading on evidence-based interventions for students with dyslexia. As part of her research, she repeatedly encountered the term structured literacy *(SL), so she decided that she needed to find out more about those instructional approaches.*

SL approaches are often recommended for students with dyslexia and other poor decoders (e.g., International Dyslexia Association, 2017). These approaches are well supported by research evidence (e.g., Brady, 2011; Fletcher, Lyon, Fuchs, & Barnes, 2007; Foorman et al., 2016; National Reading Panel, 2000). Examples of SL approaches include the Wilson Reading System (Wilson, 1988), Orton-Gillingham (Gillingham & Stillman, 2014), the Lindamood Phoneme Sequencing Program (Lindamood & Lindamood, 1998), and Direct Instruction (e.g., Carnine, Silbert, Kame'enui, & Tarver, 2009). Although these programs vary in some ways, they all share several key features.

Key Features of Structured Literacy Approaches

Key features of SL approaches include (a) explicit, systematic, and sequential teaching of literacy at multiple levels—phonemes, letter–sound relationships, syllable patterns, morphemes, vocabulary, sentence structure, paragraph structure, and text structure; (b) cumulative practice and ongoing review; (c) a high level of student–teacher interaction; (d) the use of carefully chosen examples and nonexamples; (e) decodable text; and (f) prompt, corrective feedback.

Key Features

Explicit means that important skills and concepts are taught clearly and directly by the teacher; students are not expected to infer them simply from exposure or incidental learning (Archer & Hughes, 2011). *Systematic and sequential* means that skills and concepts are taught in a logical order, with important prerequisite skills taught first (Torgesen, 2006). For example, before teachers expect students to decode two-syllable words, they teach decoding of common one-syllable word patterns as well as how to divide two-syllable words to facilitate decoding them. The sequential nature of SL means that teachers require students to practice only what they have been explicitly taught. Again, before teachers expect students to practice decoding specific phonics word patterns (e.g., short-vowel words with consonant digraphs) in reading text, or to recognize specific irregular words in text, they directly teach those skills in isolation first. SL approaches also build in *cumulative practice and ongoing review* of previously learned skills, so that students retain these skills and develop automaticity.

An additional feature of SL, and of explicit teaching approaches in general (Archer & Hughes, 2011), is a *high degree of teacher–student interaction*, with considerable time spent in direct teaching. In these approaches, instruction requires frequent responses from students, and the teacher provides immediate feedback with clear correction as needed. The teacher provides step-by-step demonstrations of skills and leads students in guided practice. Explicit instruction also uses *nonexamples as well as examples*. For instance, if teachers want students to learn the vowel-*r* (VR) syllable pattern (words that have a vowel followed by an *r*, which changes the vowel sound), they present both VR words (e.g., *barn, short, urn*) and non-VR words (e.g., *trip, rag, brush*) for students to distinguish from each other. Examples and nonexamples would be carefully chosen to ensure that students learn the concept being taught,

in this case, that the *r* in a VR syllable must come immediately after the vowel, not before it.

In the early stages of instruction, when students' decoding skills are relatively limited, most SL approaches have students *read decodable texts*, those constrained mostly to the specific phonics patterns that students have been taught (e.g., consonant-vowel-consonant words with *a*, *i*, and *o*). Just as when students read words in isolation, SL teachers would provide *prompt corrective feedback* to students' decoding errors during oral text reading. Table 1 provides some examples of the kinds of explicit instructional activities that are common in SL programs.

Fit for Students with Dyslexia

SL is especially well suited to students with dyslexia because it directly addresses their core weaknesses in phonological skills, decoding, and spelling (Moats, 2017). Although most students with dyslexia do not have core weaknesses in higher levels of literacy, such as vocabulary, text comprehension, and broad language aspects of written expression (Fletcher et al., 2007), their weaknesses in phonological skills, decoding, and spelling often have secondary negative effects on these higher-level areas. For example, inaccurate or nonautomatic decoding may affect students' reading comprehension, resulting in poor comprehension of text that students would easily understand if it were read aloud to them. Likewise, poor or effortful spelling can inhibit students' ability to translate a strong knowledge base about a topic into their written expression. Explicit teaching of higher levels of literacy may therefore benefit students with dyslexia (as well as other students) even when they do not have an intrinsic learning problem in those areas.

Many commercial programs exemplify SL and research has generally focused more on effective features of instruction than on comparing specific commercial programs. For example, Kilpatrick (2015) reviewed evidence suggesting that SL programs that emphasize development of phonemic awareness to an advanced level (e.g., programs that train students to manipulate, delete, and substitute phonemes rather than only to blend and segment phonemes) may be more effective than other SL programs in helping poor decoders attain automatic word recognition. In any case, all SL programs have marked differences from the type of reading instruction that is common in Tier 1 general education instruction and, often, even in tiered interventions (Moats, 2017).

In her readings on SL, Ms. Rowe found studies showing that SL interventions clearly improve the reading achievement of students with dyslexia (e.g., Simos et al., 2002; Torgesen et al., 2001). She also visited a special education class in a neighboring district in which an SL program was being used. Student data showed significant benefits to students' reading skills after implementation of the program. Ms. Rowe's reading, as well as her observations of the class, convinced her that SL differed in fundamental ways from the Tier 1 literacy instruction at her own school. Moreover, even the tiered interventions that Curtis had previously received did not generally use SL activities, such as the ones shown in Table 1 or described in research studies. Although Curtis's tiered interventions had all addressed phonics to some extent, they did so in ways very different from SL. It was evident to Ms. Rowe that continued use of these types of programs was not likely to benefit Curtis. She went to her school principal, Ms. Watkins, and asked to participate in professional development in an SL approach. Ms. Rowe pointed out that this professional development would enable her to help both Curtis and other students in her class more effectively. Luckily, Ms. Watkins had the funds for Ms. Rowe's professional development and approved the request.

Typical Literacy Practices (TLP)

Just as the SL approaches described previously vary from each other in some ways, so, too, does the TLP commonly used in schools. Examples of these non-SL literacy approaches include Guided Reading (e.g., Burkins & Croft, 2010), Reader's Workshop (e.g., Calkins, 2000), Balanced Literacy, Four Blocks Literacy (Cunningham, Hall, & Sigmon, 1999), Reading Recovery (Clay, 1994), and the Leveled Literacy Intervention (Fountas & Pinnell, 2009). TLP do not include most of the key features of SL. Table 2 summarizes some important differences between SL and the ways that literacy skills are more commonly taught.

TLP for Reading

In TLP for general education, classroom time focused on partner activities and independent reading is often prioritized over classroom time spent in direct interaction with a teacher. Although some phonemic awareness and phonics skills are often taught in TLP, they are not generally emphasized even in kindergarten or Grade 1. For example, in one popular approach to Tier 1 literacy instruction (Cunningham et al., 1999), "word work" is just one of four components of the program; in another popular approach (Fountas & Pinnell, 2017), it is one of eight. Also, in TLP, phonemic awareness and phonics are rarely taught in highly explicit, systematic ways with attention to important prerequisite skills, use of examples and nonexamples, and ongoing review.

In TLP, beginning readers would usually read predictable or leveled texts that do not control for different phonics

SL is especially well suited to students with dyslexia because it directly addresses their core weaknesses in phonological skills, decoding, and spelling.

Table 1. Examples of SL Activities for Different Levels and Components of Literacy

Literacy area	Specific skill	Sample activity	Some prerequisites
Phonemic awareness	Phoneme blending, words with four to five phonemes (e.g., *smash*)	• Teacher models how to orally blend four- to five-phoneme words, beginning with easier-to-blend words that have continuous sounds (e.g., /s/, /m/, /f/), rather than harder-to-blend stop consonants (e.g., /g/, /t/, /b/). • Teacher provides guided practice with multiple examples of four- to five-phoneme words. • Students respond orally and teacher provides immediate corrective feedback and modeling as needed.	Students can orally blend words of two or three phonemes (e.g., *in, fan, mop, tub*).
Phonics	Decoding of silent-*e* (SE) words	• Teacher explains the pattern of these words (they end in a vowel-consonant-*e* pattern) and that the first vowel is long, with the final *e* silent. • Teacher provides multiple examples of words that contain the SE pattern (*stone, tape, shine, use*) and that do not contain the SE pattern (*tree, noise, prince, beet*); teacher is careful to avoid common irregular words (*done, have, some*). • Teacher provides guided practice with a sorting task on additional, unfamiliar words, where students sort SE and not-SE words into two groups. • For the SE words only, students give the vowel sound of each word, then decode it.	Students can recognize and decode short-vowel (closed) syllables; students know long-vowel sounds (i.e., vowel says its name).
Irregular words	Learning to read irregular words that are common in texts that students are reading (e.g., *what, of, have*)	• Teacher models a multisensory tracing activity with the word *what*. • Students are taught to trace over each letter of the word while saying its name (not its sound); then they say the entire word (e.g., for *what*, teacher models "*w–h–a–t, what*"); then students cover the word and try to write it from memory. • If students make mistakes, they repeat the tracing process. • If they do not make mistakes, they put the word aside for continued review later.	Students can identify letter names.
Vocabulary	Learning the meanings of unfamiliar words that are important to the literacy curriculum (e.g., *beverage*)	• Teacher explains the meaning of the word *beverage* in student-friendly language ("A beverage is a drink."). • Teacher provides examples of beverages (*milk, soda, juice*) and not-beverages (*cake, ice cream, gasoline*). • Teacher asks students to classify whether certain additional items are beverages or not (*spaghetti, tea, coffee, shampoo*).	Students understand the meaning of words used in the teacher's explanation and in examples of beverages and not-beverages.
Syntax	Learning to combine short, choppy sentences into longer, grammatically correct sentences	• Teacher presents examples of short "kernel sentences" that can be combined into a longer, grammatically correct sentence (e.g., *The car is red. The car sped quickly down the road.*). • Teacher models good examples of how to combine the sentences (e.g., *The red car sped quickly down the road.*). • Teacher also discusses grammatically incorrect or awkward examples of combinations (e.g., *The car is red the car sped quickly down the road*). • Students do guided practice with additional examples of kernel sentences to combine. • Students eventually apply what they have learned in editing their own writing.	Students can read and write simple sentences; students have sufficient oral language ability to recognize sentences that sound grammatically correct/incorrect (most of the time).
Paragraphs	Learning to recognize "signal words" that tie together the ideas in a paragraph (e.g., *therefore, next, for example, in summary*)	• Using an appropriate sample paragraph, teacher highlights examples of one class of signal words, those signaling cause and effect (e.g., *because, so, as a result, consequently, therefore*). • Teacher explains how attention to these words can improve students' ability to understand what they are reading, with repeated reference to the sample paragraph. • Students are given other paragraphs in which to highlight and explain the signal words, with teacher feedback. • Students eventually apply their understanding of signal words to add clarity to their writing as well as improve their reading comprehension.	Students have the background knowledge, vocabulary, and other comprehension skills to understand the paragraphs being used in the activity.

Table 2. Examples of Some Different Instructional Emphases in SL as Compared to TLP

Structured literacy (SL)	Typical literacy practices (TLP)
Phonics skills are taught explicitly and systematically, with prerequisite skills taught first. For beginning readers, these skills receive considerable initial emphasis.	Phonics skills are usually taught but not emphasized, even for beginners. Teaching is often not highly explicit or systematic. Prerequisite skills may not be taught first.
Phonics approach is synthetic (parts to whole). Students learn sounds for common letters and letter patterns (e.g., *sh*, *ck*) and how to blend them (phoneme blending).	Phonics approach may be synthetic, but is often analytic (whole to parts) or decoding by analogy (e.g., "word families").
Beginning readers usually read decodable texts (texts largely controlled to specific phonics patterns that have been explicitly taught) that facilitate learning to apply phonics skills in reading texts.	Beginning readers usually read leveled and predictable texts (texts in which words are predictable based on sentence structure, repetition, or pictures) that do not easily lend themselves to application of phonics skills.
Oral text reading with a teacher is included in lessons.	Partner reading and independent reading may be emphasized more than oral text reading with a teacher.
When students read text orally, they are encouraged to look carefully at printed words and apply decoding skills to unfamiliar words.	When students read text orally, some errors may be overlooked, especially if they do not greatly alter meaning. Teacher feedback to errors may emphasize sentence context or pictures rather than consistent application of decoding skills.
Spelling skills are taught explicitly and systematically with prerequisite skills taught first and with instruction in common spelling rules (e.g., rules for adding endings). Spelling instruction reinforces and extends what students learn in decoding.	Spelling is often not taught in an explicit or systematic manner. Students may learn word lists in which words exemplify no particular phonics pattern or spelling rule. Spelling program may be completely distinct from decoding program with different words in the two programs.
Higher levels of literacy are explicitly and systematically taught (e.g., sentence structure, paragraphs, discourse), including prerequisite skills.	Some higher levels of literacy may be explicitly taught but usually not systematically and not with strong attention to prerequisite skills

word patterns and therefore are challenging to decode. These types of texts are common even in interventions (e.g., Clay, 1994; Fountas & Pinnell, 2009). Especially for struggling decoders, such texts often lend themselves more to guessing at words based on pictures and sentence context than to application of decoding skills. Teacher feedback to oral reading errors often does not emphasize application of decoding skills and does not include immediate correction and explicit teaching when students cannot decode a word. Rather, the emphasis is frequently on using meaning in conjunction with print cues and having students "problem-solve" with teacher guidance (e.g., Burkins & Croft, 2010).

In TLP, beginning readers would usually read predictable or leveled texts that do not control for different phonics word patterns and therefore are challenging to decode.

TLP for Spelling

TLP for spelling also tend to lack the explicit, systematic, sequential approach characteristic of SL programs. Students may learn to spell words from "word walls" that present high-frequency but structurally varied words with few shared patterns or rules (e.g., Cunningham et al., 1999). For instance, under the letter *f*, a first-grade word wall might include high-frequency words like *for, from, find, food, friend, family, four*, and *fly*, which mixes phonetically irregular words with regular words from a wide range of phonics patterns. Useful spelling generalizations, such as rules for adding endings or when to use *–ck* to spell /k/ (at the end of a one-syllable word, immediately following a short-vowel sound, e.g., *back, stick, block*), are rarely taught systematically. In fact, rather than integrating spelling and decoding instruction so that each reinforces the other, spelling instruction may use a completely different program and a different set of words than does phonics instruction.

TLP for Higher-level Literacy

Some higher levels of language structure may be sporadically addressed in TLP but seldom in systematic ways with attention to important prerequisite skills (Moats, 2017). Sentence structure (syntax) is one important building block of reading comprehension and written expression that is often overlooked (Nelson, 2013). Yet, if students do not understand syntactically complex sentences or if they do not know how to write individual sentences that are clear and grammatically correct, this will certainly undermine their literacy performance.

Do some students learn to read and write well with TLP? Of course. However, TLP, such as the practices described, are a poor fit for the needs of many students, particularly those with dyslexia. In addition, some of the core principles of TLP may affect not only literacy instruction and intervention but also assessment and early identification of at-risk readers.

Ms. Rowe still was puzzled as to why Curtis's reading difficulties were not identified in kindergarten or Grade 1 because several Tier 1 assessments showed that he had poor phonemic awareness and decoding skills even in these grades. She had a sudden insight about this issue one day when she was asked to help some general education colleagues administer oral reading inventories (ORIs) to students. The ORIs involved a series of graded word lists as well as short graded passages, administered individually, that students read aloud to the teacher. Then students were asked a series of comprehension questions to assess their understanding of the passage. In Ms. Rowe's school, the ORIs were weighted heavily in determining which students should receive intervention. However, students' oral reading in the passages was scored quite differently from the types of standardized tests that Ms. Rowe was accustomed to in special education.

Assessment of Oral Text Reading Accuracy in SL and TLP

ORIs can be useful in providing qualitative information about students' approach to reading text, such as whether they try to self-correct errors or apply decoding skills. They can also help a teacher estimate an appropriate grade level of text to use for instructional and independent reading (e.g., Morris, 2014). However, there are multiple ways to score both students' oral reading errors and their responses to comprehension questions. These multiple ways of scoring result in differing estimations of students' skill. For students with dyslexia or other types of decoding problems, the scoring of oral reading accuracy in these kinds of assessments is particularly relevant.

Assessing Errors

Table 3 displays examples of some different types of oral reading errors that students may make in reading texts, including mispronouncing a word, substituting a wrong word for the correct word on the page, inserting words that are not on the page, and omitting words. Most testing authorities agree that mispronunciations of words due to articulation difficulties, dialect, or non-native accent (examples shown in the second and third row of the table) should not count as errors. On most standardized tests of oral reading accuracy, nearly all other deviations from the print that are not self-corrected count as errors.

In other approaches to scoring students' oral reading, only deviations from the print that significantly change the meaning of a text count as errors. Contextually appropriate substitution errors, such as *a* for *the* or *this* for *that*, as well as omissions and insertions that do not substantially alter meaning, would not be counted as errors. The use of scoring criteria focused only on meaning-changing errors is a common option in many ORIs (Nilsson, 2008) as well as in TLP generally. This approach to scoring stems from the popularity of "multiple-cuing-systems" models of reading (Farrall, 2012; Morris, 2014) originally associated with the work of authorities in the reading field, such as Ken Goodman (1976). These models proposed that skilled reading is associated with using a balance of semantic, syntactic, and graphophonemic cues rather than close attention to all of the letters in printed words.

However, research on students' reading development (Foorman et al., 2016; National Reading Panel, 2000) has conclusively disproven the multiple-cuing-systems model. Typical beginning readers, such as those in kindergarten or early Grade 1, may rely on context cues to compensate for limitations in decoding; however, success in reading as students progress through the early grades is strongly associated with the development of accurate, automatic decoding, not with the ability to use multiple cuing systems. (Using context cues to infer what a word means as opposed to guessing at words in decoding is a different matter; see Spear-Swerling, 2015, for further discussion.) For example, in a large study of 1,779 fourth-grade students' oral reading, a subset of those participating in the 2002 National Assessment of Educational Progress, researchers found that students who read with the fewest word-reading errors on a grade-level passage demonstrated greater comprehension (Daane, Campbell, Grigg, Goodman, & Oranje, 2005). Whether or not they were contextually appropriate, oral reading errors were negatively associated with comprehension. Students who read at a proficient level had, on average, word accuracy from 98% to 100%. Students who read grade-level material with less than 90% accuracy read, on average, at a below-basic level. Other research (e.g., Good & Kaminski, 2011) also shows that students who meet grade-level benchmarks in reading on standardized testing typically read text not only at a high rate but also with a very high degree of accuracy, especially beyond the earliest grades.

Of course, when students are reading text, it is never desirable for them to ignore meaning. If students struggle to decode a word, after they have decoded it, they should also check to make sure that what they

Table 3. Examples of Different Types of Students' Oral Reading Errors in Text

Type of oral reading error	Specific example	Count as mistake in SL assessment?
Self-correction	Text says, *Rob ate a big stack of pancakes with butter.* Student reads, "Rob ate a big stack of pans with butter," pauses, then, without teacher's help, he rereads, "Rob ate a big stack of pancakes with butter."	Usually no
Mispronunciation clearly due to articulation	Text says, *Rob ate a big stack of pancakes with butter.* Student known to have difficulties with articulation of /r/ reads, "*Wob* ate a big stack of pancakes with butter."	Usually no
Mispronunciation clearly due to dialect or non-native speaker of English	Text says, *Rob ate a big stack of pancakes with butter.* Student who speaks nonstandard dialect of English reads, "Rob ate a big stack of pancakes *wif* butter."	Usually no
Mispronunciation not due to articulation, dialect, or non-native speaker of English	Text says, *Rob ate a big stack of pancakes with butter.* Student reads, "Rob ate a big stack of *pankas* with butter."	Yes
Contextually appropriate substitution	Text says, *Rob ate a big stack of pancakes with butter.* Student reads, "Rob ate *the* big stack of pancakes with butter."	Yes
Contextually inappropriate substitution	Text says, *Rob ate a big stack of pancakes with butter.* Student reads, "Rob ate a big *stick* of pancakes with butter."	Yes
Insertion	Text says, *Rob ate a big stack of pancakes with butter.* Student reads, "Rob ate a *very* big stack of pancakes with butter."	Yes
Omission	Text says, *Rob ate a big stack of pancakes with butter.* Student reads, "Rob ate a stack of pancakes with butter." (Student omits the word *big*)	Yes
Teacher-provided word	Text says, *Rob ate a big stack of pancakes with butter.* Student reads, "Rob ate a big stack of ___," then pauses on the word *pancakes* and cannot come up with a response; after several seconds, teacher tells the child the word.	Yes

have read makes sense in the context of the sentence and fits grammatically. If it does not, they should look at the word carefully and apply decoding skills again. The key point is that students should be encouraged to focus *first* on close attention to all of the letters in a word and on use of decoding skills, not guessing at words based on partial letter cues and context.

Findings such as those of Daane et al. (2005) confirm the importance of students' ability to accurately read the words on a page and suggest that teachers should not ignore word-reading errors simply because they fit the context. In this approach to scoring errors, shown in the far-right column of Table 3, only a few categories of deviations from print would be ignored, including mispronunciations due to articulation problems, dialect, or non-native accent as well as self-corrections. In conjunction with this approach, qualitative observations of students' errors and attempts at self-corrections can be very useful. For example, students who recognize when they have made errors in word reading and who attempt to correct them are probably monitoring comprehension when they read, which is very important (National Reading Panel, 2000). However, if the students need to make frequent self-corrections, then their reading is not fluent.

Impact of Scoring Choices

A close look at Curtis's Grade 1 oral reading assessments showed that he made many contextually appropriate errors in reading passages, often substituting small common words, such as *the* for *a*, or words that fit the context or a picture clue but that bore

little resemblance to the actual printed word (e.g., *blanket* for *quilt*). Ignoring these kinds of errors in scoring made his text-reading accuracy appear much better than it was. In addition, his good sight word knowledge enabled him to do relatively well on the ORI graded word lists.

Furthermore, despite numerous errors in reading words, Curtis performed surprisingly well on comprehension questions because many of these questions were passage independent and did not require accurate reading of the passage to answer correctly (Keenan, Betjemann, & Olson, 2008). For example, they included vocabulary questions about words whose meanings Curtis already knew and questions tapping common sense or background knowledge. Because Curtis seemed to do well on the ORI, his first-grade teacher thought the difficulties he manifested on other assessments in phonemic awareness and out-of-context decoding of nonsense words were not significant. It was not until he was in Grade 2 and expected to read more difficult texts that his oral reading difficulties became more apparent and he was referred for intervention. The pattern displayed by Curtis is common among students with dyslexia as well as other poor decoders who have good compensatory abilities in areas such as broad language abilities and vocabulary knowledge (Keenan et al., 2008).

Curtis responded much better to the SL intervention that Ms. Rowe used with him than he had to his previous tiered interventions. Progress-monitoring assessments given when he was at the end of Grade 3 showed that he had learned to decode many one-syllable word patterns (short-vowel words with consonant blends; words with silent e, *vowel* r*). Although his progress in spelling lagged a bit behind his decoding progress, he still made good gains in spelling. Unfortunately, however, his progress in oral text-reading accuracy was not nearly as strong as were his gains in out-of-context word decoding.*

Ms. Rowe used decodable texts in oral reading with Curtis, and he read more accurately in these than in the leveled books in the tiered interventions. However, he still tended to rely heavily on context cues when reading texts orally. He continued to make frequent errors on words such as a, the, his, *and* this, *even though Ms. Rowe knew he could certainly read these words correctly in isolation. He also sometimes made errors on other words that he could decode accurately in isolation, if he looked carefully at the word, but that he appeared to guess at when reading in text. Given these data, Ms. Rowe realized that she needed to allocate more time to oral text reading in Curtis's lessons.*

She also felt that she needed to find better ways to provide corrective feedback to Curtis when he was reading text. When he misread a word, she tried just telling him the word and having him repeat it, but that did not seem to improve the accuracy of Curtis's text reading. He would get the same word wrong in the very next line of text, or he would repeat the word without really looking at the print. When Ms. Rowe tried asking Curtis questions about letters and letter patterns to help him decode unknown words, it detracted from Curtis's comprehension. She was not sure how to address these problems.

Providing Feedback to Students' Oral Reading Errors in Text

Research reviewed by the National Reading Panel (2000) supported the use of teacher-guided oral reading of text in reading instruction. However, it is important to expect students to read text accurately during oral reading as well as to provide appropriate feedback when they make errors. Students should not be encouraged to guess at words instead of applying decoding strategies (Foorman et al., 2016), because this approach will not work for reading advanced types of texts and because accurate reading is a prerequisite for developing fluency.

In a review of studies on corrective feedback in oral reading, Heubusch and Lloyd (1998) found that some types of teacher feedback were more beneficial than others, including immediate feedback to errors (rather than waiting until the student had finished reading) and feedback that promoted active student participation. Considering the goals of instruction and the characteristics of the learner also appeared important. For example, if the goal is to help students with decoding weaknesses improve their ability to decode unfamiliar words, then feedback focused on phonetic characteristics of words would be most helpful. Heubusch and Lloyd concluded that immediate teacher feedback to word reading errors, especially if brief and concise, did not necessarily interfere with students' comprehension.

When a student struggles with decoding a word during oral reading or reads a word incorrectly, one useful way to scaffold feedback is outlined in Table 4. This approach to feedback incorporates the research findings discussed previously, and it might help Ms. Rowe to improve Curtis's text-reading accuracy. First, the teacher allows a few seconds to see whether the student will recognize the error and attempt to self-correct. Attempts to self-correct using decoding skills suggest that the student is monitoring comprehension and attending to the print, and therefore, are a positive sign even if the student needs the teacher's help to decode successfully. If the student does not attempt to self-correct or continues to struggle, the teacher uses a pointing cue, pointing directly to the

It is important to expect students to read text accurately during oral reading as well as to provide appropriate feedback when they make errors.

Table 4. Sequence of Teacher Feedback to Students' Decoding Errors in Text Reading

- **Allow a little bit of wait time** to see if the student will try to self-correct the error. Attempts to self-correct are important and should be encouraged even when the student is not successful because they usually indicate that the student is monitoring meaning while reading and is looking carefully at words.
- **Use pointing cues** such as pointing to the part of the word a student has read incorrectly if a student fails to self-correct. Pointing cues focus the student's attention on the print and tend to be less distracting to comprehension than verbal cues.
- **Follow up with verbal cues.** If pointing cues do not enable the student to decode the word then it is fine to follow up with a verbal cue such as "Remember *sh* says /sh/."
- **Model decoding the word or tell the student the word** if necessary. This should be a last resort unless the word is an unfamiliar irregular word or a regular word that is beyond the student's current decoding skills. Few words should fit these categories if students are placed in appropriate texts for reading instruction.
- **Ask the student to re-read the sentence** to establish fluency and comprehension.

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word read incorrectly (e.g., *the* for *his*) or the part of the word read incorrectly (e.g., the letters *dge* if a student read *badge* as *bad*). If pointing cues do not enable the student to read the word successfully, the teacher should follow up with *concise* verbal feedback. For instance, if the student in the previous example continued to struggle with reading the word *badge* even after the teacher's pointing cues, the teacher could follow up with feedback, such as "Remember, *dge* says /j/." Telling the student the word should be a last resort except for words that are phonetically irregular or well beyond the student's current level of decoding. If a student is placed at an appropriate instructional level, in an appropriate type of text, few words should be in this category. The final step, after the student has successfully decoded the word, is to have the child reread the sentence containing the problematic word to establish fluency and comprehension (Spear-Swerling, 2011).

Match of Text and Student

Another key issue to consider is the use of appropriate texts in oral reading, matched to students' instructional needs and reading levels. For students with dyslexia whose problems center on decoding, the match of the text to their decoding levels is especially important. If there are too many words in a text that a student cannot decode, reading will be frustrating and both fluency and comprehension will suffer. Instructional criteria for word accuracy in text reading vary somewhat by reading authority, but a minimal criterion for students at beginning stages of reading, kindergarten or Grade 1, is that they should be able to decode words without teacher assistance with at least 90% word accuracy for a text to be appropriate for use in instruction (Morris, 2014). Decodable texts can be especially useful for students whose decoding skills are very limited. All students should read texts that provide ample opportunities for them to apply the decoding skills they have learned.

The Role of Independent Reading in SL and TLP

As shown in Table 2, TLP often emphasize students' silent independent reading as part of classroom instruction, even for students in the earliest grades. There is, in part, a practical reason behind this emphasis in that general educators must teach large groups of students. If one subgroup of students is reading independently, then the teacher can meet with other small groups of students for differentiated instruction. However, the prominence of classroom independent reading also stems from the core principles of TLP, including relatively greater emphasis on comprehension than foundational skills, such as decoding, and lesser emphasis (as compared to SL) on highly explicit, systematic teaching.

In contrast, SL approaches prioritize direct teacher–student interaction because explicit, systematic teaching requires it. Also, for students with dyslexia and other serious decoding problems, it is difficult for the teacher to know during silent independent reading the extent to which students are reading words accurately. Therefore, SL programs do not typically allocate significant *instructional* time to independent reading.

However, research has documented numerous benefits of independent pleasure reading in the development of many literacy-related abilities, including reading fluency, spelling, vocabulary, and background knowledge (Mol & Bus, 2011; Spear-Swerling, Brucker, & Alfano, 2010). A comprehensive review by Mol and Bus (2011) concluded that independent pleasure reading was especially important for low-achieving readers, whose basic reading skills were even more strongly related to print exposure than were those of higher-achieving readers. Similarly, a review by Kilpatrick (2015) concluded that providing ample opportunities for reading connected text was one of the key elements of successful reading interventions. If struggling readers can be motivated to read independently for enjoyment, this can be a powerful mechanism for further reading growth.

Students do not necessarily have to read highly academic books or books at grade level in order to obtain some benefits from independent reading;

even reading more basic texts can give students multiple exposures to common words that may enhance both their reading fluency and their spelling. Of course, students who struggle greatly in decoding or who can read only books far below their interest level are not likely to be induced to read for pleasure. However, once their decoding improves to perhaps a second- or third-grade level, more book series become available that are written specifically for struggling older readers. With the help of teachers and parents in finding these books, students with a history of decoding problems can potentially become more interested in reading independently for enjoyment.

Ms. Rowe might find Curtis more receptive to independent pleasure reading as his skills develop. Attempts to foster his out-of-school reading could then be a valuable addition to his SL intervention.

The Value of Incorporating SL Practices in General Education

If schools incorporated the kinds of SL practices outlined in Table 2 as part of Tier 1 general education instruction, many students could benefit, not just those with disabilities. The highly explicit teaching characteristic of SL is effective for students at risk in literacy for a variety of reasons, such as those from low-income backgrounds or English learners (Denton et al., 2010; Rivera, Moughamian, Lesaux, & Francis, 2008). In the primary grades, SL practices involving phonemic awareness, phonics, spelling, and accurate oral reading of text are especially crucial to preventing literacy difficulties because these skills form an essential foundation for reading comprehension (Foorman et al., 2016) and because most students' reading problems in these grades center on decoding (Catts, Compton, Tomblin, & Bridges, 2012). Well into the elementary grades and middle school, many students would be helped by explicit, systematic teaching of higher levels of literacy, such as sentence structure, text structure, and discourse structure, in writing as well as reading.

To ensure that important prerequisite skills are addressed and that instruction is systematic as well as consistent across teachers within a grade, schools should provide general educators with comprehensive, research-based core literacy curricula. General educators can differentiate instruction for high-achieving students, such as those who master the alphabetic code or basic writing skills quickly and with ease. For example, primary-grade students with strong foundational reading skills would likely profit more from instructional time devoted to independent reading than students with significant decoding difficulties, such as Curtis.

At-risk students also can be identified earlier if oral reading assessments are scored with attention to nearly all word-reading errors, rather than ignoring contextually appropriate errors that reveal a pattern of overreliance on context typically related to weaknesses in decoding. Appropriate teacher feedback to students' oral reading errors would also help ensure that they transfer their developing decoding skills to text reading and have the foundation of accuracy they need to build fluent reading with comprehension. Furthermore, the effectiveness of tiered interventions provided as part of the general education system would likely be improved if more interventionists were given the kind of SL training provided to Ms. Rowe.

> **The highly explicit teaching characteristic of SL is effective for students at risk in literacy for a variety of reasons, such as those from low-income backgrounds or English learners.**

In sum, SL offers a promising approach for educators interested in more effective ways to teach students with dyslexia. If implemented in Tier 1 instruction and tiered interventions, SL practices may also prevent or ameliorate a wide range of other reading difficulties.

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Dear Chairman Olsen, CO Chair Darling & members of the WI senate Education Committee,

My name is Sarah Kaiser, my address is 152 W MacArthur St, Sun Prairie, Wisconsin 53590.

I am asking for your support on AB-110, the creation of a dyslexia handbook.

My son who is 11 years old is dyslexic. We discovered this when he was 8 years old. He was struggling to read and also pay attention in class. My hair dresser suggested that I have him evaluated at a learning center for dyslexia. After he was evaluated, I received the report that he had moderate to severe dyslexia. The reason he was not learning to read was due to the way he was being taught to how to read.

After finding this information out, I enrolled him in an Orton-Gillingham based tutoring session once per week. During his sessions, he learned many things that I would have never thought to pay attention to; he learned how to write his letters starting at the top. He also learned phonemic awareness (something I was unfamiliar with).

Due to the price of tutoring, after a year and a half; I decided that I would tutor him myself. I am currently tutoring him everyday with Barton's Reading; an Orton-Gillingham based at home tutoring program. It is much more reasonable to tutor him myself than paying someone. Even though my sons spelling and reading is at a 3rd grade level; (he will be entering 6th grade this fall), I am doing everything I can to help him catch up on reading and spelling.

I truly believe that if I would have known that my son was dyslexic at the age of 5, I could have relieved a lot of stress from our lives. Also I could have given him the help he needed earlier.

Most parents, like myself at one time, have no idea how to help their children if they are struggling to read.

Susan Barton is a wonderful resource. She helped her nephew learn to read. He was going into 9th grade, and reading at a first grade reading level. He learned to read at his grade level with 9 months of intense Orton-Gillingham based tutoring. Research shows that you can over come dyslexia with the right tools.

I also truly believe that a handbook given to parents that could help them find the right tools would be a great start.

Thank you for your time,
Sarah Kaiser
608-238-4923

Dear Esteemed Colleagues,

Thank you for recognizing the importance of creating services for those who are dyslexic. As a school psychologist, I have training in administering psycho-educational assessments and often work with parents, teachers, and administers to determine educational supports and determine needs.

Unfortunately, students can be referred for special educational testing when there has been a mismatch between instruction and student needs. Research by David Kilpatrick (2015) suggests that early reading problems can be prevented through robust training in phonological awareness, letter-sound awareness, and authentic reading opportunities.

Since dyslexia is often considered a phonological awareness deficit, early instruction and training in phonological awareness can reduce and eliminate the need for extensive reading supports. Rather than simply focusing the needs on dyslexic students, we need to take steps (early assessment and intervention) to prevent students from having phonological deficits that lead to early reading problems.

Most importantly, creating avenues for prevention is how we make the greatest educational gains. After all, healthy individuals are not at the hospital or clinic. They took steps to prevent themselves from needing the extra medical care. Similarly, we need to take steps to prevent children from experiencing reading problems. This can occur through early and robust training on phonological awareness and letter-sound relationships.

With much respect,

Tim Bonson
1435 Tullar Road APT 1
Neenah, WI 54956

Reference

Kilpatrick, D. A. (2015). Essentials of Assessing, Preventing, and Overcoming Reading Difficulties. Hoboken, New Jersey: John Wiley & Sons.

August 12, 2019

To Whom it may Concern,

As a parent of an 11 year old dyslexic boy who has fought the Monona Grove School system...and lost It would be really nice if there was any type of legislation to help other kids. My son will be going into 6th grade this year and is still not reading on grade level.

In first grade we met with the "reading specialist" school psychologist and several teachers, none of which knew anything about dyslexia and all of whom told me he was just slow. How can anyone be considered a reading specialist and have absolutely no training on dyslexia. This is absurd!!

For the last two years my son has been tutored outside of school ($5952.00 / per year) and has been making considerable gains. What angers me the most is if he would have gotten the early intervention that he needed and we fought for he would be caught up by now.

Sincerely yours,

Carrie Davies

August 11, 2019

Dear Representatives:

I am a parent of 2 children (entering 3rd and 5th grade in fall 2019) both of whom have been formally diagnosed with Dyslexia. We strongly support the proposed bills of the creation if the dyslexia handbook as well as as a DPI funded position dedicated to Dyslexia recommendations. Please vote in favor of both of our proposed bills.

It has been a long process in getting my children diagnosed. The public school system that we were originally in (Sun Prairie, WI), never mentioned the word dyslexia and failed to provide my children with not only proper interventions, but testing and classroom instruction as well.

My husband and I made the decision to remove our children from the public educational system as a result of our negative experiences. We are now in a private educational system, which is very costly for our family. I work for a local non -profit and my husband works in the public sector and we do not have large incomes. The failure of our public school system has placed a financial burden on our family. In addition to finding a school that will work with their learning differences, we also have to privately pay a tutoring company to provide remediation. As you can imagine this is extremely costly and is something that public schools should routinely offer. We looked for a center that would be free of charge, but the center nearest to Madison has a 1-2 year wait, in which time my children would fall further behind. Also, they only offer tutoring after school, this would limit their availability to participate in extracurricular activities. My children are exhausted after a full day of school.

I would like to see legislation that require teachers to be educated about Dyslexia and reading specialists trained in specific modalities to teach dyslexic students. There is a general misunderstanding surrounding the issue and ways to address this issue. This is why I feel the Wisconsin Foundation of Reading Test (FORT) needs to be kept, as well as offer remediation offered as part of a 504 or IEP. We also need teachers to be able to teach in a multi-sensory way and proper screening tools to obtain services. A DPI funded position would help.

Thank you for your consideration of my viewpoint on this matter. I believe it is an important issue and would like to see the legislation pass to ensure equal and effective educational services for all students. Our future depends on our youth.

Sincerely,

Abigail Kearns

6614 Fieldwood Road

Madison, WI 53718

Dyslexia Bill AB 110

My name is Anna Grunwald and I live in Sheboygan Falls, Wisconsin. I fully support AB 110, an act to create a dyslexia handbook.

In February of 2013, at the age of five, our son Joshua was diagnosed with Epilepsy. It was not Epilepsy that would go away or Epilepsy he would grow out of. Ever. Joshua has three cortical dysplasia lesions on the left hemisphere of his brain. One of those lesions sits on his speech and language center. As the seizures became more active, we watched all of Joshua's developmental language gains slip away. Joshua had gained mastery of the alphabetic principle and could read simple words in Kindergarten. By first grade, he no longer knew his letter-sound relationships. Instead of growing and moving forward in his literacy development he fell farther behind. We spent most of his first-grade and second grade school years in crisis as we struggled to find a medication that would control his seizures. The hospital walls became his new home. His declining ability to read and make sense of text was lost in the mix of hospital stays and increased doctor appointments.

When third grade began, we frequently found ourselves with a young boy who would not get out of the car to go into school. He would cry and often make himself sick to his stomach. Little did we know that his "book bin" had been put in the corner of his classroom so he wouldn't be embarrassed when other students saw the level of books he was reading. Level B in third grade. Three years of schooling and no reading gains since kindergarten. His classroom teacher told us she didn't know what to do or how to teach him to read.

In dire need of intervention services, we sought out a neuropsychological examine to look at his literacy development and gain an understanding of how we could help him. Josh was diagnosed with Dyslexia. We immediately moved forward with an IEP. Because Josh attended a parochial school at this time, a special education teacher was assigned to Josh from the local public school. Services were on a consult basis and we quickly realized we needed to change Josh's school.

In seeking a quality education and services for Josh we looked at several school districts surrounding our home. The school we wanted to send Josh to was closed to School Choice for Special Education students. So we put our brand new house up for sale. A house my husband drew plans for, a house we built for our family. We found a temporary home, and moved to have residency in the school district where we wanted to send Josh. Josh didn't understand why he had to leave his friends. It was an emotional move for our family. Josh began third grade at his new school with an IEP and intervention services. While he received ten times more help at his new school, from caring, knowledgeable teachers, he still was not receiving the level of intervention he needed. He was not being taught in a systematic, multisensory, explicit way that would help him learn how to decode words. We do not fault the public school system, but it was not and is not meeting his needs, due to lack of professional development and understanding of children with dyslexia. Staff are not trained in methods or interventions that meet the needs of dyslexic students. I should know. I am a fourth-grade teacher in the district Joshua goes to school in. I am currently working on my Master's in

Literacy and I still do not
have the necessary training to meet the needs of Joshua or the many other students I work with day in and day out who have Dyslexia.

Joshua qualifies for Tier 3 intervention services according to the RTI protocol and Wisconsin Multilevel Systems of Support Design. The instructional practices and services that meet the needs of Dyslexia students are not available. How can this be? Out of desperation to help Josh, we found an outside professional Dyslexic certified tutor. Joshua's self-concept has been greatly impacted by his Dyslexia, we couldn't wait any longer to get him the help he needed to learn to read. Private tutoring for Dyslexia is a costly endeavor. Our family already carries an enormous financial burden from the cost of Joshua's daily Epilepsy medication and related medical costs. When your child repeats that he is "stupid" and "dumb" because he can not read, when your child has to be carried out of bed because he does not want to go to school, when your child not only thinks his life "sucks", but that he himself does, you do what you have to as a parent to improve the situation. Dyslexic tutoring is not a several week or month adventure, it is years long, twice a week, an hour each time. Joshua has had to forego many after-school activities and sports children his age enjoy because private tutoring has been essential with not receiving the necessary interventions WITHIN his school day. Our schools MUST be equipped with the resources, interventions, and trained educators to provide Dyslexic instruction DURING the school day. All children should have access to high quality literacy instruction and intervention within their school day, regardless of their "diagnosis." Our current state of support for Dyslexic children is not equitable. As stated on the Wisconsin RTI Center

Wisconsin's Goal for Public Education Every learner is important. With equitable access to a great education, we believe that every child will learn and be successful. We can reach this goal with careful and intentional structuring of our educational systems, and when necessary, changing the way we deliver instruction and supports.
https://www.wisconsinrticenter.org/school-implementation/overview-equitable-multi-level-system -support/ Again I emphasize the public schools cannot provide that which they are not trained or knowledgeable to provide. With different legislation, they COULD though. Effective Dyslexic instruction and intervention needs to be a priority, not just in the families that make private tutoring happen for their child, but in every school district in the state of Wisconsin. I can look around my individual classroom and see five students who need intensive intervention for Dyslexia. This is just my classroom. How many classrooms are in the state of Wisconsin? How many students are not receiving the support they require? Many families do not have the means for outside private tutoring. I do everything I can to help; however, I am one classroom teacher and do not have the means. I can not provide proper Dyslexic instruction or intervention at a Tier 3 level within the classroom. Are all of these students to be left behind? As educators, as a public school system in the state of Wisconsin, we are obligated to provide an education to ALL students.

To borrow a line from a parent of a student of mine, "We can do better." The creation of a Dyslexic Handbook is not just necessary, it is essential and critical to the literate lives of students.

Contact Information: Anna Grunwald, 531 River Oaks Drive, Sheboygan Falls, WI 53085

920-946-533
2

National Center on Improving Literacy

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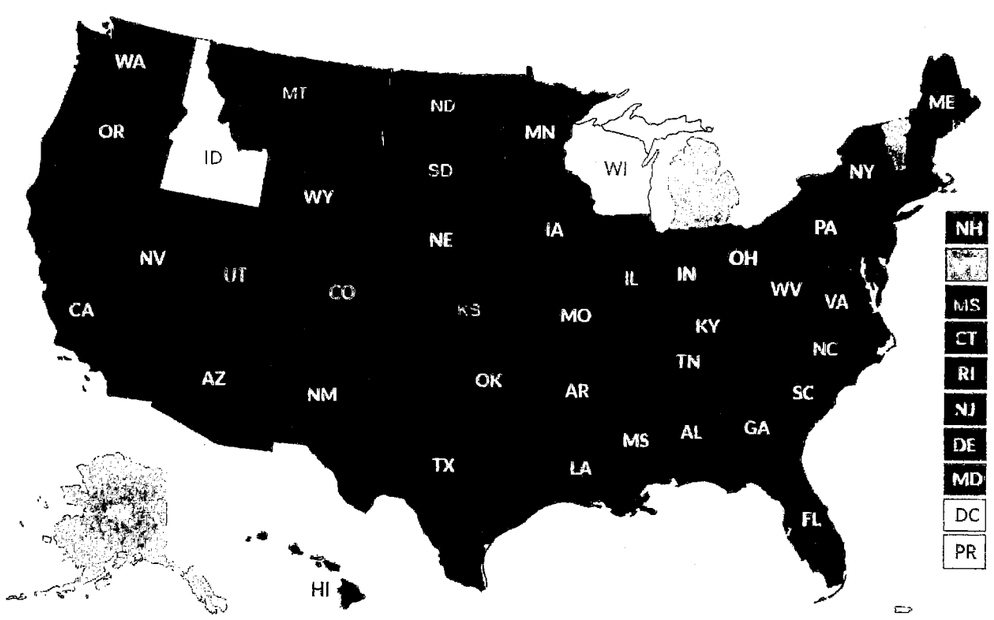
requirements, and initiatives.

- [x] HAS DYSLEXIA LEGISLATION

REQUIREMENTS

- ○ Screening
- ○ Pre-service
- ○ In-service
- Intervention
- ○ All of the above

HAS LITERACY SIMR



To Whom It May Concern,

I am writing in favor of the informative Dyslexia handbook to be shared amongst Wisconsin schools, as this would be one small but necessary step in the right direction toward a better overall educational experience for so many in our state affected by this common reading disability. I have been a reading tutor for 11 years now and have worked at numerous locations all over southeastern Wisconsin with hundreds of students of various ages and backgrounds, and can speak to this issue with much experience and expertise.

I understand there could be some hesitancy in accepting the existence of dyslexia and defining it; As I began my training in the Orton-Gillingham approach, I almost began to question it myself—but only because I had been living with a misunderstanding of its nature that is all too common in our society, which I soon had to re-evaluate, as I apparently had much to learn about it. After much training and so many years working with so many kids battling this frustrating obstacle that stands in their way, I can tell you with utmost certainty that this beast they call dyslexia is very, very, very real, and it is a real monster.

I couldn't tell you how many times I've been working with a very bright student, very focused and working very hard, yet still struggling with relatively common words, and I just felt like crying inside on their behalf. These children may get picked on by their peers and written off by their teachers as just dumb or lazy, no matter how hard they try, because they just aren't getting the explicit phonics instruction they need to succeed. This is beyond not fair that they should get left to fall so far behind, despite their intelligence and best efforts. Many of us may be able to learn to read through the whole language approach, but not all. On the other hand, everyone can learn through explicit phonics instruction. To teach reading without that would be like teaching math without number values and equations. Imagine having to read something in a foreign language based solely on context without any explicit instruction in the language. Now imagine having to do that for every subject in school, every street sign, every menu, and every website you come across. Reading is everywhere, and one's ability to do so will be a strong determinant in one's success in life. And the thing is, there is a solution, and it works like magic. Recognizing dyslexia and knowing how it works and how to handle it is just the first step, but a major one, because God knows there are misconceptions about it out there. But the very last place there should be any misconceptions of it are in our schools. If we can at the very least begin to define the problem, only then can we begin to solve it. And the thing is, we have the definition. And we have the solutions. The science and evidence is crystal clear. All that's left to do is to accept it. I can tell you from my experience in the field that our approach to this problem works miracles. I can't tell you just how many students under my wing I've taken from a few grade levels below in reading to even a few levels above. I can't tell you how many parents I've heard say something like, "Now why couldn't they just teach it that way in school in the first place?" And it's a great question. Why should they have to pay all this extra money for outside tutoring because their schools don't know how to approach the problem, much less define or recognize it? Maybe it's long past the time we started addressing this problem before we let more students fall behind while our state reading scores needlessly suffer. We owe to our children and their future to take their needs seriously.

Thank you,

Tommy Baas

Dear Sirs/Ma'am's,

I am writing to you in regards to the hearing on AB110 regarding dyslexia and public education. We discovered a year ago that the reason my husband has struggled his entire life is because he has dyslexia. Dyslexia is highly heritable and because of this discovery we also found out that both of our sons have dyslexia. In fact, one in five people have dyslexia. Those with dyslexia have a different wiring of the brain which makes reading, writing, and spelling, and sometimes math and directionality difficult. People with dyslexia can learn to read and write but they need to be taught in the specific way. This specific way works for all people. Every student should be taught with this method, but, until that happens we need to be able to provide education to these children which is where this bill comes in. As taxpayers and as human beings, our children need to be taught to read in an effective way. This benefits all of society for obvious reasons and more that I will write about below.

Thankfully for my sons, we were able to catch the dyslexia early before they hit their third grade wall (which is the point at which most dyslexic students can't improve without an Orton-Gillingham teaching method). Our family has resources to help my boys in the way that they need help. I was able to get one into a charter school that has non-traditional learning which is more conducive to how dyslexics learn (hopefully they will have space for my other son next year) and allows me to come in during the school day and tutor with an Orton-Gillingham method. My other son is going to a private school with an Orton-Gillingham trained reading specialist, but it is expensive. Thankfully, due to my husband's job and my work schedule, I am able to research dyslexia, schools, and teaching methods and be present at my boys schools to make sure they're getting what they need. But, honestly, it shouldn't be so hard. There are many families who don't have the ability that I do to make sure my sons to succeed. And the result of this for these children is that they begin to feel stupid and create a self-fulfilling prophecy. An example of this is that the majority of people in prison have dyslexia. In fact, prison population levels are predicted on third grade reading levels, which just happens to be when these kids hit a wall and begin to feel stupid. As a clinical therapist I have worked in a men's prison and have talked to a lot of these men who decided the trajectory of their lives in elementary school. I know there are a lot of factors that brought them there but I wonder how things would have been different had they gotten the education and support that they needed at school.

It is absolutely true that all of our children should be provided with an education that works for them and that no child should be left behind. And with dyslexia being so common it is frankly, ridiculous that this has not been addressed sooner. So many societal issues could be alleviated from acknowledging this reality and then teaching all the

children in the way that dyslexics learn because it truly does work for all children. Until that happens though this dyslexia handbook needs to be introduced in the state of Wisconsin (which, sadly, is one of two states in the union that has no provision for dyslexia. How are we so far behind? It's embarrassing.).

I so much appreciate your time and attention to this matter and trust that you will do the right thing for our children.

Sincerely,
Carrissa Pannuzzo and family (Corrado, Auggie (8), & Leo (6))

August 13, 2019

State Senate
Wisconsin State Capital
PO Box 7882
Madison, WI 53707-7882

Dear Senators,

I am writing to encourage your support of AB 110, an act to create a dyslexia handbook. At age 5, my daughter's kindergarten teacher commented about how she had never seen a child learn to read in a way my daughter was learning, or struggling to learn, to read. She offered no clear explanation and others I asked said not to worry, simply saying that every child learns differently. While I noted her struggles, I trusted the experts. By third grade, when my daughter transitioned from learning to read to reading to learn, her struggles were more pronounced and I asked to have her reading evaluated. A school reading specialist assessed her and I was told that she was fine. Again, I trusted the experts. Fast forward to her Junior year of high school, I began to hear about struggles she had with test taking. When it came time to take the ACT exam, reality hit. She took that exam three times. None of her scores were consistent with her GPA. When I asked about that, I was told by educators that "some kids just don't test well."

We turned to UW Oshkosh Project Success where she was tested and confirmed with dyslexia. In the fall, she will be entering her junior year at UW Oshkosh and receives needed accommodations to set her up for success. Delays in identification of her dyslexia meant years without proper accommodations to help her learn effectively. This has affected her self-esteem, her career path, and certainly her ability to obtain scholarships to support her future.

My daughter has strong supports in place. Not all of the one in five students who struggle with dyslexia are as fortunate. I cannot emphasize the importance of early diagnosis enough. Science has demonstrated the optimum time to intervene is before 9 years of age. Yet Wisconsin data demonstrates we are not applying the Child Find Mandate early enough to make a difference for these students and that is evidenced by my daughter's experience interfacing with educational experts who failed to recognize the signs and act.

During my career, I have spent more than a decade working on the workforce and economic development issues affecting Wisconsin. In that role, I encountered many adults who were unable to read. That may have been okay at one time. However, gone are the days of low skilled jobs with a living wage. The workforce of the future will need to read and interpret technical documents and, as a result, this issue is closely tied to our state's goal of ensuring we have a ready and skilled workforce. As you know, there are long-term implications to our economic future without the needed workforce. As population continues to age, it is vital that we capture the talents of every possible young person coming through our schools and start them

on a track to success. Without strong reading skills, Wisconsin's future is in question and I implore you to take action.

I also was a member of my school district's board of education for nine years. I served because I cared about children and am passionate about education. At no time in those nine years, did we discuss the implications of dyslexia. In fact the district that I served never said the word dyslexia and, at least once when I initiated the conversation, staff refuted the existence of dyslexia. The science is there and we can no longer afford to ignore this issue. Students, educators, and local boards governing our public education system need to be educated on and deserve tools to address this issue.

My daughter's story is not a lone story. I have a niece and nephew who also struggle with dyslexia, which is known to run in families. My niece's story is much the same as my daughter's in that she was diagnosed with dyslexia in college after struggling with testing. With the right support she graduated with her Associate Degree in Nursing and is currently pursuing her BSN. I am certain you are aware that nursing is one of many fields that need more skilled workers.

I share these stories because I want you to know that dyslexia is not a terminal diagnosis and thar the right supports can make a world of difference. The potential within each person is enormous if we level the playing field and the stories shared today demonstrate that action is needed. I believe our future can be brighter through actions that you choose to take today. Establishing the guidebook to assist schools is the first step. A guidebook will help educators learn to recognize early warning signs, identify resources and, implement interventions to support the one in five students who struggle to read. It is long past time to act and I ask for your support of AB 110.

Respectfully Submitted,

Kathy Schlieve
454 W Hawthorne Drive
Waupun, WI 53963

August 13, 2019

Dear Senator Olson, Senator Roth and the Education Committee members,

My name is Susan Garcia Franz and my daughter, Pacha Garcia Franz has dyslexia. Our journey has been long finding out she has dyslexia. It was not diagnosed until she was in seventh grade and after we had many difficulties within the school system. Our process and difficulties with dyslexia are not unique. My daughter had a reading specialist and often a math specialist since she in second grade. She had been receiving interventions that were allowing her to continue to the next grades in school. She comes from a family with two full-time college educated parents that are bilingual. We read books and taught letters and numbers and symbols from an early age. We did all the things you do to prepare your child for school. She continued to struggle despite our continued efforts to help her. We didn't know what to do by the end of the fifth grade but knew how challenging getting through the school year was for her. We looked to private tutoring and ended up at Learning Rx that was one of the only options at the time in our area. We spent a lot of time and money trying to give her the tools she needed to succeed but it wasn't the right tool for her. She had dyslexia and needed curriculum that helped her with dyslexia.

What ended happening to us and to many other children is that we began to have behavioral problems in middle school as our daughter was struggling to learn. We were not told about any resources we could seek. We went to every meeting with the school administrators and counselors. My daughter was expelled by January of her seventh grade year. Being expelled means no other surrounding school district will take her. We had to homeschool her for the rest of the year in order to get her an evaluation from the school district. During that time, we found a psychologist within our health system that was able to diagnose our daughter with dyslexia and ADHD. While working with the school district and after the diagnosis, we were not told about a 504 plan and the process to get that. We ended up with a pseudo-accommodation plan for eighth grade and when we had executive functioning problems that arose, we found out we didn't have a 504 plan. It should not be this complicated for parents and students to get in place what kids need to succeed. We were the parents that did not give up on our child and didn't move to another district and didn't put her in a private educational setting. She had a right to a public education that gave her the educational tools needed to read and write at her grade level. She is now a senior at Neenah High School and she has an IEP and a caseworker. She will graduate this upcoming year. Giving parents the tools they need to help their children succeed is the very least this state can do for ALL our children. We have a lot more work to do to help children with dyslexia and many other states have bypassed Wisconsin in their work to help the children of their states. Please do not let this opportunity pass you by. Vote for AB110.

Sincerely,

Susan Garcia Franz

1790 Wendy Way

Neenah WI 54956

susanfranz@hotmail.com

What is Dyslexia?

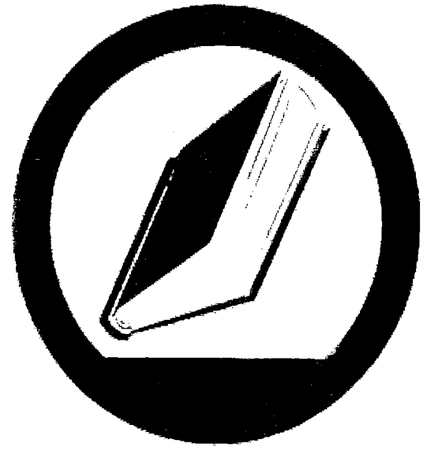
The National Institute of Health (NIH) describes dyslexia as a brain-based learning disability that specifically impairs a person's ability to read.

Dyslexia is Brain Based

The affected brain areas are associated with detection and processing of sounds and their corresponding letters.

Children born with the neurological impairments associated with dyslexia are more likely than other children to have family members with the impairment. Many, but not all, of these children will eventually experience reading difficulties.

Difficulty with phonological processing is the inability to effectively decode letters into blended sounds to form words. A fundamental phonological processing problem may "block" access to other more advanced aspects of reading, such as word reading and comprehension.



Dispelling Myths About Dyslexia

For more information about Dyslexia please visit ImprovingLiteracy.org

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GEORGE LUCAS EDUCATIONAL FOUNDATION

LITERACY

A Powerful Approach to Reading Instruction

A research-based method of instruction that helps struggling readers is appropriate to use with all students.

By ***Jessica Hamman***

February 28, 2018

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The first time I met my adult student Mary, she was skeptical but desperate. She was a treasured bus driver for the local school district and had recently received word that the route she had driven for 20 years was about to change. She would have to navigate a new route filled with unfamiliar street signs. Mary had come to the literacy council where I worked to confront the secret she had kept for decades from coworkers, friends, and family: She couldn't read.

At first, she doubted I could help, and I have to admit, so did I. I had to imagine other, more qualified teachers had tried and failed before.

Although this was my first formal teaching position, I wasn't totally lacking in experience. The prior summer I had prepared for teaching at the literacy council by taking a workshop in the ***Wilson Reading System*** **(https://www.wilsonlanguage.com/programs/wilson-reading-system/)**, a literacy program based on the Orton-Gillingham method. I practiced the method with students at the Children's Dyslexia Center in New Jersey and found that the approach, when followed with fidelity, effectively taught reading to children in even the most difficult cases. Nothing had seemed to work for Mary before, but maybe no one had given this method a try.

To our amazement, in a few short sessions the concepts that had eluded Mary for decades began to stick, until she was reading and spelling on her own for the first time in her life.

More than once we ended sessions with tears welling, touched by her newfound access to print. But equally palpable was the realization that she could have learned to read all along but hadn't been exposed to the right approach.

WHAT IS STRUCTURED LITERACY?

Structured Literacy **(https://dyslexiaida.org/effective-reading-instruction/)** is a term coined in 2016 by the International Dyslexia Association to ***unify the many names*** **(https://dyslexiaida.org/structured-literacy/)** for this research-based approach. Also known as Orton-Gillingham, phonics-based reading instruction, systematic reading instruction, and synthetic phonics (among others), this method has been around for nearly a century.

In the late 1920s, physician Samuel T. Orton partnered with Teacher's College educator Anna Gillingham to create a method of reading instruction that would better support the needs of his patients with reading difficulties. He believed that these difficulties were brain-based and not supported by the popular rote memorization method used to teach reading at the time.

The method Orton and Gillingham devised was phonics-based, systematic, explicit, and highly structured, with multisensory elements to help learners retain the concepts that eluded them. This is the same method we call Structured Literacy today.

Because Structured Literacy was originally devised to support students who struggle with reading, many educators assume that the approach is only for remedial instruction. But Structured Literacy is appropriate for the general education classroom because it supports the reading acquisition of all students.

When a Structured Literacy program is taught in general ed classrooms, teachers may find that 5 to 10 percent of

students will still struggle to master the concepts and need to ...

unified Structured Literacy approach within a school's Response-to-Intervention (RTI) framework allows teachers in each tier to use the same curriculum to scaffold the learning and intensify the instruction as needed, with extra repetition, smaller group sizes, and/or increased instructional time.

HOW IT WORKS

In Structured Literacy instruction, teachers guide students through systematic mastery of the smallest units of sounds (phonemes) and build upon that knowledge by introducing new, more complex material (morphemes and lexemes) in a structured and cumulative way. Structured Literacy teachers are explicit about the ways English is predictable and unpredictable by teaching the linguistic rules behind spelling and the exceptions to those rules.

In Structured Literacy lessons, teachers work on phonemic awareness, decoding skills (blending phonemes to make words), encoding skills (segmenting words into phonemes or morphemes), sight words, and reading fluency. Teachers follow the scope and sequence, covering one syllable at a time until all six syllable types are taught (closed, open, vowel-consonant-*e*, *r*-controlled, vowel pair/diphthong, and consonant-*le*).

Teachers cover these key components of reading instruction: phonemic awareness, phonological awareness, reading (decoding), spelling (encoding), sight words, reading fluency, and comprehension.

WHY IT WORKS

In Structured Literacy instruction, teachers review previously taught concepts in each lesson and introduce new material to keep the student stimulated and engaged. Built into this design is the understanding that while a student who doesn't struggle with reading difficulties can master a concept in one to five exposures, a student who struggles with reading difficulties may take upward of 25 exposures to master a concept.

Structured Literacy teachers are also diagnostic, evaluating concept mastery both informally in each lesson (through reading observation and written dictation) and formally at the end of each step in the scope and sequence. Teachers respond to student progress or lack thereof by moving at a pace led by student progress, not the curriculum.

There are many published programs that make implementing Structured Literacy in your classroom easier by providing lesson plan maps, scope and sequence, and detailed explanations of the spelling rules that you'll need to explicitly teach to your students. Some of the programs popular with districts, schools, and teachers are:

- ***Wilson Fundations*** **(https://www.wilsonlanguage.com/programs/fundations/)** (pre-K to third grade)
- ***Wilson Reading System*** **(https://www.wilsonlanguage.com/programs/wilson-reading-system/)** (second grade to adult)

- ***Barton Reading System*** **(https://bartonreading.com/)**
- ***Slingerland*** **(http://www.slingerland.org/)**
- ***Institute for Multi-Sensory Education*** **(https://www.orton-gillingham.com/)**
- ***Sonday System*** **(https://www.winsorlearning.com/)**
- ***Language!*** **(http://www.voyagersopris.com/literacy/language/overview)** (fourth grade to 12th)
- ***The Dyslexia Training Institute*** **(http://www.dyslexiatraininginstitute.org/)**
- ***Letrs*** **(http://www.voyagersopris.com/professional-development/letrs/overview)**

I stopped working with Mary after a year due to a cross-country move. I helped her new tutor get training and left my materials with him so Mary could continue the program. A few years ago, I received an email written by Mary herself: "Dear Jessica, the seed you planted all those years ago is still growing. Just thought you'd like to know."

SHARE THIS STORY

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Literacy English Language Arts

LITERACY

Build Empathy and Understanding by Pairing Comics With Novels

Teaching with comics facilitates improved comprehension and social-emotional competencies.

By ***Ryan Chapman***

July 12, 2019

>
> Dear Chairman Olsen:
>
> The legislation addressing Dyslexia bill AB110 is of paramount interest to me because I am a parent of a daughter with dyslexia and I am requesting your support of AB 110. This issue impacts my child directly currently there are no laws protecting struggling readers in Wisconsin. Its a shame when there are resources available that are backed by scientific data to support how to teach these struggling readers. We had to pursue supports outside of school to help our daughter learn to read. Not everyone has access to outside resources. What about FAPE or IDEA we are failing these kids. There is a direct link to low literacy and incarceration. Screening can and should be done in preschool and interventions started early. Most of these children are not diagnosed until they are reading to learn versus learning to read. Studies show how difficult it is for these to students catch up when they could have been helped appropriately much sooner.
>
> I am primarily concerned about teachers not being taught about Dyslexia because no matter where you try to get public services be it public or private school there is a general misunderstanding surrounding the issue. How can you not have a handbook at the least or mandate training for teachers for reading. We asked her teachers every year starting in kindergarten and had been repeatedly told she was fine even by the schools reading specialist in 1st grade she was fine and to practice more- which we did. She would never learn to read the way the reading specialist suggested. Shameful that a reading specialist in a school does not have the proper training to help, recognize or refer a child for an evaluation especially when parents have repeatedly asked. We continued asking when we took matters into our own hands and had a Neuropsych evaluation done outside of school at our own expense. Other aspects of this same issue that affect my daughters are the fact that teachers do not have a resource specialist at DPI. Our first 504 meeting we were told by the team that they did not have to help us. Is the that role of the school ?? To teach children. Changes need to be made. Stop failing our kids and support both bills for dyslexia.
>
> Thank you for your consideration of my viewpoint on this matter. I believe it is an important issue, and would like to see the legislation pass to ensure effective educational services for the students involved.
>
> Sincerely,
>
> Jennifer Trow
> 5746 East Eagle Drive
> Milton, WI 53563
> 319-210-1623
> Jctrow2@gmail.com
>

Why Millions Of Kids Can't Read And What Better Teaching Can Do About It

EDUCATION

January 2, 20196:00 AM ET
Heard on Morning Edition

EMILY HANFORD
FROM
AMERICAN PUBLIC MEDIA

LA Johnson/NPR

Jack Silva didn't know anything about how children learn to read. What he did know is that a lot of students in his district were struggling.

Silva is the chief academic officer for Bethlehem, Pa., public schools. In 2015, only 56 percent of third-graders were scoring proficient on the state reading test. That year, he set out to do something about that.

"It was really looking yourself in the mirror and saying, 'Which 4 in 10 students don't deserve to learn to read?' " he recalls.

Bethlehem is not an outlier. Across the country, millions of kids are struggling. According to the National Assessment of Educational Progress, 32 percent of fourth-graders and 24 percent of eighth-graders aren't reading at a basic level. Fewer than 40 percent are proficient or advanced.

One excuse that educators have long offered to explain poor reading performance is poverty. In Bethlehem, a small city in Eastern Pennsylvania that was once a booming steel town, there are plenty of poor families. But there are fancy homes in Bethlehem, too, and when Silva examined the reading scores he saw that many students at the wealthier schools weren't reading very well either.

Silva didn't know what to do. To begin with, he didn't know how students in his district were being taught to read. So, he assigned his new director of literacy, Kim Harper, to find out.

The theory is wrong

Harper attended a professional-development day at one of the district's lowest-performing elementary schools. The teachers were talking about how students should attack words in a story. When a child came to a word she didn't know, the teacher would tell her to look at the picture and guess.

The most important thing was for the child to understand the meaning of the story, not the exact words on the page. So, if a kid came to the word "horse" and said "house," the teacher would say, that's wrong. But, Harper recalls, "if the kid said 'pony,' it'd be right because pony and horse mean the same thing."

Harper was shocked. First of all, pony and horse don't mean the same thing. And what does a kid do when there aren't any pictures?

This advice to a beginning reader is based on an influential theory about reading that basically says people use things like context and visual clues to read words. The theory assumes learning to read is a natural process and that with enough exposure to text, kids will figure out how words work.

Yet scientists from around the world have done thousands of studies on how people learn to read and have concluded that theory is wrong.

One big takeaway from all that research is that reading is not natural; we are not wired to read from birth. People become skilled readers by learning that written text is a code for speech sounds. The primary task for a beginning reader is to crack the code. Even skilled readers rely on decoding.

NPR ED

The Gap Between The Science On Kids And Reading, And How It Is Taught

So when a child comes to a word she doesn't know, her teacher should tell her to look at all the letters in the word and decode it, based on what that child has been taught about how letters and combinations of letters represent speech sounds. There should be no guessing, no "getting the gist of it."

And yet, "this ill-conceived contextual guessing approach to word recognition is enshrined in materials and handbooks used by teachers," wrote Louisa Moats, a prominent reading expert, in a 2017 article.

The contextual guessing approach is what a lot of teachers in Bethlehem had learned in their teacher preparation programs. What they hadn't learned is the science that shows how kids *actually* learn to read.

"We never looked at brain research," said Jodi Frankelli, Bethlehem's supervisor of early learning. "We had never, ever looked at it. Never."

The educators needed education.

Learning the science of reading

Traci Millheim tries out a new lesson with her kindergarten class at Lincoln Elementary in Bethlehem, Pa.

Emily Hanford/APM Reports

On a wintry day in early March 2018, a group of mostly first- and second-grade teachers was sitting in rows in a conference room at the Bethlehem school district headquarters. Mary Doe Donecker, an educational consultant from an organization called Step-by-Step Learning, stood at the front of the room, calling out words:

"Tell me the first sound you hear in 'Eunice'?"

"Youuu ... " the teachers responded.

Nope. "/Y/, /y/, before you get to the /oo/," Donecker explained. "How about "Charlotte?"

This was a class on the science of reading. The Bethlehem district has invested approximately $3 million since 2015 on training, materials and support to help

its early elementary teachers and principals learn the science of how reading works and how children should be taught.

In the class, teachers spent a lot of time going over the sound structure of the English language.

Since the starting point for reading is sound, it's critical for teachers to have a deep understanding of this. But research shows they don't. Michelle Bosak, who teaches English as a second language in Bethlehem, said that when she was in college learning to be a teacher, she was taught almost nothing about how kids learn to read.

"It was very broad classes, vague classes and like a children's literature class," she said. "I did not feel prepared to teach children how to read."

Bosak was among the first group of teachers in Bethlehem to attend the new, science-based classes, which were presented as a series over the course of a year. For many teachers, the classes were as much about unlearning old ideas about reading — like that contextual-guessing idea — as they were about learning new things.

First-grade teacher Candy Maldonado thought she was teaching her students what they needed to know about letters and sounds.

"We did a letter a week," she remembers. "So, if the letter was 'A,' we read books about 'A,' we ate things with 'A,' we found things with 'A.' "

But that was pretty much it. She didn't think getting into the details of how words are made up of sounds, and how letters represent those sounds, mattered that much.

The main goal was to expose kids to lots of text and get them excited about reading. She had no idea how kids learn to read. It was just that — somehow — they do: "Almost like it's automatic."

Maldonado had been a teacher for more than a decade. Her first reaction after learning about the reading science was shock: Why wasn't I taught this? Then guilt: What about all the kids I've been teaching all these years?

Bethlehem school leaders adopted a motto to help with those feelings: "When we know better, we do better."

"My kids are successful, and happy, and believe in themselves"

Cristina Scholl, first-grade teacher at Lincoln Elementary, uses a curriculum that mixes teacher-directed whole-class phonics lessons with small-group activities.
Emily Hanford/APM Reports

In a kindergarten class at Bethlehem's Calypso Elementary School in March 2018, veteran teacher Lyn Venable gathered a group of six students at a small, U-shaped table.

"We're going to start doing something today that we have not done before," she told the children. "This is brand spanking new."

The children were writing a report about a pet they wanted. They had to write down three things that pet could do.

A little boy named Quinn spelled the word "bark" incorrectly. He wrote "boc."

Spelling errors are like a window into what's going on in a child's brain when he is learning to read. Venable prompted him to sound out the entire word.

"What's the first sound?" Venable asked him.

"Buh," said Quinn.

"We got that one. That's 'b.' Now what's the next sound?"

Quinn knew the meaning of "bark." What he needed to figure out was how each sound in the word is represented by letters.

Venable, who has been teaching elementary school for more than two decades, says she used to think reading would just kind of "fall together" for kids if they

were exposed to enough print. Now, because of the science of reading training, she knows better.

"My kids are successful, and happy, and believe in themselves," she said. "I don't have a single child in my room that has that look on their face like, 'I can't do this.' "

At the end of each school year, the Bethlehem school district gives kindergartners a test to assess early reading skills.

In 2015, before the new training began, more than half of the kindergartners in the district tested below the benchmark score, meaning most of them were heading into first grade at risk of reading failure. At the end of the 2018 school year, after the science-based training, 84 percent of kindergartners met or exceeded the benchmark score. At three schools, it was 100 percent.

Silva says he is thrilled with the results, but cautious. He is eager to see how the kindergartners do when they get to the state reading test in third grade.

"We may have hit a home run in the first inning. But there's a lot of game left here," he says.

Emily Hanford is a senior correspondent for APM Reports, the documentary and investigative reporting group at American Public Media. She is the producer of the audio documentary Hard Words, *from which this story is adapted.*

Web Resources

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Cambridge, MA 02139
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Chairmen Thiesfeldt, Kitchens and members of the Wisconsin Assembly Education committee:

I am a neuroscientist at MIT who has studied brain differences in dyslexia and how effective intervention drives brain plasticity in dyslexia for about 20 years. These studies have included hundreds of children and adults in Massachusetts, California, and Pennsylvania.

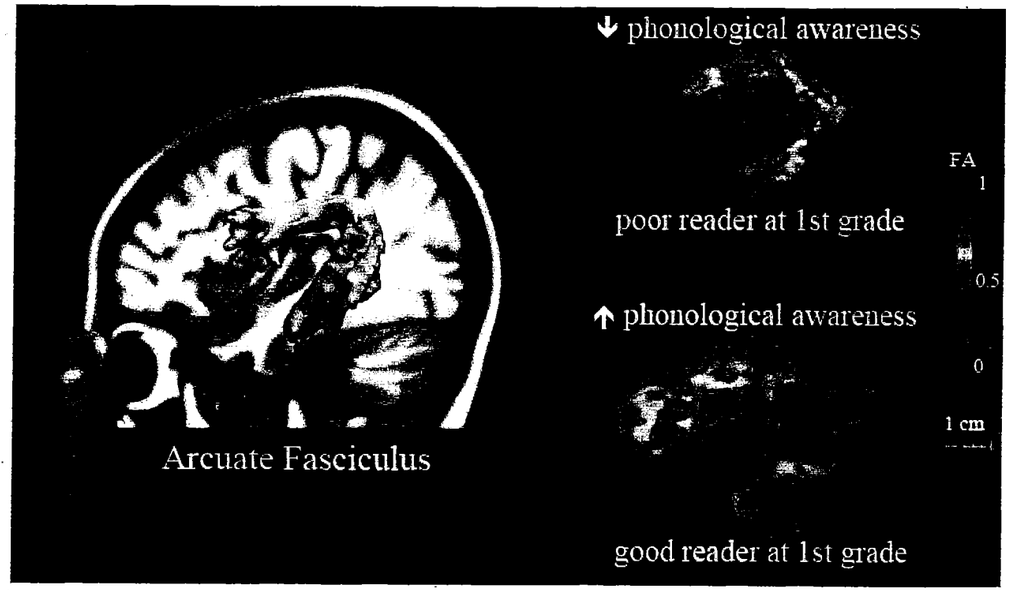
One of our major studies involved nearly 1500 young children in Eastern Massachusetts who attended 19 diverse schools. This was a collaboration with Dr. Nadine Gaab at Children's Hospital and Harvard Medical School, and was supported by the NIH. We used a brief screening battery administered at each school with children entering kindergarten, before schools begin formal reading instruction. We identified about 200 children for in-depth characterization, including brain imaging. We then tracked how these children progressed in reading ability through the end of second grade. We could ask, therefore, if brief behavioral screening at the beginning of kindergarten was a good predictor of how well a child would read by the end of second grade.

We found that the screening measures administered at the beginning of kindergarten were strong predictors of good or bad reading ability at the end of first and second grade. Indeed, we have published papers in peer-reviewed journals documenting how strongly the initial profiles were stable over time and through the following three years. The specific measures were those that other researchers have also reported to be good predictors of reading achievement: (1) tests of phonological awareness for spoken language; (2) tests of letter knowledge; and (3) tests of rapid naming of objects and colors. All of these tests can be administered to children without involving reading and require a modest degree of professional development or training for the test giver. Although further research is likely to improve these measures to a greater degree, the currently available and easy-to-administer measures are already proven to be excellent for identifying children at risk for reading difficulty. Of course, a screener can only be good on behalf of children when the screener includes reliable measures of valid constructs. Therefore, I believe that it will be important that schools are encouraged and supported to use the specific measures that are well supported by many research findings.

After screening, those children at high risk for poor reading will need high-quality, evidence supported interventions. We and others have shown that effective interventions alter brain structure and function. We reported that children with dyslexia who come from low-income families are especially likely to benefit from such an intervention, in this case provided to them

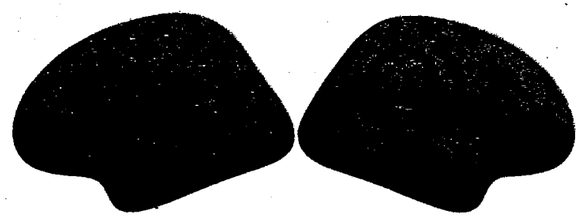
in the summer. Many of the dyslexic children from low-income families exhibited gains in reading skills, and those children also exhibited changes in the anatomies of their brains. These findings are consistent with the observations that current interventions are most effective in beginning readers (kindergarten through second grade), and are less effective in later grades.

Early screening for dyslexia to identify children who are born with brains not well suited for learning to read can help these children get early and effective support, and flourish in their learning and in their lives.

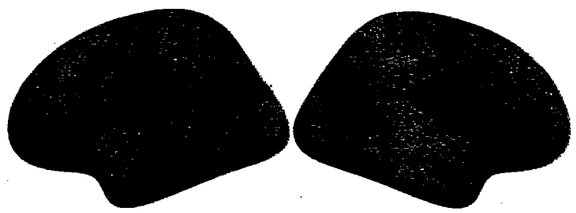


Examples of two children screened near beginning of kindergarten who progressed to be a poor or good reader by end of first grade. These pictures depict the anatomic structure of the left arcuate fasciculus, a white-matter pathway that connects the major language regions of the left hemisphere (left side of figure). One child who exhibited poor phonological awareness for spoken language on the screener near the beginning of kindergarten went on to be a poor reader at the end of 1st grade (top right). Another child who exhibited good phonological awareness near the beginning of kindergarten went on to be a good reader at end of 1st grade (bottom right). The size and structural properties of the arcuate fasciculus are clearly different when measured at the beginning of kindergarten; this finding supports the idea that such a screener is sensitive to brain differences related to dyslexia. Full findings reported in Saygin et al., Journal of Neuroscience, 2013.

No Intervention Control



Ineffective Intervention



Effective Intervention

Changes in brain anatomy associated with effective early intervention. Children in 1st and 2nd grades from families with diverse incomes participated in a summer reading intervention at MIT that targeted dyslexia. Children from lower-income families showed the most benefits. In the brain, there no changes from before to after the intervention in a control group (top row) or poor readers who did not benefit from the intervention (middle row). In the half of children who did benefit from the instruction, brain regions shown in red/yellow exhibited significant thickening of the neocortex. Full findings reported in Romeo et al., Cerebral Cortex, 2018..

August 13, 2019
Re: AB110 to Create a Guidebook for Dyslexia and Related Disorders
Dear Senators:

Thank you for having this hearing regarding AB110. My name is Katie Kasubaski. I am a Certified Dyslexia Practitioner through the Madison Dyslexia Center, a CALP (Certified Academic Language Practitioner) through the ALTA (Academic Language Therapist Association) and Dane County Regional Group Lead for Decoding Dyslexia Wiscconsin. I do not come from the world of education. I earned a BA in Economics from the University of Wisconsin—Eau Claire and my passion for helping those with dyslexia comes from my own children. We live in Oregon, WI have two children with dyslexia. Our school district was unable to help our child as she struggled to learn to read in 4K and Kindergarten despite having an 4K teacher with a Master's Degree in Reading.

Dyslexia is neurobiological learning difference which is present from birth. According to Understood.org, signs of dyslexia in children may include mispronouncing words, trouble sequencing letters (a, b, c, etc.) and numbers (1,2,3, etc.), difficulty learning nursery rhymes, difficulty following multi-step directions, trouble learning letter names and the sounds they make, substituting words while reading and the list goes on. Our daughter had difficulty with all of these things and more but no one in the Oregon School District mentioned the possibility of dyslexia even once to us.

I am no expert. As a mother of two children with dyslexia and as someone taught using the science of reading, I have a few questions to ask you. Does it seem right that at my first day of training at the Madison Children's Dyslexia Center I already knew more about dyslexia than a Wisconsin teacher who had a Master's Degree in Reading? Does it seem right to you that no one in our school district once suggested that our daughter may have dyslexia or even a reading condition? Does it seem right to you that while other states are improving reading scores using the science of reading that Wisconsin DPI and Wisconsin schools publish no guidance regarding dyslexia and offer no dyslexia training to school administrators or teachers? Does it seem right that with the passage of the First Step Act in December 2018 Federal prisoners are being screened for dyslexia while Wisconsin students are not? Does it seem right that my 9 year old son is already asking how his kids can go to public school in Wisconsin because he has dyslexia. Does it seem right that my reply was to give him a list of other states he can move to where they use the science of reading to teach kids with dyslexia how to read?

I certainly hope that not all hope is lost for my future grandchildren and that is why I'm here today. What is the cost of inaction? The Grafton School District was ordered in July 2019 to pay $78, 000 per year to send a student to private school when the school failed to meet the requirement of "free and appropriate education" for a student with dyslexia. Other school districts will start paying this back-end cost if they are not equipped for how to help students with dyslexia. That $78,000 payment per year could train 15 or more teachers in the school district in the science of reading. This guidebook, which is informational only and non-fiscal, is a first step to put reliable research and information into the hands of administrators, teachers and parents. Please support AB110.

Sincerely,
Katie Kasubaski
5483 Windridge Rd.
Oregon, WI 53575
608-212-6976

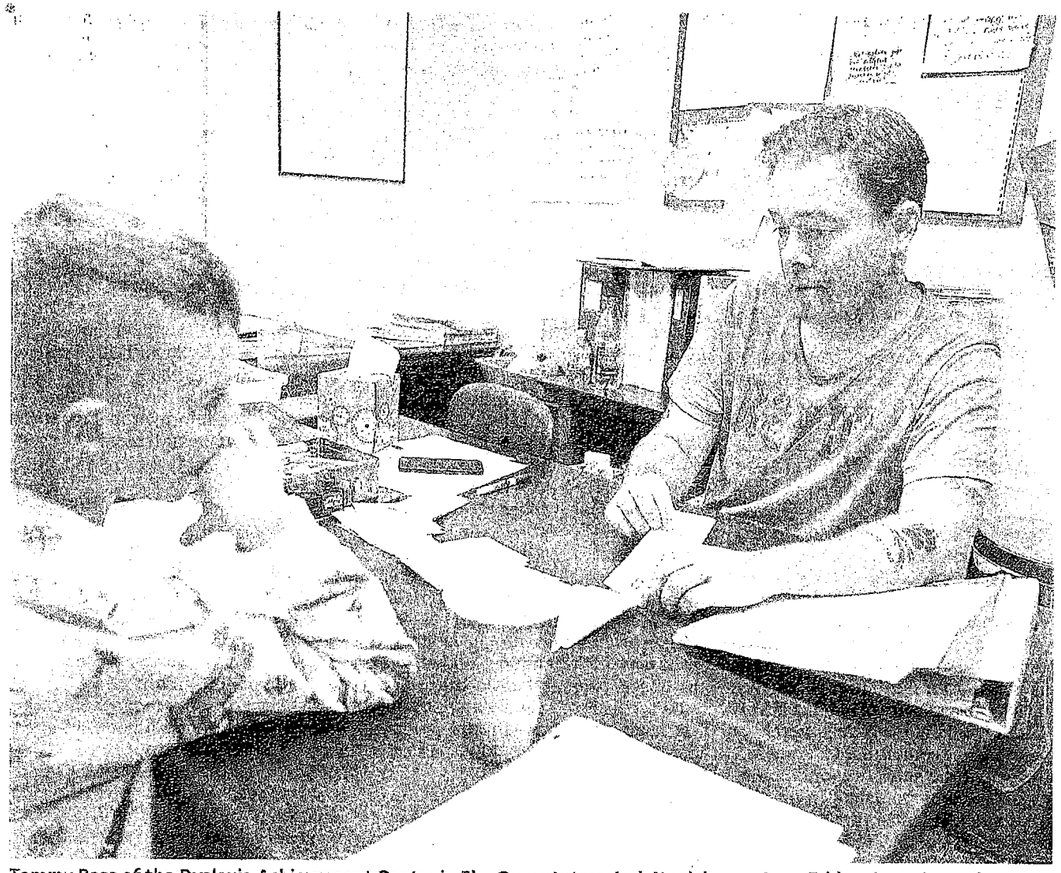
PULITZER PRIZE WINNER: 2008, 2010, 2011

MILWAUKEE ◆ WISCONSIN

JOURNAL SENTIN

MONDAY, AUGUST 12, 2019 JSOnline.com PART OF THE USA T

Debate over dyslexia bill reignites 'reading wars'



Tommy Bass of the Dyslexia Achievement Center in Elm Grove tutors Jack Huelskamp, 9, on Friday. State lawmakers are considering a bill that would require the state Department of Public Instruction to create a dyslexia guidebook for parents and school districts. RICK WOOD / MILWAUKEE JOURNAL SENTINEL

Public hearing Tuesday on startlingly partisan issue

Annysa Johnson
Milwaukee Journal Sentinel
USA TODAY NETWORK – WISCONSIN

It seems innocuous enough.

A bill making its way through the Legislature would require the state Department of Public Instruction to create an informational guidebook on dyslexia and related disorders for schools and parents.

Across the country, in all but seven states, lawmakers have passed similar legislation aimed at helping children who struggle with a neurologically based learning disorder that makes it difficult for them to learn to read, write and spell.

But the Wisconsin bill, like past measures intended to address dyslexia, has drawn concerns and outright opposition from some educators. The debate is a microcosm of the broader "reading wars" that have raged among educators for decades. It stems from the growing frustrations of parents who complain that schools, which parents say often eschew the term, are not doing enough to help their children.

"Schools will dance around it. ...

See DYSLEXIA, Page 11A

"We're not asking for anything earth-shattering. Reading is a life skill. And if you can't read, you're going to be considered disabled."

Jennifer Kelly
Decoding Dyslexia Wisconsin

Dyslexia

Continued from Page 1A

They'll say, 'We don't test for dyslexia,' or they avoid using the word," said Jennifer Kelly of Decoding Dyslexia Wisconsin, part of a national, parent-led organization that is promoting legislation across the country.

"We're not asking for anything earth-shattering," she said. "Reading is a life skill. And if you can't read, you're going to be considered disabled."

Repeated efforts by the Journal Sentinel to speak with leaders of the Wisconsin State Reading Association, the only organization to oppose the bill, have not been successful. But its legislative chairman, Kathy Champeau, provided a copy of her testimony before the Assembly Education Committee in April.

In it, she raised concerns about the bill's definition of dyslexia, potential financial conflicts of interest among those who might be selected to help draft the guidebook and the idea of tailoring legislation to a particular disability.

"The proposed guidebook should inform all literacy (and) reading-related conditions, not be a marketing tool to promote one condition," said Champeau, whose organization represents about 2,200 members around the state.

A coalition of organizations that represent school districts and board members raised similar concerns but said the "concept of creating a guidebook has merit."

The Education Committee approved the bill along party lines, with all Republicans in favor and Democrats opposed. It passed the full Assembly, 76-21, with 13 of 38 Democrats joining the majority, including one Democratic committee member who changed his mind. The bill now moves to the Senate Education Committee, which will hold a public hearing at 10 a.m. Tuesdayin Room 411 South of the State Capitol.

Asked why a dyslexia guidebook would be a partisan issue, state Rep. Sondy Pope, D-Mt. Horeb, the ranking member of the Assembly Education Committee, echoed Champeau's arguments, then suggested that "Democrats are just better informed about reading disorders."

"Our major concern with reading achievement needs to be focused on kids who don't have the opportunity to develop the background knowledge and skills upon which reading comprehension depends."

Donna Scanlon
Professor in the Department of Literature, Teaching and Learning at the University of Albany in New York

Rep. Bob Kulp, R-Stratford, who chaired the 2018 Legislative Council Study Committee on the Identification and Management of Dyslexia, which proposed the bill, called the politicizing of reading instruction "unfortunate."

"That kids, parents, teachers and administrators are left without resources that could give (students) a leg up on the opportunities of life, by learning to read, is such a shame," he said.

Tuesday's hearing is expected to be emotionally charged. In April, some witnesses wept as they testified about their own or their children's struggles in learning to read.

It comes as school districts are under increased pressure to ensure they provide children with disabilities the free and appropriate education required by law, following a 2017 U.S. Supreme Court ruling. Last month, a Wisconsin district was ordered to pay for an expensive boarding school for a student whose mother says she struggled for years to get the district to acknowledge that he is dyslexic.

The proposal for a dyslexia guidebook is one of two bills this session to come out of the legislative study committee. The other, which calls for the hiring of a dyslexia expert at DPI, has yet to receive a hearing.

The study committee was proposed by Decoding Dyslexia Wisconsin. Kulp said he stepped up to chair it because legislative leaders were having trouble finding someone willing to wade into the reading wars — shorthand for the long-running and complicated debate over the best ways to teach children to read.

It is, in the most simplistic terms, a debate over how much emphasis should be placed on context — figuring out words based on adjacent clues and other prompts — vs. phonics instruction, which teaches readers to sound out

words based on the alphabetic code.

Supporters of the legislation argue that children with dyslexia have difficulty recognizing and remembering words, and need more explicit strategies for decoding the alphabet. Schools of education, they say, have not kept pace with the latest science around reading and are not adequately preparing new teachers to help struggling readers. And teachers and other school staff, they say, have little understanding of dyslexia and related disorders.

"When I talk to people in the field — special ed teachers, general ed teachers, reading specialists — none of them seems to have any factual information about dyslexia," said Mary Newton of the Wisconsin Reading Coalition, which supports the bill. They just seem to have statements organizations put out saying either dyslexia doesn't exist or is so poorly understood."

Critics of such bills argue there is no universal definition of dyslexia and that labeling students can create a self-fulfilling prophecy — an excuse for children not to engage in the hard work of reading, and for parents and teachers to lower their expectations for success.

In addition, they say, creating a label that privileges one type of struggling reader can siphon resources from those who struggle for other reasons — for example, poor and minority children, who often come to school without the life experiences and knowledge base that help them understand and connect with what it is they're reading.

And that, they say, can hamper efforts to close the achievement gaps between affluent white students and poor children and children of color.

"Our major concern with reading achievement needs to be focused on kids who don't have the opportunity to develop the background knowledge and skills upon which reading comprehension depends," said Donna Scanlon, a professor in the Department of Literature, Teaching and Learning at the University of Albany in New York.

Mark Seidenberg, a neuroscientist who specializes in the study of language and reading at the University of Wisconsin-Madison, calls those arguments offensive and indefensible, saying they "set up a false competition between children who have reading problems for different reasons."

By clinging to outdated ways of teaching reading and resisting efforts to address dyslexia in the school setting, he said, educators are actually exacerbating the inequities between affluent and poor children. Affluent parents have the means to seek outside help for their children — psychological and neurological assessments, private tutors, specialized schools — while low-income children are left to flounder in their schools.

"This attitude really discriminates against kids from poor backgrounds," said Seidenberg, whose 2016 book, "Language at the Speed of Sight," offered an indictment of the education establishment's current approach to reading instruction and the schools of education he says continue to foster it.

Seidenberg supports the dyslexia bill but thinks it doesn't go far enough because there's nothing binding in it. Other states, he said, are doing more to better screen for the disorder and serve those children.

He attributes the partisan nature of the debate to the Democrats' traditional alliance with public education and other progressive issues, and Republicans' views that teachers should be held accountable for their students' performance.

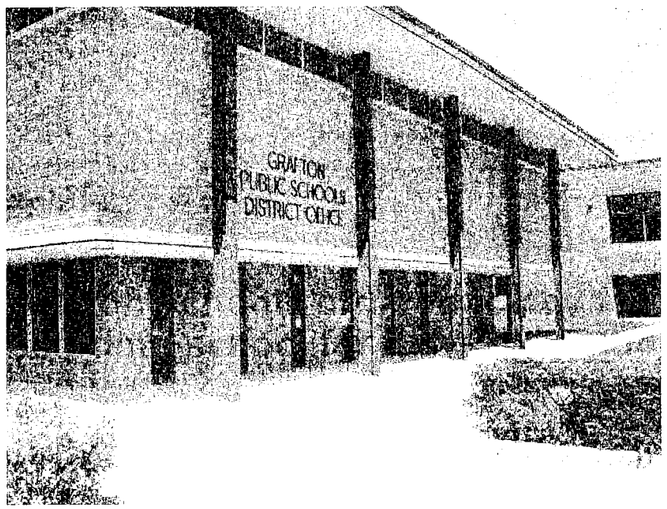
"But look, it's not progressive to withhold information from teachers that would allow them to do their jobs better," he said. "It's not progressive to stay with the status quo when the status quo is not working, especially for children who are at risk for other reasons like poverty."

Contact Annysa Johnson at anjohnson@jrn.com or 414-224-2061. Follow her on Twitter at @JSEdbeat. And join the Journal Sentinel conversation about education issues at www.facebook.com/groups/WisconsinEducation.

FOR SUBSCRIBERS

Grafton schools ordered to pay for $78,000 a year boarding school for a dyslexic student

Annysa Johnson, Milwaukee Journal Sentinel Published 7:45 a.m. CT July 23, 2019 | Updated 1:57 p.m. CT July 30, 2019



Grafton School District *(Photo: Submitted)*

The Grafton School District has been ordered to pay $78,000 a year, plus expenses, to send a student to a boarding school for young people with learning disabilities after an administrative law judge found the district failed to provide him the "free and appropriate public education" required by law.

State Administrative Law Judge Sally Pederson issued the order this month in a case filed by a 16-year-old boy who had been diagnosed with dyslexia, anxiety, attention deficit and other disorders.

The boy's mother had waged a yearslong battle with the district over her son's education, in recent years accusing his high school teachers of completing assignments for him, lying about his progress and passing him in classes when he hadn't done the work.

She called the decision a victory not just for her son, but for special education students in Wisconsin and across the country who are not being adequately served by their schools.

"I did this for the 10 other (special needs) kids in his class. For the kids in Kenosha and Madison. Most families don't have the resources to fight like this," said the mother, whose legal fees she says have topped $50,000.

"It's not about the money. But they failed my son for so many years."

The Journal Sentinel is not naming the student because he is a minor or his mother because that would identify the student.

Grafton Superintendent Jeff Nelson declined to discuss the case and said the district was still deciding whether to appeal the decision.

"We just received the order, and we're ... assessing what's best for the district and our taxpayers," he said.

Jeff Nelson, superintendent of Grafton schools. *(Photo: Milwaukee Journal Sentinel)*

When asked to respond to the mother's concerns, he laughed loudly, then quickly pivoted, saying he was "defining in my own mind how to answer this question."

"I can honestly assure you the situation is not humorous," Nelson said. "We take seriously our obligation to help all of our kids. Our motto is every student every day. ... And we live by that."

Federal law requires public schools to provide special education students a "free and appropriate public education" and, depending on the disability, develop what's known as an IEP, or individualized education plan, that maps out how it will serve the student's needs.

In issuing her ruling, Pederson said Grafton failed to provide the student with a free and appropriate education during the 2017-'18 school year and failed to offer an IEP for the 2018-'19 year that was "reasonably calculated to enable the student to make progress appropriate in light of (his) unique circumstances."

She said the district was obligated to pay the cost of the tuition, plus travel expenses, for the student to attend Brehm Preparatory Academy in Carbondale, Illinois, where the mother had unilaterally enrolled him, out of frustration with the district, in August 2018.

With legal fees, the mother said, it could cost the district about $240,000, plus interest. She said she fronted some of the costs by tapping into a home equity loan.

Judge cites 2017 Supreme Court ruling

In her ruling, Pederson cited a landmark 2017 decision by the U.S. Supreme Court that requires districts to aim for more than just "de minimis," or minimal, progress for students with disabilities.

Writing for the unanimous court, Chief Justice John Roberts said federal law requires educational programs for students with disabilities to be "appropriately ambitious in light of (a student's) circumstances" and aims for "grade-level advancement" for those fully integrated into the regular classroom.

"When all is said and done, a student offered an educational program providing 'merely more than de minimis' progress from year to year can hardly be said to have been offered an education at all," Roberts wrote. "For children with disabilities, receiving instruction that aims so low would be tantamount to 'sitting idly . . . awaiting the time when they were old enough to 'drop out.' "

According to the court records and the mother in the Grafton case, the student had struggled since childhood, particularly around writing. He's smart, with an IQ in the high averages, and he did well in math, science and reading comprehension. But he had considerable difficulty getting words down on the page.

She said she had to fight to get an IEP after he wrote nothing in the sixth grade. There were good years and bad, she said. Some years teachers went out of their way to help him; some years, she felt animosity from teachers.

One year, she said, he was promised a writing helper, and she didn't learn until February that one was never hired. Another year, she agreed to hire her own tutor, but she said the school wouldn't rearrange his schedule to accommodate her.

In November 2017, she said, a teacher told her her son was not having problems writing. But when they tested him, he was writing at a third-grade level.

"I didn't understand how a kid could ... test at a third-grade writing level and he was passing ninth- and 10th-grade English," she said.

After less than a year at Brehm Preparatory School, she said, he is writing at a ninth- and 11th-grade level.

"And they've improved his speech so much, he's actually a counselor in training now."

It is not the first time Grafton has had to pay for outside services for the student. It paid $12,500 for a summer Lindamood-Bell tutoring program in 2018.

At the hearing, the district argued that it shouldn't be held liable for the Brehm tuition, saying it wasn't an appropriate placement for the student and that the parent acted unreasonably. It maintained she moved the student because the district refused to fire a teacher who she'd accused of fraud and forgery for writing large sections of her son's assignments.

She said the district explained that as "scaffolding," a technique in which a teacher provides significant support and then gradually reduces the support until the student can do the work on his own.

Pederson said the mother overreacted by reporting the teacher's conduct to the police (who deemed it a civil matter), but she did not support the district's contention that she moved her son because it wouldn't fire the teacher.

Jeffrey Spitzer-Resnick, a longtime civil and disability rights attorney who represented the student, said he could not recall a payout this large in a case of this kind. But he said it's uncommon for cases to make it to the hearing stage because it's expensive.

"Very few parents have the means to retain an attorney to take a case all the way through to litigation," he said. "This has cost my client over $50,000, and very few people have those kinds of means."

But, he said, "there are problems like this all over the state."

"Every case is different. But the lesson here is if you don't provide an education that a child has a legal right to, you can be put in a position like Grafton that is now having to pay significant costs so a child can be educated appropriately in a private school."

Contact Annysa Johnson at anjohnson@jrn.com or (414) 224-2061. Follow her on Twitter at @JSEdbeat. And join the Journal Sentinel conversation about education issues at www.facebook.com/groups/WisconsinEducation.

Dig Deeper:

MPS officials are considering asking voters for OK to raise taxes for schools for first time in two decades (https://www.jsonline.com/story/news/education/2019/07/30/mps-officials-contemplating-referendum-first-time-decades/1512960001/)

So, how much does it cost to educate a child in Wisconsin? (https://www.jsonline.com/story/news/2019/07/30/cost-educating-child-wisconsin-depends-where-you-live/1743930001/)

SCHOOL DATABASES: Wisconsin teachers and school staff (http://content.postcrescent.com/milwaukee/database/2018/wisconsin-teacher-salaries-2017-2018/#!/salary.desc.1/) | School report cards (https://projects.jsonline.com/database/2018/11/Wisconsin-school-report-cards-2017-2018.html#!/school_enrollment.desc.1)

ALL DATABASES: Dig into salaries, education, weather and more with Wisconsin Data on Demand (https://projects.jsonline.com/database/wisconsin-data-on-demand.html)

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(/subscribe/digital/) Correlation Between Dyslexia and Criminal Behavior; First Step Act to Require Screening, Treatment

Loaded on AUG. 6, 2019 by Douglas Ankney (/news/author/douglas-ankney/) published in Prison Legal News August, 2019 (/news/issue/30/8/), page 30
Filed under: Disabled Prisoners (/search/?selected_facets=tags:Disabled%20Prisoners), Criminal justice system reform (/search/?selected_facets=tags:Criminal%20justice%20system%20reform), Statistics/Trends (/search/?selected_facets=tags:Statistics/Trends). Location: United States of America (/search/?selected_facets=locations:998).

by Douglas Ankney

"When you can't read, you see no other way out," said actor Ameer Baraka. "As a kid, I used to ask God to make me a drug dealer, because I knew in order to be someone in life you have to learn to read, and I couldn't." In grade school, Baraka had a miserable time. Whenever the teacher asked him to read aloud, his classmates would laugh because he couldn't make out the words.

Spelling tests were on Fridays, and Baraka skipped school to hide in the hallways of the housing project where he lived. By the sixth grade, he was fed up; he decided to drop out and start selling cocaine. At age 23, he was in prison for a drug offense. But after being diagnosed with dyslexia and finally earning his GED, he said, "I started viewing myself in a different way. When I learned to read, it freed me."

No national studies have been conducted regarding the prevalence of dyslexia among prisoners, but a study of Texas prisoners in 2000 found that 48 percent were dyslexic and two-thirds struggled with reading comprehension. A 2014 study by the Department of Education found that about a third of prisoners surveyed at 98 prisons struggled to pick out basic information while reading simple texts. According to Dr. Kathryn Moody, one of the researchers in the Texas study, around 20% of the general population has a language-based learning disability, which includes dyslexia.

Most prisons don't screen for dyslexia but that may be changing.

After Baraka taught himself to read while incarcerated, he obtained his GED. And when his almost 60-year prison sentence was reduced to four years, he went on to become an American success story. He is the author of a memoir titled *The Life I Chose – The Streets Lied to Me*. He was profiled by Oprah Winfrey, and has appeared in more than 30 feature films and TV shows, including "American Horror Story." He has also testified before Congress on the issue of dyslexia, and was the keynote speaker at the Central Texas Dyslexia Conference.

Baraka founded an organization called the Dyslexia Awareness Foundation (DAF), which, together with The Yale Center for Dyslexia & Creativity as well as the world's largest education and testing company – Pearson plc -- launched the first-ever Dyslexia Diagnosis Day on October 2, 2017.

Further, the Dyslexia Resource Center has screened 100 male and 100 female prisoners at the Elayn Hunt Correctional Center in Baton Rouge, Louisiana, where more than half the prisoners are thought to have dyslexia.

U.S. Senator Bill Cassidy pushed for screening prisoners for dyslexia, which was included in the First Step Act that passed in December 2018. [See: *PLN*, April 2019, p.1; Jan. 2019, p.34]. The Act includes provisions that require the Attorney General to implement a dyslexia screening program for federal prisoners, and to "incorporate programs designed to treat dyslexia into the evidence-based recidivism reduction programs or productive activities required to be implemented" by the statute.

Before becoming a lawmaker, Senator Cassidy was a doctor and encountered many illiterate prisoners while running clinics in three Louisiana facilities. "If someone learns to read, they're less likely to end up in prison and more likely to be a productive member of society," he noted. A study by the Rand Corporation found that prisoners who participated in educational programs were 43 percent less likely to commit crimes following their release.

Dyslexia is the number one cause of illiteracy. The condition inhibits the ability to associate sounds with corresponding letters, and in some cases it causes people to perceive letters in transposed order. It is a lifelong condition but can be diagnosed and treated. Since illiteracy is a known risk factor in criminal behavior, it was sound policy to address dyslexia in the First Step Act.

Unfortunately the Act only applies to the federal Bureau of Prisons (BOP), while the majority of prisoners in the U.S. are held in state prison systems. Most state prisons do not conduct dyslexia screening, according to Cassidy. And the screening for federal prisoners has yet to go into effect.

"I don't see a lot of good faith in implementing this law right now," said U.S. Senator Mike Lee. Congress has failed to fully fund the First Step Act, and President Trump did not request enough money in his 2020 budget proposal to fund all of the Act's provisions. However, a BOP spokesperson stated, "The Department of Justice and [BOP] are committed to fully implementing the First Step Act, and to doing so within the deadlines in the statute."

Sources: *motherjones.com, wwltv.com, the hill.com, educationupdate.com*

Note: This is a corrected version of the original article, based on information recieved from Senator Cassidy's office.

To: Members of the Wisconsin State Assembly
From: Janice K Weinhold, B.A. Hillsdale College, and M.S. Indiana University
Date: Tuesday, June 18, 2019
Re: **Concerns with Assembly Bill 110: Dyslexia Guidebook – Seek Amendments**

I am a retired Elementary Reading Specialist/Reading Coordinator for the Germantown Public Schools and currently a Grandma to three young students. In my career, I have served children, staff and parents for 39 years. During this time, I found that with quality researched classroom practices and support, more than 95% of our students could become proficient in reading and writing. Prior to my retirement in 2009, our schools were often #1 in the southeast part of Wisconsin. We could not have done this without support from our School Board and administrative staff, who encouraged us to use the latest "most accurate" research in a positive and engaging atmosphere, and to continue to learn and explore every aspect of dignity, success, and passion on behalf of our children. The school that I was based in served many apartments, with a high turnover of about 50 new students a year (not counting Kdgn.), ESL students, and Chap. 220 students.

Suggested Amendment: Amend the bill to inform on all literacy \ reading related conditions and dyslexia

Please amend the bill to delete references to *"dyslexia and related conditions"* and replace with *"reading difficulties and dyslexia."*

Each child is a unique human being with different backgrounds, talents and abilities, who does not always learn in the same way. Please dignify unique children, who have "reading difficulties", and need to ***"learn to read differently"***. Allow professional staff to use their talents to help that child grow and develop. Children do not need "*a one-way fits all*" approach. Reading has come a long way since the "old days" of "phonics versus whole language". A lot of good research has evolved in best practice for children. Children should all receive the opportunity to learn phonics along with good reading practices to make sure that they can enjoy success.

Suggested Amendment: Amend the bill to delete the definition of "dyslexia".

You have heard a great deal about research. The research that the Wisconsin State Reading Association has presented to you is "*not political*". It has been done on behalf of our future citizens and is broadly respected in our country as well as in other countries. It does not rely on a "*one-way fits all*" approach. The term "dyslexia" should not be tossed around lightly, as it appears to assume a deficiency, when, in fact, in many cases, our job is to find an instructional match to that unique child's needs. ***Reading difficulties seems a much better term because it encompasses the broad spectrum of difficulties that can cause reading related challenges, many of which can be remediated through a variety of venues unique to that child's specific needs.***

Janice K. Weinhold

33 years ago my wife and I had our youngest son in second grade and he was failing miserably to learn to read. My wife was a second grade school teacher at the time and she explained to me that at least 15 % of her children, year after year, failed to read at all. When I met with the superintendent of our son's school about this problem, he patiently explained to me that 15% wasn't all that bad because "we can't reach them all". I explained to him that when it's my son he's turning his back on; someone else will be teaching him to read. Clearly his school system was going to be part of the problem and not part of the solution.

We discovered that he was indeed dyslexic but instead of labeling it as a learning disability, we fixed the problem by discovering a program called Project Success at UW-Oshkosh. With the help of that program we discovered that when a child fails to learn to read words fluently, that child fails to learn to read. We did adopt the phonics intensive, multisensory approach to teaching our son how letters and sounds are used to create words and how this correlation is also used to learn how to spell words. Once he learned how to read words he no longer failed to learn to read.

With our son's problem solved my wife continued for 8 years to teach her school children how to read words until her principal discovered that she was doing something different and ordered her to stop. He made it clear that she was employed to teach school and not teach children. It was at this point that we decided to have her quit her high paying, great benefits teaching job and together we created the not-for-profit called Reading Connections. That was 23 years ago and over 6000 students ago. We don't refer to our clients as "dyslexic" we only make it clear that they are simply right-hemisphere dominant learners and that they need a different approach when it comes to learning how to read words. Once they are successfully reading words, that hugh barrier to success is removed.

During the past 23 years of Reading Connections' existence we have been largely ignored by most all school systems, especially the public school systems. One problem is the way this vast majority of left-brain dominant teachers and administrators choose to not educate those that learn differently from the way

they learned to read. This problem is precisely why very few school districts have more than 50% of their students reading proficiently when they graduate. The 20,000 students in the Green Bay school system have only about 20% of their students graduating while reading proficiently.

Another problem is the way the school system administrators insist on protecting the empire that has been built with the huge number of Learning Disability teachers, reading specialists and curriculum directors that load up our school systems with a massive amount of overhead. I used to believe that most all workers in a school system were looking out for the best interest of the child. I now know that the vast majority of administrators are looking out for themselves. It's all about the money.

I'm not sure at this time how a dyslexia guidebook will truly affect change but it is a first small step. Until measurable change is created and actually measured and monitored there is no hope for improvement in our public schools. Recently I heard our public schools referred to as our "government schools". This sad but true reference speaks volumes when it comes to the downward spiral that our "government schools" has been experiencing in the past 50+ years. I do believe that the private schools in our state will eventually change (without the help of the government) and take away the struggling students from our public schools. Hopefully the law-makers in this building can understand how truly broken our public schools are and can at least get out of the way of the change that it will take to fix them.

Thank you for the opportunity to address this Senate Education Committee.

Submit as testimony.

To: Members of the Wisconsin State Senate Education Committee
From: Judy Hartl, N5983 Moehn Rd. Hilbert, WI 54129 (Senator Jacque's constituent)
Date: Tuesday, August 13, 2019
Re: Concerns with Assembly Bill 110: Dyslexia Guidebook – Seeking Amendments

First, I would like to thank the Assembly Education Committee for improving AB110 by including the conflict of interest statement in the current language that was approved and sent to you from the Assembly's Education committee. I had written Rep. Tusler about my concerns that people who have financial gain as their primary motive ~~would~~ should not profit from authoring the guidebook's language. Besides conflict of interest statements have been past practice and for ethical reasons it seems important to hold to that practice.

However, AB 110 still would benefit from another improvement.
The bill puts forth a dyslexia definition that does not have strong research support and is not agreed upon by dyslexia researchers. The bill solely uses the Orton Society/ International Dyslexia Association definition of dyslexia. Many researchers and professional organization do not have a universally agreed upon definition of dyslexia at this time. In fact the American Psychiatric Association, who carefully and extensively reviewed and analyzed this issue for their DSM-5 manual, concluded that the multiple definitions of dyslexia and dyscalculia make those terms of little use as diagnostic criteria.
https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets

I find the above issue very troubling. I am a retired reading specialist. I worked in that capacity for more than 20 years in a public school in the Fox Valley. I have more than 30 credits beyond my Master's Degree in Reading and I have published articles in the state' literacy journal. In fact I also coordinated the district's Reading and Language Arts Program during many of those years. I lived under the mantra of "research based instruction." We were not allowed to advance, promote, ~~or even 'experiment' with~~ any instructional plans that were not researched extensively and documented as effective in research journals. Why is AB110 moving forward with items that do not have the same requirements of research and documented effectiveness? I can tell you I had to have hard conversations with teachers who 'believed' that their practices improved student learning, but the data did not bear out their "beliefs." The DPI and the legislature required that we use data to drive instruction. Why would this Senate Educational Committee be satisfied with anecdotal testimony and not look deeper into the actual data of results or lack of results around some of the programs and practices being proposed? I had to work hard to change instructional practices of those who had an instructional 'belief system'- they believed in their practices and what should be done - but those practices were not grounded in any strong proof of effectiveness. Yes, for some students those practices proved effective, but that was not the norm, not the result for the vast majority of their students.

Please remove the definition of "dyslexia" from AB110 and carefully consider the ramifications of promoting any instructional practices that are not solidly grounded in unbiased research.

Thank you for your time and consideration of this position.

Fontas & Pinnell
LLI reading intervention
Leveled Literacy Intervention

• F&P says not for use with dyslexic students

• Autism = 1 in 63
• Dyslexia = 2 in 10

Claudine Kavanagh
5166 Buttonbush Circle
Fitchburg, WI 53711
617) 447.5789

• "maybe just 3"
↳ FAPE is for all students - even just the 3.

30 July 2019

• this subset is the vast majority 80% of SLD

To the Members of the Wisconsin State Senate Education Committee:

I am writing today to request your support for AB-110. My child has dyslexia. As a family, we were completely unprepared for this experience as I reflect back on dropping off a happy and healthy kid for Kindergarten. Our family are strong supporters of community-based public schools. We did everything the teachers asked to promote literacy within our home. We read at home and visited the library twice a week. When our son failed to read by the end of third grade, our son's teacher told us not to be very concerned. Our son was "so smart" that he would "catch up."

Yet the situation did not improve. By fifth grade, the emotional impacts of reading failure had taken a toll on our child's self-esteem. He frequently experienced school refusal. His behavior showed how much anxiety he felt being in a classroom while unable to access the curriculum. He was evaluated by a neuropsychologist to discover his oral vocabulary and conceptual understanding was five grades ahead. His ability to read was simultaneously five grades behind. Conceptually, his thinking skills were comparable to a high school student. In terms of reading, his skills were stuck back in Kindergarten.

We have found the help we need by leaving the public schools. He began seeing a private tutor and attending a private academic summer program for kids with dyslexia. These programs in structured literacy helped him 'crack the code.' It was what we had expected the public school to provide, and they could not. His well-intentional and caring teachers in the classroom were using approaches that are inappropriate for his dyslexia. He started to gain literacy skills

once he had access to appropriate curriculum, which was only available to him outside the public school setting. Once he could read, his behavior concerns resolved. He's recovered his self-esteem and academic self-concept. In order to help him make up for time lost in elementary school, I have quit my job as a high school physics teacher in order to homeschool him.

Incredibly, we have had to leave the public schools to access the education and literacy support our son needs. We have had to pay privately for our child to achieve basic literacy. It is a tremendous failure on part of the schools that this was not an essential aspect of my child's public school experience. Locally, there is a philanthropic Children's Dyslexia Center, which teaches dyslexic children how to read with tremendous success. They currently have so many children on the wait list, that parents are warned that the wait list is years' long. I don't know any child who can afford to wait years to learn to read.

I have learned since my child's diagnosis how common dyslexia is within the general population, projected to be approximately 20% by some estimations. Our story of reading failure - of school failure - is also common among families who love someone who struggled to read and was later diagnosed with dyslexia. Statistically, there are dyslexic learners like my son in every classroom in every school in the state. Providing support for these students with the creation of a guidebook published by DPI will directly contribute to improved reading scores for the state. All children in public elementary schools deserve literacy. It is especially encouraging to note that while structured literacy is necessary for dyslexic students to learn to read, it also helps all students with reading difficulties.

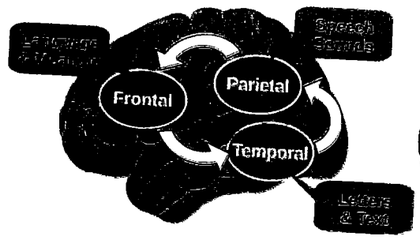
A Dyslexia Guidebook from DPI would have helped our family tremendously. In the years that we struggled with reading failure prior to diagnosis, we heard many myths and misunderstandings about dyslexia from our son's classroom teachers and building leadership. Dyslexia is a major cause of early reading failure and yet is not reviewed in teachers' preservice training or professional credentialing. In our experience, our son's education staff were poorly informed to help our child. Some denied that dyslexia exists. Others claimed that if it existed, it was incredibly rare; that we would not benefit from having our son tested. A Guidebook, as outlined in AB-110, will be a valuable resource for public education. We hope your support of this bill will give students, families, educators, administrators, and school staff the information they need to properly support all kinds of learners in the classroom.

Sincerely,

Claudine Kavanagh

Myths vs. Scientific Evidence about Dyslexia

Dr. Joanna Christodoulou — MGH Institute of Health Professions — jac765@mail.harvard.edu
Dr. Tyler Perrachione — Boston University — tkp@bu.edu
Dr. John Gabrieli — Massachusetts Institute of Technology — gabrieli@mit.edu



The Reading Brain

Typical Readers

Readers with Dyslexia

Myth	Scientific Evidence
Dyslexia describes students who are lazy, unmotivated, or not willing to try hard enough.	Dyslexia is a neurobiologically-based disorder defined as difficulty with reading words, accurately or fluently, despite average or higher IQ. Brain differences are documented at all ages, and even before children start school. Laziness and related reasons do not explain these students' reading difficulties.
Dyslexia impacts only reading ability.	Dyslexia can impact many areas, including math, spelling, writing, and reading comprehension; it can also limit exposure to print.
Dyslexia is outgrown after childhood.	Dyslexia is a chronic difficulty that impacts readers within and outside of school, from childhood into adulthood.
Dyslexia is more common in boys than girls.	Boys can be referred at a higher rate due to behavior, but the prevalence of dyslexia is similar in males and females.
Readers with dyslexia see letters backwards or words moving on a page.	Letter reversals are common in early elementary school years for all young readers. Only a minority of readers with dyslexia experience visual issues. The most common deficit underlying dyslexia is in processing the sounds of language, which makes sound-letter mapping a major challenge when reading.
Reading in children with dyslexia cannot be improved or fixed.	Effective interventions for dyslexia exist, and brain imaging shows how the brain changes (plasticity) in response to such intervention. The effectiveness of interventions can be impeded by delays in identification, limited access to appropriate instruction and resources, and limited teacher training.
Dyslexia cannot be identified until late elementary school.	Many risk factors can be identified before school begins and in early elementary school to identify children.

MGH INSTITUTE OF HEALTH PROFESSIONS
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BOSTON UNIVERSITY

Massachusetts Institute of Technology

AB 110 in Support

I'm sure many of you have very bright ... children grown in some cases. But what if your very intelligent child had trouble reading? You couldn't figure out why, and your child's teacher couldn't help. Wouldn't you appreciate a guidebook that could help you and your child?

Many other states have created dyslexia guidebooks to help families and educators identify and successfully intervene with students with dyslexia. That's what this bill would do.

Anita Weier
20 Golf Parkway
Madison, WI 53704

Dyslexia Affects 1 in 5
Those with Dyslexia Often Exhibit:

- Average to Above Average Intelligence
- Reading and Spelling Struggles in Family Tree
- Successful Compensatory Strategies That Often Lead to Mis- or Un-Diagnosis of Root Cause
- Lifelong Challenges With Fluent Reading/Accurate Spelling and/or Directionality
- A Strong Desire to Understand How Our Language is Structured in Order to be Better Readers, Writers, Spellers and Successful Citizens

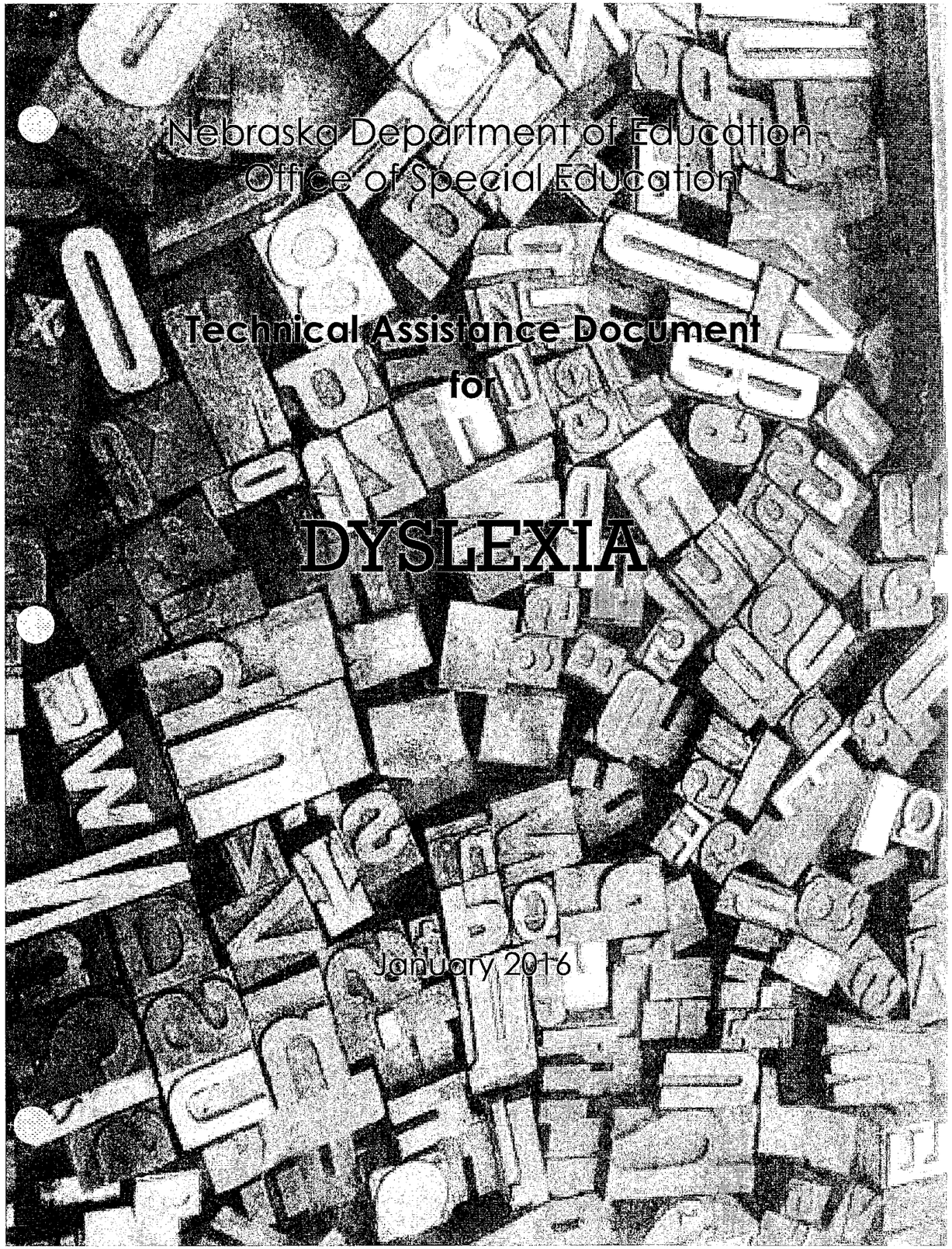
Christi Hunger
Lexcel Read and Spell
1280 Promontory Dr
Lake Geneva, WI 53147
262-812-6616
[illegible]@gmail.com

Here's how it affects us....

In 2008 it became apparent that our oldest son, Sam, was not learning to read, write and spell in developmentally appropriate ways. Since we homeschooled at the time, we were able to try various approaches, but all of them fell short in helping him. By the time he was in 5th grade, he was filled with anxiety about school related tasks. Around the same time, we noticed that our third son, Nate, was also struggling with similar issues and upon speaking to family members, found out that reading struggles have been a part of my family for generations. We reached out to our local School District for help. While they were able to provide an evaluation, it was not sufficient to give him the Individual Educational Program he needed, nor did it identify the root cause of his problems. Taking matters into our own hands, we had an outside evaluation completed, at additional expense to us, where he was diagnosed with dyslexia, attention deficit disorder and anxiety. Armed with this information, we were able to secure him classroom accommodations with a 504 plan provided by the legislation of the Rehabilitation Act of 1973. However, he has never received intervention for his dyslexia as part of the formal education process. All remediation has taken place outside of school hours at our expense, even though the remedy is easily employable in the classroom, or with direct 1:1 intervention services. All of this led to my pursuit of being trained in Structured Literacy, where I learned an approach that reading science has confirmed works for those who struggle with reading, writing, and spelling.

57,000+ trained teachers in the State of Wisconsin have never been taught Structured Literacy. While I am now one of a handful of trained therapists able to meet privately with students and provide them with this instruction, it comes at a cost to their families and mine. Vital reading instruction that could be taking place during the course of the school day, now necessarily takes place after school hours, cutting into family, recreation and rejuvenation time. Kids with dyslexia long to be kids, too. They need time to develop their gifts whether that be in sports, dance, 4-H, art, etc. However, they also need to learn to read, write and spell. With only 47% of Wisconsin's 4th graders reading proficiently, dyslexia is only part of the problem. Whole Language and "Balanced Literacy" approaches are failing a majority of Wisconsin's kids. The time has come for change. Our kids and our families need caring professionals who are trained in teaching the structure of language, as well as those who are able to quickly identify kids who struggle and provide evidence-aligned interventions early so that the crisis of reading failure does not become epidemic.

Can you help us?



Nebraska Department of Education
Office of Special Education

Technical Assistance Document for DYSLEXIA

January 2016

NEBRASKA
DEPARTMENT OF EDUCATION

301 Centennial Mall South
PO Box 94987
Lincoln, NE 68509-4987
http://www.education.ne.gov

Table of Contents

INTRODUCTION

The Nebraska Department of Education recognizes the importance of learning to read for students throughout the state. Understanding the specific needs of all of our students is paramount to providing appropriate instruction for children to progress in reading development.

Dyslexia is a type of specific learning disability and students with dyslexia may have difficulty with several skills including oral language, reading, spelling and writing.

The purpose of the Nebraska Department of Education 2015 Technical Assistance Document for Dyslexia is to provide information, resources, guidance and support to schools, families and caregivers in understanding the specific learning disability of dyslexia. This technical assistance document is a starting point and includes additional resources for educators to access when they suspect a student may have dyslexia. Recognizing that Nebraska school districts have autonomy in selecting assessments, diagnostic tools and instructional programs, the Nebraska Department does not endorse any specific assessments or programs.

For information on verifying students with a specific learning disability for the purpose of receiving specially designed instruction, please refer to the Verification Guidelines for Children with Disabilities (Disability Category: Specific Learning Disability, 2015) and 92 NAC 006.04K (2014).

The following goals are embedded within this document:

1. Build an understanding of **dyslexia** as a specific learning disability that may have a significant impact on learning.
2. Dispel long-held misconceptions relating to **dyslexia**.
3. Identify evidence-based practices that guide effective instruction and supports for children verified with the specific learning disability of **dyslexia.**
4. Provide a list of resources for informed study that will guide instructional decision-making relating to **dyslexia.**

One thing we know for certain about dyslexia is that it is one small area of difficulty in a sea of strengths. Having trouble with reading does not mean that you'll have trouble with everything. In fact, most children with dyslexia are very good at a lot of other things.

Dr. Sally Shaywitz, M.D. - Overcoming Dyslexia (2003)

This document was developed by staff at the Nebraska Department of Education Special Education Office and a private contractor. Additionally, input was obtained from the Nebraska Dyslexia Association and from the Nebraska Association of Special Education Supervisors (NASES).

DYSLEXIA: A DEFINITION

The National Institutes of Health (NIH), the International Dyslexia Association (IDA), the Nebraska Dyslexia Association (NDA), and others have adopted and support the following definition:

> *Dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.*

Analysis of the definition

Dyslexia is....

a specific learning disability....

The broad term "learning disability" does not specify the area of learning difficulty well enough to determine effective interventions and practices for students in the classroom.

neurological in origin....

The brain of a child with dyslexia is structurally and functionally different from the brain of a child who does not have dyslexia. These neurological differences may negatively impact abilities relating to phonological processing, rapid naming, word recognition, reading fluency and reading comprehension (Shaywitz, et.al, 2006).

characterized by difficulties with accurate and/or fluent word recognition....

A child with dyslexia has difficulty with consistency in accurate word identification. Reading rate and expression may be negatively impacted which may affect the skill of reading fluency, the ability to read quickly, accurately, and with good comprehension (National Reading Panel, 2000).

a deficit in spelling and decoding abilities....

A child with dyslexia does not intuitively learn to decode and spell words. Therefore, direct, explicit, and systematic instruction in the application of phonics rules governing decoding and spelling is necessary for effective learning of printed language (Torgeson, et.al, 1999).

A deficit in the phonological component of language….

Children with dyslexia have a core deficit in these phonological processing skills (Torgesen, et.al, 1996):

-Phonological awareness: This is usually the most pronounced deficit and refers to the understanding and awareness that spoken words consist of individual sounds (i.e., phonemes) and combinations of speech sounds (i.e., syllables and onset-rime units such as ight, right, tight, etc). Two important phonological awareness activities are blending (i.e., combining phonemes to form words) and segmentation (i.e., breaking spoken words down into separate and discreet sounds or phonemes). Torgesen (1997) relates that phonological awareness is more closely related to success in reading than intelligence.

-Phonological memory: The ability to temporarily store bits of verbal information and retrieve it from short-term memory (Shaywitz, 2003).

-Rapid automatic naming (RAN): The ability to accurately and quickly retrieve the name of a letter, number, object, word, picture, etc., from long-term memory. RAN is a skill predictive of efficacy in reading fluency, comprehension, and rate (Neuhaus, et.al, 2001).

often unexpected in relation to other cognitive abilities….

A child with dyslexia exhibits reading difficulties in spite of demonstrated cognitive abilities in other areas. A key concept in dyslexia is *unexpected difficulty* in reading in children who otherwise possess the intelligence, motivation, and reading instruction considered necessary for the development of accurate and fluent reading (Shaywitz, 2003).

reduced reading experience that can impede the growth of vocabulary and background knowledge….

Lyon et.al. (2003) highlight impeded growth of vocabulary and background knowledge as a secondary consequence of dyslexia. Because a child with dyslexia does not read as much as his/her peers, word and background knowledge does not keep pace with expectations for age and grade level. Without adequate reading experiences, vocabulary development, and background knowledge, reading comprehension is ultimately impaired.

SECONDARY CONCERNS

- **READING COMPREHENSION AND FLUENCY.** Comprehension is the primary goal of literacy instruction. Fluency is the part of the reading process that leads to effective and efficient reading. Reid Lyon (2002) considered reading comprehension and fluency a "downstream consequence of dyslexia" because his study demonstrated that children with persistent reading difficulties did not keep pace with their grade level peers in word knowledge and background information. He predicted therefore that without early and effective reading intervention and instruction, children with dyslexia would struggle with skills in reading comprehension and fluency.

- **ELECTIVE INDEPENDENT READING.** The stress of early and persistent reading difficulties seriously affects the amount of time children elect to read. A study on the comparative analysis of words read by students with varying levels of reading skill demonstrated that students with reading difficulties tended to read less than those who were not identified as having reading difficulties. Anderson, et.al, (1988) contrasted words read by students at the 50th percentile (average) in 5th grade to those words read by students in the 10th percentile. Students at the 50th percentile read approximately 600,000 words during the school year while students at the 10th percentile read approximately 50,000 words during the same period of time. Large differences in independent reading practice emerged as early as the beginning of first grade according to a study conducted by Allington (1984). In addition to directly affecting the development of reading fluency, these practice differences have a significant impact on the development of other critical skills such as vocabulary, reading comprehension, and conceptual knowledge (Cunningham & Stanovich, 1998). This latter type of knowledge and skill is critically important for comprehension of text in upper elementary, middle, and high school (RAND, 2002).

- **INTEREST IN SCHOOL.** Motivation and interest in school can be adversely affected by repeated failure in reading activities within the classroom. Torgeson (as cited in Sedita, 2011, p. 532) states that "even technically sound instructional techniques are unlikely to succeed unless we can ensure that, most of the time, students are engaged and motivated to understand what they read." It is not surprising that children with reading difficulties become disinterested in school when reading activities assume such an integral part of the learning process (Rimrodt & Lipkin, 2011).

- **ACADEMIC SUCCESS**. Research has demonstrated that children who read well in the early grades experience more academic success in later years of schooling, and those who struggle with reading fall behind and generally stay behind when it comes to overall academic achievement (Snow, et.al, 1998).

- **SELF-ESTEEM.** Studies demonstrate that children with dyslexia are highly vulnerable to feelings of low self-esteem. They grow to distrust their intelligence and their confidence. They begin to feel inferior as they continually self-assess against the reading progress of their grade level peers (Glazzard, 2010). If children repeatedly meet with failure and frustration, feelings of incompetence prevail and ultimately impact self-esteem (Ryan, 2004a). A developing child's sense of self is closely associated with how well they are coping with school-based academic tasks. If aware of not doing well in school, feelings of despair and hopelessness lead to considerably lowered self-esteem (Martin & Dowson, 1992).

- **ANXIETY, ANGER, & DEPRESSION.** Children with dyslexia may become fearful of environments where repeated failure is experienced. As a result of reading difficulties, these children often develop varying degrees of anxiety, anger, frustration, and depression. These conditions can lower a child's ability to fully engage in the learning process and may limit their ability to fully attend to classroom instruction.

- **SOCIAL AND EMOTIONAL DEVELOPMENT.** Children with dyslexia are at risk of failure, not only academically, but also socially and emotionally. The frustration of prolonged failure on a range of reading tasks results in feelings of insecurity and lack of confidence. This can lead to profound effects upon social skills, friendship patterns, acceptance, and adjustment. These tensions can cause undue stress and insecurity and often lead to devastating social and emotional results. Children with dyslexia tend to be sensitive to peer comments as well as to negative reactions from adults – parents, teachers, and others. Feelings of shame, inadequacy, helplessness, and hopelessness can become serious barriers to positive emotional development in children with dyslexia (Ryan, 2004b).

CHARACTERISTICS OF DYSLEXIA

The following information is adapted from the *Great Schools* website
www.greatschools.org/gk/articles/**brain-research/**

Current Brain Research, Reading, and Dyslexia

Perhaps the best-known scientists in the field of research relating to dyslexia are medical doctors, Sally and Bennet Shaywitz, co-directors of the National Institutes of Child Health and Human Development's Yale Center for the Study of Learning and Attention. They have been studying learning for more than twenty years and have a gift for translating brain science into information that is understandable and useful. As pediatricians and parents, they share a passion for the research that shapes and guides educational practice for both children and young adults. Using methods ranging from longitudinal population studies to high-tech brain imaging, the Shaywitzes have been responsible for major changes in the way dyslexia is viewed by professionals and parents.

Their work with functional magnetic resonance imaging (fMRI) has shown that dyslexia is neurobiologically based. Their continuing study of a broad sample of schoolchildren has determined that dyslexia and reading problems occur equally among boys and girls, though boys are identified more often. Their studies also reveal that reading disabilities are pervasive over time. Their research on reading extends from epidemiology and developmental issues through cognitive and neurolinguistic mechanisms to neurobiologic mechanisms.

The Connecticut Longitudinal Study, begun in 1983, has tracked the reading performance and ability of more than 400 students who came from a broad range of backgrounds with a wide variation in abilities. The Shaywitzes studied everything from prenatal care to educational experiences in order to see how children learned to read and what factors contributed to reading problems. The study determined that reading problems occurred in 1 out of 5 children (e.g. 20%), and that the deficit in reading difficulties occurs at the linguistic and phonologic level.

The Shaywitzes and many other researchers have advanced the phonologic model of dyslexia. Numerous studies have shown that reading difficulties result from children's inability to recognize and break up phonemes, the tiny sounds that make up language, and further, to connect those sounds to written letter forms. The Shaywitzes explained that phonology (e.g., the mapping of sounds to letters) is what takes reading out of the realm of pure memory and allows readers to decode words they don't yet know.

While phonological deficits had been identified as the chief cause of reading disabilities, it took functional magnetic resonance imaging (fMRI) studies to make the disability of dyslexia visible. fMRIs measure and record the level of blood oxygenation in areas of active brain tissue. The fMRI technique has many advantages. It is non-

invasive; it can be done repeatedly and often; it uses no radioactive isotopes (as did earlier PET scans); and it is safe for use with children.

Bennett Shaywitz and his fellow researchers theorized that while good readers used the front and back of the brain for phonological processing tasks, readers with dyslexia use only the front of their brain. This was discovered by asking study participants to perform visual, spatial, orthographic (letter-related), phonological (sound-related), and semantic (word meaning) tasks and then monitoring the areas of the brain used in such tasks. This seminal research has shed important light on the nature of the disability of dyslexia.

Besides illustrating functional organization of the brain in subjects with dyslexia, fMRI can be used to track the effects of educational intervention. In an effort to explore these effects, the Shaywitzes are currently working on research that measures the efficacy of specific reading interventions. The treatment plan includes systematic, intensive, individualized, and explicit instruction with pre and post fMRIs used to measure effect over time. This study is ongoing and will continue to guide educational decision-making in providing evidence-based practices in reading instruction and remediation strategies for children with dyslexia.

While fMRIs are not yet available for general public use, there are other more accessible and usable ways to predict, prevent, and work with children identified as having reading problems. Dr. Sally Shaywitz was a member of the team responsible for the seminal research and publication of the National Research Council's "Preventing Reading Difficulties in Young Children." She is currently a member of the National Reading Panel created by the Director of the National Institute of Child Health and Human Development (NICHD) to study the effectiveness of various approaches and strategies for teaching children how to read.

Citing the National Research Council publication, Dr. Shaywitz outlined the following steps in reading development which are generally achieved in grades K-3:

- Print awareness
- Recognition of letter shapes and names
- Know that spoken words come apart into small sounds
- Know that sounds are represented by letters
- Blend sounds together
- Develop automaticity, fluency
- Develop comprehension strategies

Known risk factors for preschoolers include:

- Heredity
- Late talking
- Difficulty learning and recognizing rhyme
- Pronunciation problems
- Difficulty finding the right word in speech
- Difficulty learning letters

Dr. Shaywitz discussed ways in which phonemic awareness could be developed and measured. Further she has recommended important components that may be used in kindergarten screenings. A very important part of her work relates to the importance of reading instruction that is **sequential, systematic, direct, explicit, multisensory, and supportive.**

It is important to recognize that evidence-based practices must inform instructional decision-making relative to all students. Aspects of evidence-based reading approaches are addressed in Section VII: Effective Instruction and Intervention.

The population of individuals with the specific learning disability of dyslexia is *heterogeneous*. This means that a hard and fast learning profile for children with dyslexia does not exist. Every child is unique and different in how he or she learns and progresses through a continuum of skills. The significance of dyslexia depends on the severity of the condition and the effectiveness of instruction and intervention. Children with dyslexia have serious difficulties learning to read despite normal intelligence, opportunities to learn to read, and nurturing home support and good educational experiences.

There is considerable evidence that suggests that reading problems associated with dyslexia are phonologically based (Shaywitz, et.al, 2006; Blachman, 1997; Foorman, 2003; Stanovich & Siegel, 1994). Students with dyslexia have difficulty developing phonemic awareness: the understanding that spoken words are comprised of a combination of discrete sounds. Phonemic awareness problems make it difficult to link speech sounds to letters which in turn, leads to slow, labored reading characterized by frequent starts and stops and multiple mispronunciations. Students with dyslexia also experience comprehension problems largely related to the struggle in identifying words and interrupting their ability for comprehension and understanding of read material.

In addition to deficits in reading, students with dyslexia may experience deficits in the area of spoken language (Berninger & May, 2011). As spoken language demands increase with age and grade level, students with dyslexia may have increasing frustration as they struggle to keep pace. They may have difficulty with expressive (the ability to communicate meaningfully through the use of oral language) and receptive language (the ability to listen and derive meaning and appropriate interpretation from that which is spoken). Language is the underpinning for much of the academic learning that takes place in schools. It is not surprising that a student with language disorders is likely to have difficulty meeting demands of the school curriculum (Catts & Kamhi, 2005; Berninger & May, 2011). Consider the magnitude of the challenge for a student who struggles with issues related to both dyslexia and language disorders: Effects from this combination reach well beyond the classroom.

Students with dyslexia often experience difficulties with elements of written expression, grammar, sentence structure, spelling, punctuation, sequencing, handwriting, and merely getting a written assignment started (Catts, et.al, 2005). Additionally, their slow information processing speed adds to the complexity of dealing with words. Often one of the most taxing dilemmas is getting their thoughts on paper. Written assignments often show:

- lack of logical and sequential progression
- erratic structure
- irregular and inappropriate use of punctuation, or lack thereof
- poor grammar and sentence structure
- erratic and irregular spelling errors
- jumbled thoughts even at the sentence level
- one sentence constituting a paragraph
- redundancies and repetitions for lack of expanded vocabulary and concept

Writing seems to be hampered by problems with basic spelling and grammar. A long time is spent trying to get the spelling correct and there is a tendency to use the words they feel they can spell, rather than the vocabulary they know. They can also have a tendency to add or omit words, or modify the meaning of words or sentences by imposing their own idiosyncratic spelling pattern.

Written activities can often be a source of frustration for students with dyslexia. This frustration can result in loss of motivation and diminished confidence in their ability to succeed in the area of written language.

Dyslexia can affect an individual's self-image. Students with dyslexia often feel as though they are "dumb," less capable, or unworthy. After experiencing continuous stress in academic endeavors involving reading and writing, it is not surprising that a student may become discouraged about their ability to achieve in school.

Some of the most common characteristics associated with dyslexia are listed below. The list is not exhaustive and it's important to note that not all characteristics typify all students with dyslexia. These characteristics may change over time depending on grade level and/or state of reading skill acquisition (Chall, 1983).

- **Perception:** Students may have perceptual problems or difficulties recognizing, discriminating, and interpreting visual and auditory stimuli (Mammarella & Pazzaglia, 2010; Mercer & Pullen, 2009).

- **Attention**: Students may have difficulty selecting and focusing attention on the most relevant stimuli essential for learning (Obrzut & Mahoney, 2011; Sinclair, et al., 1984; Smith, 2004). If a student cannot manage his/her attention, interfering information will adversely impact learning (Screeivasan & Jha, 2007).

- **Memory**: Students may have deficits in memory, especially working memory. Working memory is the ability to temporarily hold and manipulate information for tasks performed on a daily basis. Many authorities associate deficits in working memory with reading (Berninger et al, 2010; Swanson, 2011), mathematics (Alloway & Passolunghi, 2011; Berg & Hutchinson, 2010), and written language disorders (Alamargot, et al, 2011; Bourke & Adams, 2010). Working memory capacity is a good predictor of a student's ability to retrieve information that is critical for learning to occur.

- **Processing Speed**: Some students do not process information effectively and efficiently. Information processing speed distinguishes students with SLD from their peers without disabilities. Students with SLD have deficits in both the speed and the capacity of visual and auditory information processing (Geary, et al, 2012; Kail, 1994; Weleir, et al, 2003). Naming speed is a second core deficit in dyslexia (Vukovic & Siegel, 2006) and it influences reading and mathematical fluency (Donlam, 2007).

- **Metacognition**: Metacognition is the ability to adjust behavioral and environmental functioning in response to changing academic demands (Zimmerman, 1986). It is the knowledge of one's own cognitive processes and the understanding of the products related to them; it is "thinking about thinking." Metacognition also includes knowledge of the relationship between a task and strategy and when, where, and why a specific strategy is used (Reid & Lienemann, 2007). Students with dyslexia may demonstrate inadequate metacognitive awareness and are therefore less likely to use task-appropriate metacognitive strategies. Metacognitive strategies include a systematic rehearsal of steps or conscious selection among strategies to successfully complete a task. They are used to monitor and evaluate progress during task execution. Metacognition is vital to academic success (Rosenzweig, et al, 2011; Sideridis, et al, 2006).

- **Language**: Language delay and inappropriate use of language are problems some students may exhibit. Students may have problems in phonology (sounds), semantics (vocabulary), syntax (grammar), morphology (prefixes and suffixes), and pragmatics (social language). These problems may be far-reaching in terms of effects on social and emotional adjustment and academic achievement (Berninger & May, 2011; Morin & Franks, 2010; Steele & Watkins, 2010).

- **Academic**: Academic deficits for students with dyslexia are well-established by third or fourth grade due to the shift from "learning to read" to "reading to learn" (Bernstein & Waber, 1991). From this point forward, curricula emphasize fluency and comprehension rather than more basic word recognition skills. Not surprisingly, it is around this time that children with dyslexia begin to show noticeable academic problems, even if they had done well in the earlier grades. Beyond third grade, students are also expected to be able to incorporate cause/effect sequences, goal setting/planning, and conclusions that relate to final events of the reading (Westby & Watson, 2004). Working memory deficits may impede students from monitoring what

they read as they are more susceptible to distraction by word details as they read longer text—failing to "remember" main ideas and concepts (McInnes, et al, 2003).

Social Issues: Some students with dyslexia have deficits in the area of social competence that are exhibited in a variety of social skill difficulties. They may misread social cues, be unaware of how their behaviors impact others, and may misinterpret the feelings of others. These social incompetencies may affect both the student's social and academic performance. Social skill deficits often increase the possibility of potential unfavorable consequences such as school dropout (Elbaum & Vaughn, 2003; Elksnin & Elksnin, 2004; Kavale & Forness, 1996; Lane & Menzies, 2010).

ASSOCIATED CONDITIONS

In addition to the aforementioned characteristics, it is important to be aware of additional concerns or associated conditions that may occur concomitantly with the disability of dyslexia.

- **Attention Deficit Hyperactivity Disorder (ADHD):** ADHD is a problem with inattentiveness, over-activity, impulsivity, or a combination of these (Barkley, 2006; PubMed Health, 2012). Students with ADHD may display a broad variation in the degree of symptoms, in the age of onset, in the cross-situational pervasiveness of those symptoms, and in the extent to which other disorders occur with ADHD (Barkley, 2006; Dietz & Montague, 2006). ADHD can make it difficult to stay focused during reading and other activities.

- **Emotional Disturbance**: Students with dyslexia may exhibit emotional and behavioral issues related to pronounced deficits in social skills, self-concept, academic achievement, management of emotions, and social information processing. The following is adapted from a list included on the Dyslexia Center of Utah website http://dyslexiacenterofutah.org/dyslexia/emotional-effects/. Emotional effects of dyslexia may include:
    - Depression
    - Negative and self-critical thoughts
    - Inability to maintain a positive affect about academic performance
    - Feelings of helplessness and hopelessness
    - Anxiety - student becomes fearful of school and seeks to avoid it. Anxiety triggered from thoughts of school is discomforting.
    - Paying attention, focus and concentration, and ability to stay on task is negatively impacted by anxiety and frustration with thoughts of school
    - Feelings of "dumb" or "stupid" – children of all ages can be aware that they are not learning as easily and quickly as peers. They expect to be able to read, write, and spell. They become frustrated when faced with tasks that continually challenge their abilities.

- **Speech and Language Impairment**: Students with dyslexia may have significant difficulties with syntax, phonological and morphological skills, as well as associated deficits in semantics and pragmatics. There is a close relationship between oral language and written language. Often poor academic performance is the result of the interplay between language deficits (both oral and written) and academic deficits. The role that oral and written language plays in reading and other academic areas is well documented (Benner, et al., 2009; Goran & Gage, 2011; Kaderavek, 2011; Miller & McCardle, 2011; Troia, 2011).

- **Dysgraphia:** Dysgraphia expresses itself primarily through writing or typing, although in some cases it may also affect eye–hand coordination, direction- or sequence-oriented processes such as tying knots or carrying out a repetitive task. In dyslexia,

dysgraphia is often multifactorial, due to impaired letter writing automaticity, finger motor sequencing challenges, organizational and elaborative difficulties, and impaired visual word form which makes it more difficult to retrieve the visual picture of words required for spelling (Nicolson & Fawcett, 2011).

- **Dyscalculia:** Children with dyscalculia have difficulty with math computation and application processes. Some signs of dyscalculia may be difficulty understanding math concepts; completing word problems; performing math operations; recognizing patterns and sequencing; organizing information; or simply number recognition. Research shows that 50-60% of students with dyslexia also have math difficulties. For some the language of math, rather than the concepts, presents the greatest challenge (Chinn & Ashcroft, 2007). Students with dyscalculia have difficulty understanding simple number concepts, lack an intuitive grasp of numbers, and have problems learning number facts and procedures. Dyslexia and dyscalculia can co-exist or they can exist independently of one another.

- **Central Auditory Processing Disorder:** Auditory processing disorder affects the ability to process information taken in through hearing. It is often noted as a listening disability (Chermak & Musiek, 1992). Children with auditory processing disorder often have trouble recognizing the difference between letters like *b* and *d* and sounding out new words. They may struggle to understand what people are saying. Reading can also be difficult because one aspect of reading involves connecting sounds with letters. Children with dyslexia may have auditory processing problems and may develop their own logographic cues to compensate for this deficit. Some research suggests that auditory processing skills could be the primary shortfall in dyslexia (King, et.al, 2003).

- **Visual Processing Disorder:** Visual processing disorder refers to a reduced ability to make sense of information taken in through the eyes. This is different from problems involving sight or sharpness of vision. Difficulties with visual processing affect how visual information is interpreted or processed in the brain. A child with visual processing problems may have 20/20 vision but may have difficulties discriminating foreground from background, forms, size, movement, direction, and position in space. The child may be unable to synthesize and analyze visually presented information accurately or fast enough. Visual processing disorders, together with Central Auditory Processing Disorders, frequently result in dyslexia and challenges in academic performance and achievement (Valdois, et.al, 2004).

- **Executive Function Skill Deficit:** Executive function describes a set of cognitive abilities that control and regulate higher order thinking ability and behaviors. It is necessary for goal-directed behavior and includes the ability to initiate and stop actions; monitor and change behavior as needed; and plan future behavior when faced with novel tasks and situations. Executive function allows one to anticipate outcomes and adapt to changing situations. The ability to form concepts and think abstractly are often considered components of executive function (Brosnan, et.al, 2002). Executive function is vital for successful adaptation and performance in real-life situations. It

helps one organize and apply that which is in the working memory. If there is a weakness in the executive functioning, along with difficulties with short-term memory in relation to storing and retrieving information, then the ability to connect the visual and auditory representation of the phoneme and grapheme is further impeded by knowing how to apply that information in sequence and in relation to reading (Cartwright, 2012).

DEBUNKING THE MYTHS – With Fact

Myth #1: Writing letters and words backwards are the most prominent signs of dyslexia.
Fact: *Writing letters and words backwards may occur in any child prior to 2nd grade or the age of eight or nine. Dyslexia does not cause children to see letters, numbers, and words backwards or inverted. However, some children with dyslexia may confuse letters, misread words, or have difficulty forming letters as a result of the lack of phonological skills (Moats, 1999).*

Myth #2: If given enough time, children will outgrow dyslexia.
Fact: *Dyslexia is neurological in origin and is a lifelong learning disability. There is no evidence that indicates that dyslexia can be outgrown. There is, however, strong evidence that children with reading problems show a continued persistent deficit rather than merely learning to read later than their peers (Francis, et.al, 1996). Evidence indicates that without early effective intervention and reading instruction, children with dyslexia continue to experience reading problems into adolescence and adulthood (Shaywitz, 2003).*

Myth #3: Dyslexia is more prevalent in boys than in girls.
Fact: *Longitudinal research shows that girls and boys are equally affected by dyslexia (Shaywitz, et. al, 1990). There are many possible reasons for over-identification of males by schools, including behavioral acting out and difficulty assimilating compensatory strategies (Shaywitz, 1996).*

Myth #4: An individual with dyslexia will never learn to read.
Fact: *This is simply <u>not true</u>. The earlier children who struggle are identified and provided systematic, explicit, and intense instruction, the less severe their problems are likely to be (Torgesen, 2002). With provision of intensive instruction, even older children with dyslexia can become accurate, albeit slow readers (Torgesen, et. al, 2001)*

Myth #5: Dyslexia is rare.
Fact: *The National Center for Learning Disabilities projects that one in five (or 15-20% of any given population) has a specific learning disability. Of students identified with specific learning disabilities, 70-80% have deficits in reading. The International Dyslexia Association (IDA) further notes that the most common type of reading, writing, and/or spelling disability is dyslexia. These numbers quickly dispel the myth that dyslexia is rare.*

Myth #6: There is a test to determine if an individual has dyslexia.
Fact: *There is no single test for dyslexia. A comprehensive evaluation must be administered to support the conclusion of dyslexia. Areas of assessment, determined by the multidisciplinary team, may include phonological processing, oral language, alphabet knowledge, decoding, word recognition, reading fluency, reading comprehension, spelling, written expression, and cognitive functioning.*

Myth #7: Dyslexia is a general "catch-all" term.
Fact: *Dyslexia is a specific term for a learning disability that is neurological in origin and is specific to print language. The research-based definition of dyslexia recognized by the International Dyslexia Association (IDA) and supported by the National Institutes of Health (NIH) provides clear delineation of the characteristics of dyslexia.*

Myth #8: Dyslexia is caused by poor teaching and exposure to the whole word method of reading instruction.
Fact: *Poor instruction does not cause dyslexia but can exacerbate reading difficulties experienced by children with dyslexia. Conversely, effective reading instruction promotes reading success and alleviates many difficulties associated with dyslexia. Studies have shown that whole word methods of teaching reading are generally the least successful for students with reading disabilities (Moats, 1999). Teaching directly, explicitly, and systematically about letters, sounds, syllables, words, sentences, and discourse is the most effective approach in teaching students with dyslexia.*

Myth #9: Dyslexia is a medical condition and only medical professionals can diagnose dyslexia.
Fact: *Though dyslexia is a medical condition, it becomes an educational issue when it significantly impacts the student's achievement. The school multidisciplinary team determines what tests and assessments are necessary to complete a thorough evaluation.*
Evaluation may include medical professionals as part of the multidisciplinary assessment process, but the majority of assessments and tests are administered by educators who are trained in and knowledgeable of the instruments and procedures for identifying characteristics of dyslexia. To be eligible for special education services under the Individuals with Disabilities Education Act (IDEA), multidisciplinary team findings must demonstrate that the disability of dyslexia has a significant impact on student performance.

Myth #10: Dyslexia cannot be diagnosed until 3rd grade.
Fact: *Early intervention is critical to the success of a student with dyslexia. Assessments of phonemic awareness; letter knowledge and speed of naming; and sound-symbol association can be completed as early as kindergarten. Success, or lack thereof, in these specific skill areas often predicts reading ability in the first and second grades.*

Myth #11: If students with dyslexia would just try harder, they would succeed.
Fact: *Dyslexia is the result of a neurological difference beyond the control of the student. Motivation is not usually the primary problem associated with reading difficulties but may become a secondary problem due to repeated stress and failure in academic areas relating to reading.*

Myth #12: Dyslexia is caused by brain damage.

Fact: *The exact causes of dyslexia are not completely clear. However, brain imaging studies show significant differences in the way the brain of the child with dyslexia develops and functions (Shaywitz, et.al, 2001). The neurological differences associated with dyslexia are genetic rather than the result of brain injury, damage, or disease.*

INDICATORS

Common Indicators Associated with Dyslexia

If the following behaviors are unexpected for an individual's age, educational level, or cognitive ability, they may be risk factors associated with dyslexia. These stages are best thought of as a continuum of skills and while most individuals likely relate to one or two of these characteristics, it does not mean that the individual has dyslexia. A student with dyslexia exhibits several of these behaviors that persist over time and have significant impact on his/her learning. A **family history** of dyslexia may be present; in fact, recent studies reveal that the whole spectrum of reading disabilities is strongly determined by genetic predispositions and inherited aptitudes (Olson, et.al, 2014).

Preschool

At this stage, students are developing the oral language base necessary for learning to read. Signs that may indicate possible difficulties with reading skill acquisition include:

- Delays in learning to talk
- Difficulty in rhyming (i.e., "boo – moo – too," "cat – mat – pat," etc.)
- Poor auditory memory for nursery rhymes, chants, finger plays, songs, etc.
- Difficulty in adding/expanding vocabulary
- Inability to recall the right word (word retrieval) when speaking
- Persistent 'baby talk'
- Trouble learning the names of letters and numerals
- Difficulty remembering and ordering the letters in his/ her name
- Does not participate or enjoy following along when books are read aloud
- Difficulty following simple one-step directions

Parents are encouraged to contact the school district if several of these signs are noted in the early literacy development of their child.

Kindergarten and First Grade

At this stage, most children are developing basic word recognition skills through the use of word attack strategies and contextual cues. Students with dyslexia will show some of the following characteristics:

- Difficulty remembering the names and shape of letters
- Difficulty recalling their letters and their corresponding sound
- Difficulty identifying and manipulating sounds in syllables (i.e., "pal" sounded out as /p/ /a/ /l/; rearranging those letters to create another word, "lap" sounded out /l/ /a/ /p/; etc.)
- Difficulty breaking words into smaller parts called syllables (i.e., "bathroom" into "bath" – "room," or "pumpkin" into "pump" - "kin," etc.)

- Difficulty using the decoding process to sound out and read single words in isolation
- Difficulty spelling words phonetically (e.g., the way they sound) or remembering letter sequences in very common words seen often in print (i.e., "sed" for "said," etc.)
- Mispronunciation of words (i.e., "pusgetti" for "spaghetti," or "mawn lower" for "lawn mower," etc.)
- Crayon and pencil grip tends to be awkward, tight, or fist-like
- Difficulty with spatial orientation (i.e., up/down, over/under; before/after; around/through, etc.)
- Difficulty acquiring new vocabulary and using age appropriate grammar

Second and Third Grade

For a child with dyslexia, many of the previously described behaviors may continue to be problematic in addition to the following:

- Difficulty recognizing common sight words (i.e., "to," "said," "the," "been," etc.)
- Difficulty decoding one syllable words
- Difficulty recalling the correct sounds for letters and letter patterns in reading
- Confusion with visually similar letters/numerals (i.e., b/d/p; w/m; h/n; f/t; 6/9)
- Difficulty connecting speech sounds with appropriate letter or letter combinations and omitting letters in words for spelling (i.e., "after" spelled "eftr," or "always" spelled "aways," etc.)
- Confusion of auditorily similar letters (d/t; b/p; f/v)
- Reads slowly with many word inaccuracies (i.e., reads "saw" for "was," reads "go" for "gone," etc.)
- Reading and spelling errors that involve difficulties with sequencing and monitoring sound/symbol correspondence such as omissions (trip/tip), additions (sip/slip), substitutions (rib/fib) and transpositions (stop/spot)
- Tends to read without expression
- Does not observe punctuation when orally reading (i.e., a period at the end of a sentence means a brief stop; a comma in a sentence means a slight pause; etc)
- Difficulty decoding unfamiliar words in sentences using knowledge of phonics
- Reliance on picture clues, story theme, and guessing at words
- Difficulty with skills in writing (i.e., correct formation of letters/numerals; spelling, handwriting, written expression, etc.)
- Difficulty putting ideas on paper
- Omission of grammatical endings in reading and/or writing (-s, -ed, -ing, etc.)
- Difficulty remembering spelling words over time and applying spelling rules

Fourth through Sixth Grade

At this stage, children progressing in the normal range will have mastered basic reading skills and are expected to learn new information from their group and independent reading activities. Students with dyslexia will continue to have significant difficulties with developing word recognition skills and may experience difficulty coping with more advanced expectations for reading to succeed in the grade level curriculum.

For the child with dyslexia, many of the previously described behaviors may continue to be problematic along with the following:

- Frequent misreading of common sight words (i.e., where, there, what, then, when, etc.)
- Difficulty reading aloud (e.g., fear of reading aloud in the presence of peers or others)
- Avoidance of reading for pleasure
- Acquisition of higher level vocabulary reduced due to reluctance to read independently for enjoyment
- Difficulty understanding concepts and relationships
- Difficulty reading and spelling multisyllabic words, often omitting entire syllables as well as making single sound errors
- Difficulty with reading comprehension and learning new information from text due to underlying word recognition problems
- Use of less complicated/descriptive words in writing because of the spelling challenge larger words present (i.e., uses "big" rather than "enormous," uses "bad" rather than "horrible," etc.)
- If oral language problems exist affecting vocabulary knowledge and grammar, difficulties in comprehension of text may be evident
- Comprehension relies more on listening ability than reading ability
- Spelling and punctuation are weak
- Difficulty organizing writing elements
- Lack of awareness of word structures (prefixes, roots, suffixes)
- In reading, when challenged by an unfamiliar work, chooses to skip it in context or takes so much time phonetically decoding the word that reading comprehension is sacrificed

Middle and High School

Students in this age range are expected to analyze and synthesize information in written form as well as acquire factual information. Although many individuals with dyslexia may have compensated for some of their difficulties with reading, others many continue to have problems with automaticity and word identification.

Many of the previously described behaviors continue to be problematic along with the following:

- Reads so slowly that meaning is lost
- Persistent phonological weakness

- Continued difficulty with word recognition which significantly affects acquisition of knowledge and ability to analyze written material
- Spelling and writing continue to be affected
- Difficulty keeping up with assignments due to increased expectations and volume of reading and written assignments
- Frustration with the amount of time required and energy expended for reading
- Difficulty with written assignments
- Continued avoidance of independent reading activities that expand knowledge, understanding, and vocabulary
- Extreme difficulty learning a foreign language
- Tends to procrastinate in tasks related to reading and/or writing
- Difficulty with note taking in class
- Exhibits difficulty outlining and/or summarizing

Postsecondary

Some students will not be identified as having dyslexia prior to entering college. The early years of reading difficulties evolve into slow and labored reading fluency. Many students will experience extreme frustration and fatigue due to the increased demands of reading.

Many of the previously described behaviors may remain problematic along with the following:

- Difficulty pronouncing names of people and places or parts of words
- Difficulty remembering names of people and places
- Difficulty with word retrieval
- Difficulty with spoken vocabulary
- Difficulty completing the reading demands for multiple course requirements
- Difficulty with note-taking
- Difficulty with written product assignments
- Difficulty remembering sequences (e.g., mathematical and/or scientific formulas)
- Mounting frustration and doubt due to slow rate of progress in reading and written activities
- Confidence affected

SCREENING, PROGRESS MONITORING AND EVALUATION

The U.S. Department of Education's Institute of Education Sciences convened a panel to look at the best available evidence and expertise, and formulated specific and coherent evidence-based practices to help primary grade students overcome reading difficulties. The first recommendation made by the panel was: **Screen all students for potential reading problems at the beginning of the year and again in the middle of the year** (Institute of Education Sciences, 2014).

Screening: A process using instruments designed to be relatively quick and accurate; time and cost efficient; objective and requiring no professional judgment; valid; and capable of categorizing students, particularly individuals at risk, with relative accuracy. Ideally, screening results should be immediately available and should be simple, clear, and uncomplicated to interpret. Screening is applied to all students and allows for efficient observation with relative accuracy. Screening is repeatable and may be administered multiple times throughout the course of the school year to monitor student progress. Screening helps identify those students who may not be making expected grade level progress and who may need additional supports. If screening is uniformly applied to all students, it is considered "universal" and parent consent is not necessary. Universal screening is a critical first step in identifying students who are at risk for experiencing reading difficulties and who might need more or different instruction.

Screening should take place at the beginning of each school year in kindergarten through grade 2. Schools should use measures that are efficient, reliable, and reasonably valid. For students who are at risk for reading difficulties, progress in reading and reading related-skills should be monitored on a monthly or even weekly basis to determine whether students are making adequate progress or need additional support. Because available screening measures, especially in kindergarten and grade 1, are imperfect, schools are encouraged to conduct a second screening mid-year.

Progress Monitoring: In addition to universal screening instruments, progress monitoring is another process for assessing student growth. Progress monitoring is a scientifically-based practice used to assess students' academic performance and evaluate the effect of instruction on student progress. Progress monitoring can be implemented with an entire class or with selected students. When progress monitoring is implemented effectively, the benefits are great. Some benefits include:

- accelerated learning because students are receiving more appropriate instruction;
- informed instructional decision-makings;
- documentation of student progress for accountability purposes;
- more efficient communication with families and other professionals about students' progress;
- teachers maintain higher expectations for students; and
- fewer Special Education referrals.

Overall, the use of progress monitoring results in more efficient and appropriately targeted instructional techniques and goals, which together move all students to faster attainment of important standards of achievement.

Evaluation: Evaluation is a multi-faceted process for determining whether a child meets the verification criteria for inclusion in special education and related services. Evaluation encompasses a variety of assessment activities including, but not limited to, observation and interview; screening and assessment; and formal testing by a professional trained in administering and interpreting psychometric results. The culmination of the evaluation process is a written report that includes evidence of whether or not specific criteria are met for verification. The criteria for verification of a specific learning disability are outlined in the *Nebraska Department of Education Verification Guidelines, Disability Category: Specific Learning Disability* (2015) http://www.education.ne.gov/sped/technicalassist.html, and Rule 51 92 NAC 006.04K (2014) http://www.education.ne.gov/sped/regulations.html.

INSTRUCTION AND INTERVENTION

Instruction

"Evidence-based"
What does it mean?

Evidence-based means that a particular collection of instructional practices has a proven record of success. There is reliable, trustworthy, and valid evidence that when the practices are implemented with fidelity with a particular group of children, the children can be expected to make adequate gains in reading achievement. The concept of evidence-based becomes complicated when professionals attempt to define the types of evidence that are reliable and trustworthy indicators of effectiveness. Therefore, five criteria, agreed upon by educators, are used to determine when a practice may be is considered as ***evidence-based***. These criteria are enumerated under ***evidence-based practices*** in the Glossary, Appendix D, p. 85.

There are few instructional tasks more important than teaching children to read. Effective reading instruction that leads to high achievement for ALL students is an attainable goal through the implementation of ***evidence-based*** *instructional practices* that promote quality learning (National Clearinghouse for Comprehensive School Reform, 2001).

As this goal is pursued, it is important to recognize that there is no single instructional program or method that is effective in teaching all children to read. Rather, successful efforts to improve reading achievement emphasizes the implementation of ***evidence-based practices*** that promote high rates of achievement when used by teachers who are professionally prepared to teach children with diverse learning needs and who incorporate instructionally sound practices (Bond & Dykstra, 1997; National Clearinghouse for Comprehensive School Reform, 2001).

Teachers are the key to implementation of ***evidence-based practices*** that lead to student learning. Time and again, research has confirmed that regardless of the quality of a program, resource, or strategy, it is the teacher and the learning environment he or she creates within the classroom that make the difference (Bond & Dykstra, 1997). This evidence underscores the need to join practices grounded in sound and rigorous research with highly trained and skillful teachers.

What are "Evidence-based Programs?

The search for the best ***evidence-based programs*** for teaching reading has had a long history. U.S. federally funded investigations examined popular approaches to teaching beginning reading and included examinations of basal reading, phonics, language experience, and linguistics approaches. The collection of 27 studies

comparing different methods and materials found as many differences between and among teachers using the same program as there were between and among teachers using different programs, leaving the authors unable to identify the best ***evidence-based program***. Instead, the results led the authors to conclude, "children learn to read by a variety of materials and methods....No one approach is so distinctly better in all situations than the others that it should be considered the *best* and the one to be used exclusively" (Bond & Dykstra, 1997, p. 416). Following this research, a national study team found that no reading programs had uniformly positive effects, and no programs had uniformly negative or neutral effects (National Clearinghouse for Comprehensive School Reform, 2001). The sum of these studies indicated that no program worked in every case in every situation. Attempts to find the best ***evidence-based program*** for large-scale implementation was complicated by factors such as the diversity of student needs; teacher competence and teaching style; and classroom conditions that exist in any school or group of schools (Allington, 2001; Stahl, et.al, 1998).

In contrast to the issues related to the inability to identify the best ***evidence-based program***, examination and research of ***best practices*** led to highly consistent results when such studies were rigorously designed and systematically analyzed. Although findings failed to show superiority of any "one" program, evidence strongly indicated relationships between particular practices and high student achievement. The National Reading Panel (National Institute of Child Health and Human Development [NICHD], 2000) took a similar approach in its studies of effective instruction of reading, examining evidence related to practices in phonemic awareness, phonics, fluency, vocabulary, and comprehension instruction. The panel found 22 phonics programs that were effective. The research supported and continues to support the conclusion that it is ***evidence-based practices*** and not specific reading programs that are effective (NICHD, 2000).

Comprehensive research studies (Gambrell & Mazzoni, 1999; Guthrie & Alvermann, 1999; Kamil, Mosenthal, Pearson, & Barr, 2000; NICHD, 2000; Pressley, Wharton-McDonald, Hampson, & Echevarria 1998; Taylor, Pressley, & Pearson, 2002) indicate widespread agreement concerning the particular literacy practices in which effective teachers routinely engage children. The following ten instructional practices are representative of the current state of literacy knowledge and provide an effective template for understanding best ***evidence-based practices*** in reading instruction:

1. Provide ***direct instruction*** in decoding and comprehension. Balance direct instruction, guided instruction, and independent learning.
2. Integrate a comprehensive ***word study/phonics program*** into reading/writing instruction.
3. Structure ***sufficient time for reading instruction*** in the classroom.
4. Work with students in ***small groups*** while others read and write about what they have read.
5. Use ***assessment techniques that inform instructional decision-making.***

6. Teach reading for authentic purposes - **literacy development**, reading for information, reading to perform a task or activity, reading for pleasure.
7. Incorporate **high-quality literature**.
8. Use multiple texts and programs that **link and expand instructional concepts**.
9. Balance **discussions on learning objectives** – teacher-led and student-led.
10. Build a **reading community** within the classroom that emphasizes important concepts and builds skills and background knowledge.

When considering school or district-wide adoption of a new reading program, the International Reading Association recommends teachers and administrators consider the following questions as they review the curriculum materials:

- Does the reading program provide **direct, systematic, and explicit instruction** in the strategies that have been proven to translate to high rates of achievement in reading?
- Does the reading program provide a variety of strategies and activities consistent with **diverse learning needs** within the classroom?
- Does the reading program have **screening and assessment tools** designed to assist in identifying students who are not attaining prescribed benchmarks in grade level reading?
- Does the reading program provide high-quality literary materials that are **diverse in level of difficulty, genre, topic, and cultural representation** to meet individual student needs and interests?
- Can the reading program be **implemented with fidelity**?
- What **professional development** will be necessary for **effective implementation** of the reading program?

The Seminal Work of the National Reading Panel (1997-2000)

In 1997, the Secretary of Education and the Director of NICHD convened a national panel to assess the effectiveness of different approaches used to teach children to read. The Panel was made up of 14 people, including leading scientists in reading research, representatives of higher education, teachers, educational administrators, and parents. In 2000 the National Reading Panel concluded its work and submitted its reports before the U.S. Senate Appropriations Committee's Subcommittee on Labor, Health and Human Services, and Education.

The National Reading Panel's analysis of the research findings made it clear that the best approach to reading instruction was one that incorporated:

- ⇒ **Explicit instruction in phonemic awareness**
- ⇒ **Systematic phonics instruction**
- ⇒ **Methods to improve fluency**
- ⇒ **Ways to enhance comprehension**

A summary of the National Reading Panel's findings follow in **Table 2.** Table 2 is adapted from the National Institute of Child and Human Development (www.nichd.nih.gov)

Table 2

Concept	Description	Finding
Phonemic awareness	Means knowing that spoken words are made up of smaller parts called phonemes. Teaching phonemic awareness gives children a basic foundation that helps them learn to read and spell.	The panel found that children who learned to read through specific instruction in phonemic awareness improved their reading skills more than those who learned without attention to phonemic awareness.
Phonics instruction	Phonics teaches students about the relationship between phonemes and printed letters and explains how to use this knowledge to read and spell.	The panel found that students show marked benefits from explicit phonics instruction, from kindergarten through sixth grade. (Although ideally most children will master phonics in the early grades, those still struggling in later grades may need explicit phonics instruction as intervention).
Fluency	Fluency means being able to read quickly and accurately and to express certain words properly—putting the right feeling, emotion, or emphasis on the right word or phrase. Teaching fluency includes (1) guided repeated oral reading, in which students read out loud to someone who corrects their mistakes and provides them with feedback, and (2) independent silent reading, in which students read silently to themselves.	The panel found that reading fluently improved the students' abilities to recognize new words; read with greater speed, accuracy, and expression; and better understand what they read. Evidence showed that repeated oral reading improved fluency and that reading practice also helped. However, the panel noted that independent silent reading should not be substituted for instruction.
Comprehension: Vocabulary instruction	Teaches students how to recognize words and understand them.	The panel found that vocabulary instruction and repeated contact with vocabulary words are important. Techniques such as pre-teaching vocabulary and learning to use the words in context are helpful in learning word meanings.
Comprehension: Text comprehension instruction	Teaches specific plans or strategies that students can use to help them understand what they are reading.	The panel identified seven ways of teaching text comprehension that helped improve reading strategies in children who didn't have learning disabilities. For instance, creating and answering questions and cooperative learning helped to improve reading outcomes.
Comprehension: Teacher preparation and comprehension strategies instruction	Refers to how well a teacher knows things such as the content of the text, comprehension strategies to teach the students, and how to keep students interested.	The panel found that teachers were better prepared to use and teach comprehension strategies if they themselves received formal instruction on reading comprehension strategies. They also found that teaching students to use strategies in combination was more beneficial than simply teaching individual strategies.
Teacher education in reading instruction	Involves how much teacher education influences how effective teachers are at teaching children to read.	In general, the panel found that studies related to teacher education were broader than the criteria used by the panel. Because the studies didn't focus on specific variables, the panel could not draw conclusions. Therefore, the panel recommended more research on this subject.
Computer technology in reading instruction	Examines how well computer technology can be used to deliver reading instruction.	Because few studies focused on the use of computers in reading education, the panel could draw few conclusions. However, the panel noted that all of the 21 studies on this topic reported positive results from using computers for reading instruction.

Intervention

Learning to read is shaped by a multitude of factors. Six interrelated factors provide insight into the specialized, additional supports called **interventions** that are key in teaching a child with dyslexia to read. Those factors include:

1. ***What*** is taught
2. ***How*** reading is taught
3. ***Implementation fidelity*** of evidence-based reading practices
4. ***Expertise of teacher(s)***
5. ***Communication and coordination*** among all professionals
6. ***Family engagement*** in the child's education

Discussion of these factors follows:

1. What

Given the centrality and importance of a school-wide evidence-based core reading curriculum (e.g. reading program), it is necessary that every classroom teacher be prepared to teach the fundamentals of reading through evidence-based practices integrated within the curriculum (Allington & McGill-Franzan, 1999). The evidence-based core curriculum is the first step in the prevention of reading difficulties in children. The classroom teacher's knowledge, skill, and expertise is equally powerful. It is critical that all teachers at all grade levels understand the course of literacy development and the importance of instructional practices that play a crucial part in optimizing literacy development in all students. The reading curriculum, the teacher(s), and the quality of professional development provided for teachers are central to achieving the goal of primary prevention of reading difficulties in children.

Professional development in the aspects of the core reading curriculum is a critical component for effective implementation. Supervised, relevant, and clinical experience provides guidance, coaching, and feedback and is important in a teacher's ability to integrate, synthesize, and apply new knowledge and skills in practice. Novice teachers benefit from peer-mentors who have demonstrated records of success in implementing evidence-based reading practices. Professional development in evidence-based reading practices is best conceived as a continuous process of growth and development of classroom teachers.

As would be expected, an important component in many of the guidelines for effective professional development of teachers is increased content and pedagogical knowledge. Both the National Staff Development Council (2001) and the United States Department of Education (1998) state that in-service education for teachers should be designed to broaden and deepen pedagogical and content knowledge, and application of skills.

The National Reading Panel (2000) has reflected a focused and persistent effort to contribute reliable, valid, and trustworthy information to the body of knowledge that is leading to better scientific understanding of reading development and reading instruction. In carrying out the Congressional charge, the National Reading Panel was able to develop and apply a methodologically rigorous research review process and protocol. Many of the research findings inspire conversation focused on opportunities for professional development for teachers in research-based instructional practices in reading. The following is adapted from the Executive Summary of that body of research.

The Panel addressed the evidence about effectiveness of different types of reading instruction and reached a series of positive conclusions on how and what to teach to ensure positive literacy growth in students. The following areas were intensively studied and may be considered as potential areas for professional development in content and pedagogical knowledge for classroom teachers:

- **Alphabetics**
    1. Phonemic awareness - letter knowledge, concepts of print
    2. Phonics instruction - the alphabetic code and decoding
- **Fluency** - automatic reading of text
- **Comprehension** – the essence of reading
    1. Vocabulary instruction
    2. Text comprehension instruction
    3. Teacher preparation and Comprehension Strategies Instruction
- **Teacher Education and Reading Instruction**

An executive summary of The Report of the National Reading Panel (2000) and individual subgroup reports provides a complete and extensive description of the aforementioned areas and includes a robust literature review in support of the findings. The summary can be found at http://www.nichd.nih.gov

The information that follows is adapted from the Executive Summary of the National Reading Panel Report (2000) and seeks to detail the areas of research and respective findings.

Alphabetics

Phonemic Awareness

Correlational studies have identified phonemic awareness and letter knowledge as the two best school-entry predictors of how well children will learn to read during their first 2 years in school. This evidence suggests the potential instructional importance of teaching phonemic awareness to children. Many experimental studies have evaluated the effectiveness of phonemic awareness instruction in facilitating reading acquisition. Results provide a scientific basis documenting the efficacy of phonemic awareness instruction. There is currently much interest in phonemic awareness programs among teachers, principals, and publishers. State adoption committees have prescribed the inclusion of phonemic awareness training in reading instruction materials approved for use in schools.

Phonemes are the smallest sound units constituting spoken language. English consists of about 44 phonemes. Phonemes combine to form syllables and words. A few words have only one phoneme, such as "a" or "oh." Most words consist of a blend of phonemes. Phonemes are different from graphemes, which are units of written language and which represent phonemes in the spellings of words. Graphemes may consist of one letter, for example, P, T, K, A, N, or multiple letters, CH, SH, TH, -CK, EA, IGH, each symbolizing one phoneme.

Phonemic awareness refers to the ability to identify and manipulate phonemes in spoken words. The following tasks are commonly used to assess children's phonemic awareness or to improve their phonemic awareness through instruction and practice:

1. Phoneme isolation, which requires recognizing individual sounds in words. For example, "Tell me the first sound in paste." (/p/)

2. Phoneme identity, which requires recognizing the common sound in different words. For example, "Tell me the sound that is the same in bike, boy, and bell." (/b/)

3. Phoneme recognition in a sequence of three or four words. For example, "Which word does not belong? bus, bun, rug." (rug)

4. Phoneme blending, which requires listening to a sequence of separately spoken sounds and combining them to form a recognizable word. For example, "What word is /s/ /k/ /u/ /l/?" (school)

5. Phoneme segmentation, which requires breaking a word into its sounds by tapping out or counting the sounds or by pronouncing and positioning a mark for each sound. For example, "How many phonemes are there in ship? " (three: /s̆sh/ /l̆i/ /p/)

6. Phoneme deletion, which requires recognizing what word remains when a specified phoneme is removed. For example, "What is smile without the /s/?" (mile)

Phonemic awareness is thought to contribute to helping children learn to read because the structure of the English writing system is alphabetic. While most English words have prescribed spellings that consist of graphemes, symbolizing phonemes in predictable ways, being able to distinguish the separate phonemes in pronunciations of words so that they can be matched to graphemes is a difficult task indeed. This is because spoken language is seamless; there are no breaks in speech signaling where one phoneme ends and the next one begins. Rather, phonemes are folded into each other and are co-articulated. Discovering phonemic units requires instruction that is direct and explicit in order to learn how the system works.

Instruction in phonemic awareness is not synonymous with phonics instruction. Phonics involves teaching students how to use grapheme-phoneme correspondences to decode or spell words. Phonemic awareness instruction does not qualify as phonics instruction when it teaches children to manipulate phonemes in speech, but it does qualify when it teaches children to segment or blend phonemes with letters. Knowledge of phonemic awareness is necessary for successful phonics instruction and must be explicitly and directly taught.

KEY FINDINGS of Phonemic Awareness:

1. The results clearly showed that phonemic awareness instruction is effective in teaching children to attend to and manipulate speech sounds in words.
2. Findings of the meta-analysis revealed not only that phonemic awareness can be taught but also that phonemic awareness instruction is effective under a variety of teaching conditions with a variety of learners.
3. The meta-analysis showed that teaching children to manipulate the sounds in language helps them learn to read.
4. Phonemic awareness instruction produced positive effects on both word reading and pseudoword reading, indicating that it helps children decode novel words as well as remember how to read familiar words.
5. Phonemic awareness instruction could be expected to benefit children's reading comprehension because of its dependence on effective word reading.
6. Teaching phonemic awareness was found to help children learn to spell.

Phonics Instruction

Phonics instruction is critically important and should be explicitly and systematically taught. Several different instructional approaches are noted: Synthetic phonics, analytic phonics, embedded phonics, analogy phonics, onset-rime phonics, and phonics through spelling. Although these explicit and systematic phonics approaches all use a planned, sequential introduction of a set of phonic elements with teaching and practice of those elements, they differ across a number of other features. Those features are delineated in **Table 3**.

Table 3: Phonics Instruction Approaches

Phonics Instruction Approach	Significant Features
Analogy Phonics Instruction	Teaching unfamiliar words by analogy to known words. Example: Reading "stump" by analogy to "jump" or reading "drift" by analogy to "lift".
Analytic Phonics Instruction	Teaching students to analyze letter-sound relations in previously learned words to avoid pronouncing sounds in isolation. Teaching students to identify words by beginning, medial, and ending sounds and context clues. Example: pet, park, push, pen
Embedded Phonics Instruction	Teaching skills by embedding phonics instruction in actual text reading, a more implicit approach. Example: letter-sound correspondences taught as embedded features of text.
Phonics Instruction through Spelling	Teaching students to segment words into phonemes and to select letter for those phonemes (i.e., teaching students to spell phonemically).
Synthetic Phonics Instruction	Teaching students explicitly to convert letters into sounds (phonemes) and then blend the sounds systematically into recognizable words.

The hallmarks of systematic phonics programs are that children receive explicit, systematic instruction in a set of pre-specified associations between letters and sounds, and they are taught how to use them to read, typically in texts containing controlled vocabulary. However, phonics programs vary considerably in exactly what and how children are taught.

Systematic phonics instruction contributes to the process of learning to read words in various ways by teaching readers the use of the alphabetic system. Alphabetic knowledge is needed to decode words, to retain sight words in memory, and to call on sight word memory to read words by analogy. In addition, the process of predicting words from context benefits from alphabetic knowledge. Word

prediction is made more accurate when readers can combine context cues with letter-sound cues in guessing unfamiliar words in text.

Many mental processes are active when readers read and understand text. Readers draw on their knowledge of language to create sentences out of word sequences. They access background knowledge to construct meaning from the text. They retain this information in memory and update it as they interpret more text. Readers monitor their comprehension to verify that the information makes sense.

A central part of text processing involves reading the words. Four different ways are distinguished in the research:

1. **Decoding:** Readers convert letters into sounds and blend them to form recognizable words; the letters might be individual letters, or digraphs such as TH, SH, OI, or phonograms such as ER, IGH, OW, or spellings of common rimes such as -AP, -OT, -ICK. Ability to convert letters into sounds comes from readers' knowledge of the alphabetic system.
2. **Sight:** Readers retrieve words they have already learned to read from memory.
3. **Analogy:** Readers access words they have already learned and use parts of the spellings to read new words having the same spellings (e.g., using – "ottle" in bottle to read the new word, throttle).
4. **Prediction:** Readers use context cues, their linguistic and background knowledge, and memory for the text to anticipate or guess the identities of unknown words.

Text reading is easiest when readers have learned to read most of the words in the text automatically by sight because little attention or effort is required to process the words. When written words are unfamiliar, readers may decode them or read them by analogy or predict the words, but these steps take added time and shift attention at least momentarily from the meaning of text to figuring out the words. Students with dyslexia have difficulty remembering letter names and sounds and require direct, multisensory instruction of the sound-symbol system.

Readers need to learn how to read words in the various ways to develop reading skill. The primary way to build a sight vocabulary is to apply decoding or analogizing strategies to read unfamiliar words. These ways of reading words help students build familiarity with words so that recognition of the words becomes automatic.

KEY FINDINGS of Phonics Instruction:

1. The meta-analysis concluded that systematic phonics instruction produced gains in reading and spelling not only in the early grades (kindergarten and 1st grades) but also in the later grades (2nd through 6th grades) and among children having difficulty learning to read.

2. Systematic synthetic phonics instruction had a positive and significant effect on the reading skills of students with disabilities. These children improved substantially in their ability to read words and showed significant gains in their ability to process text as a result of systematic phonics instruction.

3. Findings provided converging evidence that explicit, intensive, and systematic phonics instruction is a valuable and essential part of any successful classroom reading program.

Fluency

Fluent readers can read text with speed, accuracy, and proper expression. Fluency depends upon well-developed word recognition skills, but such skills do not inevitably lead to fluency. It is generally acknowledged that fluency is a critical component of skilled reading. That neglect has started to give way as research and theory have reconceptualized this aspect of reading. The National Reading Panel provided evidence that supports the effectiveness of various instructional approaches intended to foster this essential skill in successful reading development.

There is common agreement that fluency develops from reading practice. What researchers have not yet agreed upon is what form such practice should take to be most effective. For example, one approach is to have students read passages orally with guidance and feedback. Programs in this category include ***repeated reading, paired reading, shared reading,*** **and** ***assisted reading***, to note the most familiar approaches.

Another, less explicit, but widely used approach is to encourage students to read extensively on their own and with minimal guidance and feedback. Programs in this category include efforts to increase the amount of independent or recreational reading. Sustained independent reading is not effective for students with dyslexia. The National Reading Panel concluded there is insufficient support from empirical research to suggest that independent, silent reading can be used to help students improve their fluency (NICHD, 2000, Hasbrouck, 2006).

Guided, repeated, oral reading procedures were found to be effective in improving reading fluency and overall reading achievement. Guided oral reading led to the conclusion that such procedures had a consistent and positive impact on word recognition, fluency, and comprehension as measured by a variety of test instruments and at a range of grade levels.

KEY FINDINGS of Fluency:

1. A review of the literature and the research data indicate that classroom reading practices that encourage repeated oral reading with feedback and guidance leads to meaningful improvements in reading expertise for students—for good readers as well as those who are experiencing difficulties.

2. This study found that increasing reading fluency was a critical skill needed for effective reading. Word recognition accuracy is not the end point of reading instruction. Fluency represents a level of skill beyond word recognition accuracy, and reading comprehension may be aided by reading fluency. Skilled readers read words accurately, rapidly and efficiently. Children who do not develop reading fluency, no matter how bright they are, will continue to read slowly and with great effort.
3. The results of this study indicate that teachers should assess fluency regularly. Both informal as well as standardized assessments of oral reading accuracy, rate and comprehension are valuable in helping teachers make informed decisions with regard to instructional practice.

Comprehension

Comprehension is critically important to the development of children's reading skills. Comprehension has come to be viewed as the "essence of reading," essential not only to academic achievement but to life-long learning. As the National Reading Panel began its analysis of the research on reading comprehension, three predominant themes emerged: (1) vocabulary learning and instruction - reading comprehension is a cognitive process that integrates complex skills and cannot be understood without examining the critical role of vocabulary learning and instruction; (2) text comprehension - defined as intentional thinking during which meaning is made through interaction between the reader and the text; and (3) teacher preparation that equips teachers to facilitate the complex processes tied to the development of reading comprehension. Each of these themes will be independently addressed.

Vocabulary Learning and Instruction

Five main methods of teaching vocabulary were identified:
1. Explicit Instruction: Students were given definitions or other attributes of words to be learned.
2. Implicit Instruction: Students were exposed to words or given opportunities to do a great deal of reading.
3. Multimedia: Vocabulary was taught by going beyond text to include other media such as graphic representations, or hypertext.
4. Capacity: Practice was emphasized to increase capacity through making reading automatic.
5. Association: Learners were encouraged to draw connections between what they do know and words they encounter that they do not know.

The results of the vocabulary instruction yielded these outcomes:
   a. Computer vocabulary instruction showed positive learning gains over traditional methods.
   b. Vocabulary instruction led to gains in comprehension.

c. Vocabulary was learned incidentally in the context of storybook reading or from listening to the reading of others.
d. Repeated exposure to vocabulary was important for learning gains. The best gains were made in instruction that extended beyond single class periods and involved multiple exposures in authentic contexts beyond the classroom.
e. Pre-instruction of vocabulary words prior to reading facilitated both vocabulary acquisition and comprehension.
f. The restructuring of the text materials or procedures facilitated vocabulary acquisition and comprehension. For example, substituting easy for hard words.

KEY FINDINGS of Vocabulary Learning and Instruction:

1. There is a need for direct instruction of vocabulary required for a specific text.
2. Repetition and multiple exposures to vocabulary are important. Students should be given words that will be likely to appear in many contexts.
3. Learning in rich contexts is valuable for vocabulary learning. Vocabulary words should be those that the learner will find useful in many contexts. When vocabulary words are derived from content learning materials, the learner will be better equipped to deal with specific reading matter in content areas.
4. Vocabulary tasks should be restructured as necessary. It is important to be certain that students fully understand what is asked of them in the context of reading, rather than focusing only on the words to be learned. Restructuring seems to be most effective for low-achieving or at-risk students.
5. Vocabulary learning is effective when it entails active engagement in the learning tasks.
6. Computer technology can be used effectively to help teach vocabulary.
7. Vocabulary can be acquired through incidental learning. Much of a student's vocabulary will have to be learned in the course of doing things other than explicit vocabulary learning. Repetition, richness of context, and motivation may also add to the efficacy of incidental learning of vocabulary.
8. Dependence on a single vocabulary instruction method will not result in optimal learning. A variety of methods were used with emphasis on multimedia aspects of learning, richness of context in which words to be learned, and the number of exposures to words that readers receive.

Text Comprehension Instruction

Comprehension is a complex process. Reading comprehension is the construction of the meaning of a written text through a reciprocal interchange of ideas between the reader and the message in a particular text.

In the cognitive research of the reading process, reading is purposeful and active. A reader reads to understand what is read and to put this understanding to use. A reader can read a text to learn, to find out information, or to be entertained. These various purposes of understanding require that the reader use knowledge of the

world, including language and print. This knowledge enables the reader to make meanings of the text, to form memory representations, and to use them to communicate information with others about what was read.

Readers normally acquire strategies for active comprehension informally. Comprehension strategies are specific procedures that guide students to become aware of how well they are comprehending as they attempt to read and write. Explicit or formal instruction of these strategies is believed to lead to improvement in text understanding and information use. Instruction in comprehension strategies is carried out by a classroom teacher who demonstrates, models, and guides the reader in strategy acquisition and use.

The eight kinds of text instruction that are effective and most promising for classroom instruction are:

1. Comprehension monitoring in which the reader learns how to be aware of his or her understanding during reading and learns procedures to deal with problems in understanding as they arise.
2. Cooperative learning in which readers work together to learn strategies in the context of reading.
3. Graphic and semantic organizers that allow the reader to represent graphically (write or draw) the meanings and relationships of the ideas that underlie the words in the text.
4. Story structure from which the reader learns to ask and answer who, what, where, when, and why questions about the plot and, in some cases, maps out the time line, characters, and events in stories.
5. Question answering in which the reader answers questions posed by the teacher and is given feedback on the correctness.
6. Question generation in which the reader asks himself or herself what, when, where, why, what will happen, how, and who questions.
7. Summarization in which the reader identifies and verbalizes or writes the main or most important ideas that integrate or unite the other ideas or meanings of the text into a coherent whole.
8. Multiple-strategy teaching in which the reader uses several of the procedures in interaction with the teacher over the text. Multiple-strategy teaching is effective when the procedures are used flexibly and appropriately by the reader or the teacher in naturalistic contexts.

KEY FINDINGS of Text Comprehension Instruction:

1. Comprehension instruction can effectively motivate and teach readers to learn and use comprehension strategies to their benefit.

2. These strategies yield increases in measures of transfer such as recall, question answering and generation, and summarization of texts.

3. These comprehension strategies, when used in combination, show general gains on standardized comprehension tests.

4. Teachers can learn to teach students to use comprehension strategies in natural learning situations. Furthermore, when teachers teach these strategies, students can improve their reading comprehension.

5. Strategy instruction is the active involvement of motivated readers who read more text as a result of the instruction.

6. The Panel regards this development as the most important finding of the Panel's review because it moves from the laboratory to the classroom and prepares teachers to teach strategies in ways that are effective and natural.

In addition to the aforementioned areas of study, the National Reading Panel also conducted research on teacher preparation and ongoing professional development in the areas of reading instruction. The results concluded that appropriate teacher education and support did, in fact, produce higher achievement in student reading performance when teachers were afforded high quality and continuous professional development in the area of reading instruction.

School-wide Evidence-based Core Reading Program

"Teaching reading is rocket science" (Moats, 1999). It requires strategic planning, guided by a scientific knowledge base. An evidence-based core reading program is a valuable tool for teachers, as it provides a scope and sequence of skills to be taught and strategies to effectively teach reading skills in order to maximize student learning.

The core reading program calls for school-wide implementation with fidelity. Fidelity, an often misinterpreted term, means providing explicit instruction in all five elements of reading development: phonemic awareness, phonics, fluency, vocabulary, and comprehension being true to the scientific research results of the National Reading Panel.

When selecting a core reading program, schools must carefully review the scope and sequence of skills to be taught to ensure that the program explicitly addresses the elements of reading instruction and has evidence of success in experimental studies. No one program will teach all children to read. However, a research-based core program should enable at least 80% of students to meet grade level reading standards.

Ideally, all teachers in a school would use the same core reading program. Using the same core reading program provides students a consistent progression of skill development and ensures a sequence of skill acquisition from one grade level to the next. Communication among teachers increases because teachers within and across

grade levels use common language when planning effective instruction and problem-solving.

After reviewing a school's core reading program and analyzing student data, the school may recognize that there is a need to supplement the core program with other strategies and/or materials in order to make the instruction more explicit in teaching the five elements of reading. For many students, the school-wide reading program will be sufficient to learn to read. For some, however, specialized additional supports will be required in order for those targeted students to achieve important outcomes.

Multi-Tiered Systems of Support/Response to Intervention (MTSS/RtI)

MTSS/RtI is an educational service delivery system designed to provide effective instruction for all students using a comprehensive and preventive problem solving approach. It employs a tiered method of instructional delivery, in which the core curriculum addresses and meets the needs of most students (Tier 1), additional instruction is provided for those needing supplementary intervention support (Tier 2), and intensive and individualized services are provided for the students who continue to demonstrate more intensive needs (Tier 3). At its foundation, MTSS/RtI includes measuring performance of all students, and basing educational decisions regarding curriculum, instruction, and intervention intensity on student data.

The focus of MTSS /RtI is on improved student outcomes for all students through the provision of high-quality scientifically/research-based instruction and interventions that are matched to student academic or behavioral needs. Through a multi-tiered framework, the MTSS/RtI process enables districts to provide early support and assistance to students who are struggling to attain or maintain grade level performance. MTSS/RtI provides a consistent model and procedures to make collaborative data-based educational decisions for all students. Additionally, student performance data from the MTSS/RtI process can be used as part of a comprehensive evaluation for the identification of a student with Specific Learning Disabilities (SLD).

To implement MTSS/RtI effectively, schools must first have the organizational capacity to guarantee the process can be followed. The essential components of MTSS/RtI are based on principles identified in research for an effective MTSS/RtI system and provide the overarching framework to guide the implementation of MTSS/RtI.

The essential components of a quality MTSS/RtI process include:

- Instruction and Intervention
  - Evidence-based programs and instructional delivery practices
  - Increasing intensity/precision of instruction as students' needs increase
  - Providing support to all implementers that leads to high quality instruction in all classrooms

- Assessment System
  - Use of screening data to determine which students need support
  - Progress monitoring data to determine if the support is working
  - Multiple data sources to make decisions about student progress and next steps for instruction

- Fidelity and Support System
  - Instructional data are used to inform professional development and support needs for instructional staff
  - Fidelity checks are in place to ensure integrity; instruction and interventions are implemented as planned/intended.
  - Instructional data is used to determine the type and amount of coaching needed for individual staff members

- Continuous Improvement Process
  - Using data at a systems level evaluate the implementation of MTSS/RtI and make necessary changes

- Teaming
  - All aspects of implementation of MTSS/RtI are the responsibility of leadership/implementation teams.

Using Implementation Science practices as an ongoing process is likely to ensure effective, deep implementation of an MTSS/RtI framework with fidelity.

For additional information on building and implementing an MTSS/RtI process, please refer to:
www.education.nde/rti

2. How

A conversation with Peg Tyre from Great Schools-Great Kids adds insight into 'how' to effectively teach:

> *"No area of education has been as thoroughly studied, dissected, and discussed as the best way to teach students to read. Seminal research and longitudinal studies from the National Academy of Sciences and the National Institute of Child Health and Human Development, combined with MRI (magnetic resonance imaging) and computerized brain modeling from the nation's top academic labs, provide a clear prescription for effective reading instruction....*
>
> *In nearly every conversation about reading instruction, educators talk about different pedagogical approaches and different philosophies, as if one is equal to another. And perhaps because some kids seem to learn to read like they learn to run, from observation and for the sheer love of it, it can appear like almost any kind of reading instruction can work with varying levels of success — for at least some kids. But researchers say they've come up with a straightforward formula that, if embedded into instruction, can ensure that 90 percent of children read.*
>
> *What does the research show? It turns out that children who are likely to become poor readers are generally not as sensitive to the sounds of spoken words as children who were likely to become good readers. Kids who struggle have what is called poor "phonemic awareness," which means that their processor for dissecting words into component sound is less discerning than it is for other kids.*
>
> *And here's a critical fact you need to know: scientists have shown again and again that the brain's ability to trigger the symphony of sound from text is not dependent on IQ or parental income. Some children learn that b makes the buh sound and that there are three sounds in bag so early and so effortlessly that by the time they enter school (and sometimes even preschool), learning to read is about as challenging as sneezing. When the feeling seizes them, they just have to do it. Other perfectly intelligent kids have a hard time locating the difference between bag and bad or a million other subtleties in language.*
>
> *Many studies have shown that phonemic awareness is a skill that can be strengthened in kids. And following that instruction in phonemic awareness, about 100 hours of direct and systematic phonics instruction can usually get the job done and ensure that about 90 percent of kids have the fundamentals they need to become good readers"* (Peg Tyre, www.greatschools.org/gk/.../importance-of-reading-success).

Effective Reading Instruction

The following approaches and strategies are critical in the instructional process for teaching children to read.

Effective reading instruction is....

Direct and explicit, with face-to-face interaction between teacher and student. Student attention is guided and focused as a result of teacher facilitated learning. Instruction is carefully articulated by the teacher with cognitive skills broken down into small units, sequenced deliberately, and taught explicitly (see Carnine, 2000, pp. 5-6; Traub, 1999).

Grounded in a theoretical framework, for how reading skills are acquired, where and why the process may break down, and what instructional or curricular element is needed to restart, maintain, or accelerate learning based on recent neuroscientific findings and evidence from effective reading programs. Teachers must understand how language works so that they know what practices are appropriate in the instruction of reading (Podhajski, 1999).

Standards-based, holding students with dyslexia to the same high standards of performance achieved by peers (preferably using the same curriculum and tests as grade level peers) (Marzano, et.al, 2001).

Comprehensive, and addresses all five components of the reading process, interweaving multiple components into the same lesson, and incorporating dialogue between teacher and student as well as reading and writing. For example, a teacher may use spelling activities to boost decoding skills and written responses to promote reading comprehension (Moats, 1999).

Language-based, with explicit instruction in the structure of language as well as the meaningful parts of words. Teachers use the spoken language as the basis for reading, helping students to develop their oral language skills and vocabulary while also transitioning from speech to print (Berninger, et.al, 2011).

Code-based, helping students learn to break the "code" behind reading through phonemic awareness, phonics, and fluency rather than by relying on guessing or memorization. Phonemic awareness is incorporated into all aspects of reading instruction. Phonics instruction includes lessons on word structure and origins (National Institute of Child Health and Human Development, 2000).

Intensive, giving students extra practice through daily reviews, guided and independent practice, tutoring, targeted small-group instruction, and individualized support as needed (Snow, et.al, 1998).

Multi-modal and multi-sensory, and provides opportunities for learning through many pathways for gaining skills ranging from tactile/hands-on to project-based instruction (Shaywitz, 2003).

A combination of direct instruction (e.g., teaching skills explicitly) and instruction in comprehension strategies, (e.g., how to identify the main idea in a paragraph in order to derive meaning from the text) using evidence-based practices matched to students' learning characteristics (National Reading Panel, 2000).

Diagnostic, with teachers using frequent formative assessments to ascertain whether students have mastered the material and, if not, prescribing and delivering appropriate interventions (Snow, et. al, 1998).

Guided Practice, with meaningful interaction and feedback from teacher to student. After a new skill is introduced, the teacher actively assists the student as he/she performs the skill with the guidance of the teacher. The student is engaged in a similar task to what they will complete independently later through independent practice. Guided practice involves teacher support and feedback (Foorman, et. al, 1998).

Sensitivity to Student Time Needs, to ensure that the student is accommodated with additional time as needed to complete tasks. Most students with dyslexia will require additional time to complete tasks that involves reading and writing (Shaywitz, 2003).

Personalized, with a separate learning profile developed for each student. Teachers customize their instruction to the student's learning style and strengths. Small-group strategies reduce teacher-student ratios and provide time for extra instruction and/or practice. (Some studies have suggested that small-group instruction is more effective in developing reading skills than one-on-one (Walther-Thomas, et.al, 1996).

Sequenced and segmented, with the teacher breaking down skills into component parts and providing step-by-step instructions, modeling, and support (National Reading Panel, 2000).

Scaffolded, with teacher supports provided during the learning process that is tailored to the needs of the student. Gradually, as the student becomes proficient in the skill, the supports are reduced to create a more confident and autonomous learner (National Reading Panel, 2000).

Explicitly organized, with teachers clearly stating the objective and teaching in small, sequential steps toward that objective. (Allington, 2001).

Strength-based, with intentional teaching that is receptive and responsive to a child's competencies with the purpose of enhancing new learning. The teacher has a clear sense and focus on the student's assets (e.g., logic, reasoning, visual perception, etc.) and the conditions under which his/her learning is enabled. (Cain, 2010).

Monitoring Student Progress, frequently through formative assessments and progress monitoring techniques that measure individual student achievement data to use for structured reviews (Copeland & Cosbey, 2008).

Analyzing tasks to break into sub-skills, so that students are able to experience success as they build from part to whole and acquire proficiency before moving to the next level.

Well-defined and articulated plans, for assessing student growth toward established outcomes.

These practices are known to be effective for emergent readers, but they are critical for children with dyslexia — and sometimes in higher doses and greater intensity than for other students. Moreover, the mix of these practices must be varied enough to meet each child wherever he or she stands on the continuum of reading development—from truly struggling readers who require very direct, intentional, systematic, explicit, sequential, and structured reading instruction to above-average readers who will become proficient readers no matter how they are taught.

3. Implementation Fidelity

Implementation fidelity is defined as the degree to which a program or practices are implemented as intended by the developer, including the quality of the implementation. Consistency, accuracy, and integrity are factors that impact the degree of implementation fidelity.

Two issues that relate to implementation fidelity are: a) measuring the degree to which a particular innovation is implemented as written and planned, and b) identifying the factors that facilitated or hindered implementation as planned (Cuban, 1992; Snyder et al.). Examination of these issues focuses on "why the implementation departs from the blueprint" (Cuban, 1998, p. 257) or why the implementation did not garner intended results for students. This further implies that fidelity is critical when implementing evidence-based practices that demonstrate predicted outcomes for students.

In considering application of evidence-based practices in reading instruction, implementation fidelity becomes important because it:

1. Ensures that reading instruction and practices are implemented as intended,
2. Helps link student outcomes to delivery of instruction,
3. Helps determine intervention effectiveness, and
4. Helps in instructional decision-making.

4. Teacher Expertise

The transformative power of an effective teacher is one of the most important factors in achieving critical outcomes for children. We know intuitively that highly effective teachers can have an enriching effect on the daily lives of children and their lifelong journey in learning. Years of research on teacher quality support the fact that effective teachers not only create classroom environments conducive to learning but their work actually results in increased student achievement (Jordan, et.al, 1997). Studies have substantiated that a whole range of personal and professional qualities are associated with higher levels of student achievement. For example, we know that verbal ability, content knowledge, pedagogical knowledge, certification status, ability to skillfully use a range of evidence-based practices, and enthusiasm for the subject characterize successful teachers (Darling-Hammond, 2000).

The work of Sanders and Rivers (1996) has been pivotal in reasserting the importance and quality of the teacher on student learning. Over a multi-year period, the researchers focused on what happened to students whose teachers produced high achievement over time versus those whose teachers produced low achievement results over time. In this seminal study on teacher effectiveness, children, beginning in 3rd grade, were placed with three high-performing teachers in consecutive succession of three years. Students scored, on average, at the 96th percentile on a statewide assessment at the end of the 5th grade year. When children with comparable achievement histories starting in 3rd grade were placed with three low-performing teachers for three years in a row, their average score on the same assessment was at the 44th percentile, an enormous 52-percentile point difference for children who presumably had comparable abilities and skills. Elaborating on their research, Sanders and Rivers reported:

> "...the results well document that the most important factor affecting student learning is the teacher. In addition, the results show wide variation in effectiveness among teachers. The immediate and clear implication is that seemingly more can be done to improve education by improving the effectiveness of teachers than by any other single factor. Effective teachers appear to be effective with students of all achievement levels, regardless of the level of heterogeneity in their classrooms (Wright, et.al, 1997). Given results like these, it's no wonder that the researchers found that "a major conclusion is that teachers make a difference" (Wright, et.al, 1997, p. 57).

5. Communication and Coordination

In April of 2011, The Council for Chief State School Officers (CCSSO) created teaching standards driven not only by new understanding of learners and learning, but also by the new imperative that every student can and must attain high standards of achievement. Educators are being held to new levels of accountability for

improved student outcomes. The CCSSO standards embrace and describe what effective teaching that leads to improved student achievement looks like. Current research on evidence-based teaching practices is clear that delivering instruction must be tied to a new infrastructure that is based on programs and practices that translate to improved outcomes for all children.

Teaching standard #1 addresses learner performance. Within this standard the following expectation is noted: Teachers will communicate and collaborate with families, communities, colleagues, and other professionals to promote learner growth and development. Just as collaboration among learners improves their learning, we know that collaboration among teachers improves practice. The core teaching standards require transparency of practice and ongoing, embedded professional development (Council for Chief State School Officers, 2011).

The practice to include students with disabilities in the general education classroom to the greatest extent possible has brought general education and special education teachers together to work collaboratively to share decision-making in setting student goals, informing instructional practice, assuming responsibility for students, assessing student learning, solving problems together, and aligning classroom management strategies. These teachers are teams that begin to think of all students as "ours" collectively (Angle, 1996). A distinctive feature of this new collaboration which differs from earlier approaches, is that there is direct collaboration with the general education and special education teachers working together in the same classroom most of the day (Walther-Thomas, et. al, 1996).

Nicols and Sheffield (2014) identified many benefits to including children with disabilities in the general education setting. Students with disabilities who are co-taught by the general and special education teachers in a co-teaching situation experienced increased attention, reduced negative behaviors, improved social skills and self-esteem, and increased academic achievement. Participation of students with disabilities in inclusive settings has been noted to increase social peer interactions, enhance friendships, and develop social competence (Copeland & Cosbey, 2008).

Increasing numbers of students with disabilities are taught in general education classrooms. Co-teaching is a method of special education service delivery and this shared approach for children with disabilities requires communication and collaboration among all professionals (i.e., teachers, specialists, administrators, parents, etc.). Greater student outcomes are possible when communication and collaboration are valued and honored practices by those who work with students with disabilities.

6. Family Engagement

Existing research regarding the impact of family engagement on educational outcomes for children shows a positive correlation (Barnard, 2004). Barnard looked at

the association between parental involvement in elementary school and student success in high school, and concluded that early parental involvement in a child's education promotes positive long-term effects.

At the heart of parental involvement is the concept of authentic communication that is open and honest (Swick, 2003). Much research is devoted to helping teachers and parents establish positive relationships. Swick's research suggests that sharing information; empowering parents; dismantling barriers to understanding and cooperation; and recognizing parents' strengths, priorities, and perspectives are fundamental to building strong relationships between home and school.

As a parent, you are your child's best education advocate—until he's old enough and informed enough to speak for him or herself. No one knows your child better than you. You know his or her strengths and challenges, and you can help identify and advocate for the resources your child needs to succeed. Tucker (understood.org) provides tips for how to be an effective advocate for your child at school:

Study. Read. Find and attend workshops or meetings. Communicate with other parents whose children have learning and attention issues. You'll soon become familiar with the many ways that you and your child's school (teachers) can forge a positive relationship in the best interest of your child.

Build relationships. Get to know your child's teacher(s) as well as the specialists within the school setting (i.e., school psychologist, speech pathologist, etc.). Positive relationships help keep the lines of communication open and there is less chance of misunderstanding when everyone communicates openly and honestly.

Ask questions. When there is confusion, ask appropriate clarifying questions. A good strategy is to write questions down to keep a record of discussions.

Stay calm. Remember that your child's teacher(s) and the school staff are there to help and support you and first and foremost, your child.

No one knows your child as you do. It's important to be a good listener and to be receptive to the school staff's thoughts and ideas, but you are your child's first teacher and you have important insights into your child's learning.

Talk to your child about his/her disability. Understanding what your child is experiencing in school is critical to being an effective advocate. Asking your child questions will also help him or her to understand what it is he/she needs. In this way, you are helping your child learn to advocate for him/herself.

Get to know the educational jargon. As you become adept at this language, you will feel more confident in your relationship with those who work daily with your child.

Attend meetings regularly. Individualized education program (IEP) meetings and parent-teacher conferences afford opportunities to get feedback and updates on your child's progress.

Teachers and school staff work diligently to successfully engage parents in the education of their child(ren). Caring teachers:

- Help parents understand the specific learning disability of dyslexia and how it impacts their child's school performance in reading and related subjects;

- Explain dyslexia in a culturally sensitive way using language and terms that are factual,; never derogatory or critical of their child's abilities,; and emphasize strengths as well as learning challenges; and

- Reach out to parents who may not otherwise be engaged in their child's school by encouraging participation in their child's learning.

POSSIBLE ACCOMMODATIONS

For a student with dyslexia, school can be riddled with stress, frustration, failure, and underachievement. At the very moment when most students are developing coordinated literacy skills of reading, writing, and spelling, a student with dyslexia may struggle with these areas of skill development.

Research and experience have demonstrated that the education of students with disabilities can be more effective when teachers maintain high expectations for such children while ensuring their access to the general education curriculum in the regular classroom. Effective teachers will recognize the characteristics, difficulties, strengths, and weaknesses of the student with dyslexia. Teachers can implement changes in classroom instructional practices that ensure greater outcomes for struggling students.

Accommodations, by definition, are changes made to instructional materials, instruction, and modes of student performance (i.e., timing, presentation, response mode, and setting). Accommodations provide equitable access to the goals of the general education curriculum and are designed to reduce the effects of a student's disability without reducing learning goals, expectations for achievement, and curricular content.

Effective accommodations are aligned with classroom instruction; classroom assessments; and district and/or state testing. However, some accommodations appropriate for classroom use may not be considered appropriate in certain testing situations.

For NeSA testing accommodations for students with disabilities, refer to
Nebraska State Department of Education guidance at:
http://www.education.ne.gov/sped/nesa.html

It is sometimes said that providing instructional accommodations for one student is not fair to the other students in the classroom. Rick Lavoie, long-time special education programs administrator; visiting lecturer at Syracuse, Harvard, Gallaudet; Professor at University of Alabama and Georgetown; and international speaker http://www.ricklavoie.com/fairnessart.html states that:

> *Fairness does not mean that every student gets the same thing.*
>
> *Rather, fairness means*
> *that every student gets what he or she needs*
> *in order to be successful.*

The International Dyslexia Association (IDA) has suggested the following framework to help guide decisions for appropriate instructional accommodations for students with dyslexia in the general education setting.

Materials

Students spend a large portion of the school day interacting with materials. Very few instructional materials are designed to give teachers direction for teaching a large class of students with diverse learning needs. Given that, this section provides material accommodations that may enhance the learning for students with unique learning needs. Frequently, paraprofessionals, volunteers, and students can help develop and implement various accommodations.

Use a tape recorder. The tape recorder can be an excellent aid in overcoming issues related to reading disabilities. Directions, stories, and specific lessons can be recorded. The student then has opportunity to replay the tape to clarify understanding of directions and/or concepts. Another possibility is to use tape recorded readings that allow the student to read printed words simultaneously along with the recording to increase word recognition; automaticity and fluency; and comprehension.

Simplify and clarify directions – both oral and written. Some directions are stated or written with so many discreet units of information that they are overwhelming. Rewriting with succinct and sequential bullet points or providing a visual list along with the oral directions can help organize information into manageable bits of information. Underlining or highlighting the significant parts of the directions is another technique that may assist with a student's understanding.

Example: Directions: This exercise will show how well you can locate conjunctions within a sentence. Read each sentence then look for the conjunctions. When you locate a conjunction, find it in the list of conjunctions under each sentence. Circle the number of your answer in the answer column.

Simplified: Directions: Read each sentence and circle all conjunctions.

Chunk assignments into smaller, more manageable tasks. For students who become overly anxious or discouraged when they hear or see large assignments involving reading, the teacher may provide discreet portions of the assignment in sequence in isolation. This technique allows the student to feel competent and successful in completing assignments in smaller chunks and progressing to completion of the entire assignment.

Reduce redundant tasks. If an assignment is designed for repetitive practice of a specific skill, the teacher may reduce the number of items a student with dyslexia must complete.

Block extraneous stimuli. Students with dyslexia are easily distracted by an abundance of information that requires reading. If a worksheet or assignment looms too large and the student becomes overwhelmed, a blank sheet of paper may be

used to cover sections of the page not being worked on at that immediate time. Line markers may also be used to assist a student with reading text and windows may be used to display individual tasks such as word decoding and math problems.

Highlight essential information. If an adolescent can read a regular textbook but has difficulty finding essential information, the teacher may highlight information.

Provide additional practice activities. Some materials do not provide enough practice for students with learning problems to acquire mastery on selected skills. Additional practice exercises may include instructional games; peer-teaching activities; self-correcting materials; tutor and one-on-one supports; computer software programs; etc.

Provide a glossary in content areas. At the secondary level, the specific language of the content areas requires careful reading. Students often benefit from a glossary of content-related terms.

Develop reading guides. A reading guide provides the student with a road map of what is written and features periodic questions to help him or her focus on relevant content. It helps the reader understand the main ideas and sort out the numerous details related to main ideas. A reading guide can be developed paragraph-by-paragraph, page-by-page, or section-by-section.

Instruction

The task of gaining students' attention and engaging them for an instructional block of time requires skilled instructional management and resourceful teaching. Some accommodations that enhance interactive instructional activities include:

Use explicit teaching practices. Many commercial materials do not cue teachers to use explicit teaching procedures; thus, the teacher often must adapt a material to include these procedures. Teachers can include explicit teaching steps within their lessons (i.e., present an advanced organizer, demonstrate the skill, provide guided practice, offer corrective feedback, set up independent practice, monitor practice, and review).

Repeat directions. Students who have difficulty following directions are often helped by asking them to repeat the directions in their own words. The student can repeat the directions to a peer when the teacher is unavailable. The following suggestions can help students understand directions: (a) if directions contain several steps, break the directions down into subsets; (b) simplify directions by presenting only one portion at a time and by writing each portion on a poster or whiteboard as well as orally stating it; and (c) when using written directions, be sure that students are able to read and understand the words as well as comprehend the meaning of each of the steps in the directions.

Maintain daily routines. Many students benefit from routines that are practiced consistently day in and day out. Predictable structure helps students with disabilities know and understand expectations.

Provide a copy of lecture notes. The teacher can give a copy of lecture notes to students who have difficulty taking notes during direct instruction.

Provide students with a graphic organizer. An outline, chart, web, or specific format can be used to help students organize important information. This strategy helps a student listen for key information and note the relationships among concepts and related information.

Use step-by-step instruction. New or difficult information must be presented in small and sequential steps. This helps students who have limited prior knowledge of a subject and who need direct and explicit instruction.

Use multisensory instructional practices. Most students thrive in an instructional environment where most of the senses are incorporated in the learning process. Examples of multisensory teaching approaches include verbal paired with visual displays (e.g., on an overhead or handout), verbal paired with tactile activity, tactile paired with visual information, etc.

Display key points in writing. Prior to teaching a concept or skill, the teacher may wish to visually post new vocabulary words, key points, or concepts. This creates a static model for children to use as they assimilate new information.

Use balanced teaching strategies. Efforts must be made to balance teaching activities with oral and visual presentation and student participatory activity. Another consideration for instructional balance would be to include all types of groupings: large, small, individual, homogeneous, and heterogeneous groups.

Encourage mnemonic strategies use. Mnemonic strategies can be used to help students remember key points or steps in a learning process. An example of a mnemonic strategy is using the word HOMES to teach the names of the Great Lakes. H is for Lake Huron, O is for Lake Ontario, M is for Lake Michigan, E is for Lake Erie, and S is for Lake Superior.

Deepen learning through planned reviews. Planned reviews of previous learning help students connect new information with prior learning. Reviews are critical in ensuring that learning shifts from short to long-term memory.

Student performance

Students with disabilities vary significantly in their response modes that require certain skills. For example, some students struggle with assignments that require oral presentation or discussion. Others have difficulty with products that require a written response. Still others may not possess the skills or abilities for performance-based responses that require developed physical capabilities. The following accommodations may be considered to enhance a student's ability to receive and/or express knowledge and skills:

Altered response mode. For students who have difficulty with fine motor tasks such as handwriting, the response mode could be altered to oral response, underlining, selecting from multiple choice items, sorting, or simple marking.

Provide an outline. This enables some students to follow the lesson successfully and make appropriate notes next to the key or main points. In addition, an outline helps students to see the organization of the material and to ask clarifying questions.

Use graphic organizers. Organizers are outlines that help students sort information into a meaningful visual format.

Priority seating. Students with learning problems can benefit by seating close to the teacher or to the presentation area away from distracting sounds, materials, or objects.

Encourage use of assignment books or calendars. These assists help students organize important information in writing. Students can write and track due dates; test dates; timelines for projects and special assignments; and daily assignments and special instructions.

Reduce note taking by providing handouts. There are a variety of handout formats that allow for active student participation in a lecture but do not require that every note be hand-written by the student during discussion. Fill-in-the-blank handouts ensure that students listen for key points but do not agonize over having to write out teacher's notes verbatim.

Use cues to denote important items. Asterisks or bullets can denote information that is critical to upcoming assessments or evaluations. This helps students spend time appropriately during study for tests or assignments.

Design hierarchical worksheets. Worksheets can be designed with problems arranged in progression from easiest to hardest. Early success often encourages students to continue to work toward the more challenging content.

As children with dyslexia enter formal schooling, they are often faced with frustration as they struggle to master the reading process. This can place them at risk for developing problems far beyond reading. One study of children with dyslexia found that most of the children observed were well adjusted in preschool, but began to develop emotional problems during the early years in school as reading challenges began to surface. As frustration and failure mounted, these children began to act out and stopped trying to learn to read altogether. They were labeled "lazy" and "unmotivated." Worse yet, these children began to internalize the negative messages and described themselves as stupid or bad. These dilemmas can turn into a fixed part of a child's identity, undermining self-confidence and causing self-doubt in their capabilities to master the school curriculum. It is not surprising, then, that children with dyslexia are at a higher risk for emotional and behavioral problems that stem from the inability to read and keep pace with their age and grade level peers (Riddick, 2010).

As a parent of a child with dyslexia, you may find the following suggestions helpful:

1. **Learn about dyslexia**

Expand your knowledge by reading about this specific learning disability. Attend conferences and presentations by professionals who are current in the research on dyslexia and its effects on a child's ability to learn to read. Seek out other parents of children with dyslexia. They may be an excellent source of information and support.

2. **Talk with your child about dyslexia**

Your child needs knowledge and understanding about dyslexia and most importantly, reassurance and support from you. The term 'dyslexia' may be confusing and may raise questions. Questions your child may ask, along with simple and straightforward answers are:

What is dyslexia?
Dyslexia means having a difficult time learning to read.

How did I get dyslexia?
You were born with it, just like you were born with…. (….freckles, ….dimples, ….brown eyes, etc.)

Is there something wrong with my brain?
No. The road your brain takes to learn how to read is different. Learning to read may be harder, and it may take longer, but you will be able to learn to read with special instruction and extra practice.

Can someone catch dyslexia?
No, dyslexia is not contagious. It is built into our brains from birth.

Does it mean I'm dumb?
No, dyslexia is a problem that intelligent people have with learning to read. It has nothing to do with how smart you are.

Will my dyslexia ever go away?
No, but you <u>can</u> learn to read. You are not the problem; you will learn how to handle dyslexia and be successful.

3. **<u>Embrace your child's natural intelligence</u>**

Most children with dyslexia have average or above-average intelligence that can be enhanced by parents who encourage their continual intellectual growth. Be honest with your child about his or her specific learning disability, but balance this explanation with focus on strengths as well. Explain dyslexia in understandable and age-appropriate terms while offering unconditional love and support.

4. **<u>Provide positive feedback and encouragement</u>**

No matter how well your child does in the classroom, a child with dyslexia faces daily reminders that he or she learns differently than other children in the classroom. Identify and provide specific praise for qualities such as being a good friend, being honest, and being responsible. Recognize your child's efforts, strengths, and accomplishments.

5. **<u>Collaborate with educators</u>**

~ Gather information about the school's responsibility for identifying and planning for your child's needs.
~ Act as liaison between the school and your child, adding a positive dimension that will be helpful to all.
~ Communicate your child's special strengths and interests as well as his or her learning needs to the teacher(s) and other professionals at school.
~ Develop a communication system between you and your child's teacher(s).
~ Establish and support a team approach for your child's learning. This approach works best when it is planned by you, your child's teacher(s), and your child if appropriate.
~ If your child doesn't seem to be thriving in school or seems particularly frustrated or discouraged, make an appointment with the teacher(s) and specialist(s) to problem-solve.
~ If your child shows signs of emotional stress, seek help. Every child has occasional low points, but if your child seems particularly angry, troubled, or depressed, you may need to contact your pediatrician or other professionals to assist you in locating appropriate resources for your child.

6. **<u>Read, Read, Read!</u>**

~ Share in the joy of reading. Read to your child and find books that your child can read to you. Sit together, take turns reading. Use different voices for the various characters or use role playing to act out a story of interest.

~ Encourage discussion – and lots of it! Revisiting words, concepts, and characters enhances a child's reading comprehension.
~ Re-read favorites stories and books. It is perfectly normal (and expected) that children insist on re-reading their favorite books and stories. The term given this practice is 'over learning' and is an important strategy in reading development. While re-reading may seem tedious to you, it is actually a good practice that helps build familiarity with words and concepts and strengthens memory and comprehension skills
~ Be a reading role model for your child. Demonstrate the importance of reading through your own daily reading activities.
~ Work on spelling. Point out new words, play spelling games, and encourage writing activities.
~ Display simple charts, clocks, and calendars so your child is encouraged to recognize and read print in addition to books and stories. This can assist your child's ability to visualize time and to plan for things to come.

7. <u>Read aloud daily</u>

These strategies may help guide the activity of reading aloud with your child:
A. <u>Self-monitor</u>. Your child will try to make words and pictures agree or match. He or she may look puzzled, may stop reading, or may start over and try again. These are signals that let you know that he or she is aware that something isn't quite right. Be careful not to "correct" too quickly. Give your child thinking and problem-solving time. After allowing sufficient time, ask probing questions such as:

"Was there something that didn't sound right?"
"What did you notice that made you stop reading?"
"Show me what's puzzling you."

B. <u>Self-correct</u>. Allow time for your child to fix reading errors. It's best if your child takes the first step at self-correction. He or she may reread the sentence to support attempts to figure out a hard word or difficult concept.

C. <u>Cross-check strategies.</u> Your child should be checking to see if his or her attempts to correct make sense. If he or she becomes frustrated and doesn't know what to do or how to correct, you may want to use one of the following prompts to help them on their way:

- Can you sound out the word?
- What else could you try?
- Do you know another word that starts like that?
- What do you think it could be?
- What word might make sense here?
- Run your finger under the tricky word and try to sound it out.
- Do the letters give you any clues?

REMEMBER: It is very important that your child does the reading work, not you. Give sufficient time for him or her to explore and try multiple strategies.

8. Encourage reading and writing

~ Maintain a "print-rich" environment in your home. Keep books and magazines in your various rooms, but particularly in your child's room. Vary print materials (i.e., newspapers, magazines, recipes, grocery lists, chore lists, "love notes," directions on Macaroni 'n Cheese box, etc.) to demonstrate that reading goes beyond books and stories.

~ Carry books along when you go to the dentist, doctor, or places you may have wait time.
~ Read a story or poem is a magical way to bring words, characters, and settings to life.
~ Read road signs. While you are driving, asks your child to read the road signs: Stop, Yield, One Way, Do Not Enter, street markers, or maps.
~ Encourage your child to keep a daily journal. Draw pictures, write words, sentences, paragraphs, and stories. Set an example by enjoying this activity alongside your child.
~ Reading should be a pleasure. If you are enjoying reading, our child will observe.
~ When reading with your child, make sure you are comfortable and relaxed. Make reading a part of your family's daily routine.
~ Vary the writing your child does at home for different audiences and for different purposes (i.e. thank you notes, reminders, lists, etc.).
~ Encourage creativity in writing. Write with colors, pens, markers, chalk, etc.
~ Model reading and writing for and with your child. Nothing sets a better example than you: *Your child's first and foremost teacher*.

9. Establish an independent reading time

Independent reading is an important activity necessary for the development of reading skills and abilities. Young children need time to browse books and print materials. More skilled readers need independent reading time to develop fluency and comprehension. Discussion about books your child reads demonstrates your interest and the importance of the independent reading process.

The amount a child reads makes a difference in the development of reading skills and abilities and also in the growth of vocabulary and general knowledge.

Independent reading from a young age will help develop your child's interests, confidence, and love of reading.

A question parents often ask: How do I know what level of book my child should be reading?

A good rule of thumb is this: If a child is unable to read five or more words on a page of a book, then it is fair to assume that the book he or she has chosen is too difficult for

them. There is nothing more disheartening and discouraging than children struggling to read a book that is too difficult for their level of reading development. If this is the case, they will spend all their time trying to read and decode the words and will fail to enjoy the actual story.

10. <u>Assist with homework</u>

~ Designate a place and time for homework activities.
~ Be patient and create a relaxed, stress-free environment.
~ Develop strategies with your child to assist with complex assignments. Break long assignments down into smaller, more manageable tasks.
~ Read instructions or directions aloud to provide multiple sensory input (e.g., seeing and hearing) on what is expected and "how to."
~ Incorporate technology for efficient and effective learning if appropriate.
~ Be available to help spell words if spelling interferes with the flow of thought while writing. Serve as a scribe on lengthier assignments if handwriting is a hindrance to the process of assignment completion.
~ Exhibit enthusiasm and interest in what your child is learning by helping him/her complete the homework assignment.
~ Encourage ways of teaching and learning that optimize your child's strengths and abilities.
~ Model good work habits. Be close by doing your own homework exercises such as paying bills, sorting mail, making lists, etc.
~ Schedule breaks at regular intervals.
~ Limit unnecessary interruptions.
~Make sure your child understands the expectations of the homework assignment. It may be helpful to review the assignment as a whole and then estimate the time it may take.
~ Establish good habits of using a planner to record assignments, directions, and due dates. Discuss how to seek clarification from the teacher if an assignment is confusing or unclear. Roleplay with your child on how to ask questions of the teacher or a peer.
~ Avoid doing the work for your child. Work together in a way that helps your child be independent while developing responsibility for classroom assignment completion.

~Let everything between you be done with love and understanding.

<u>NOTE:</u> *Be careful. Avoid the "homework tyrant trap." Repeated squabbling with a child over homework assignments has potential to create an unhealthy and adversarial relationship with regard to homework time. Expecting perfection in homework completion may exacerbate a child's frustration. If daily homework is requiring an excessive amount of time, initiate a discussion with your child's teacher to determine strategies to help minimize the potential for stress and frustration during homework sessions.*

11. <u>Monitor Self-esteem</u>

Children with dyslexia may face emotional as well as academic challenges. Unwavering support and acceptance from you, as a parent, is critical.

Encouragement and support in developing special talents not related to reading can help build confidence and self-esteem. Be specific in helping your child set realistic goals and confront problems with honesty. Honest praise for hard work, persistence, willingness to ask for help, and accepting and learning from mistakes will emphasize the importance of traits and attitudes that can lead to long-term success.

12. <u>Factors for Success</u>

~ Ensure the presence of a consistently supportive adult in the environment.
~ Send "you can" messages to develop a sense of determination, capability, and confidence.
~ Provide TIME (time to process, organize, and complete tasks; time to be a child enjoying developmentally appropriate activities; time to enjoy hobbies and outside interests; time adjustments based on needs).
~ Develop a talent or special skill with an opportunity to "teach" it to others.
~ Provide order, structure, routines, rituals, and traditions.
~ Explain all instructions clearly and simply to prevent confusion and reduce mistakes in completing assignments.
~ Simplify complicated tasks by breaking them down into small, manageable, and achievable chunks.
~ Provide assistance in prioritizing and sequencing tasks and events.
~ Provide assistance in planning and managing time.
~ Help your child develop problem-solving skills and strategies for academics as well as interpersonal relationships.
~ Encourage learning-by-doing through hands-on activities.
~ Provide enriching experiences such as trips to museum, concerts, zoos, galleries, vacations, etc.

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APPENDIX

A. FAQs

B. SAMPLE GUIDELINES FOR DETERMINING STUDENT STRENGTHS AND WEAKNESSES

C. SAMPLE SCREENING AND EVALUATION INSTRUMENTS

D. GLOSSARY

E. WEBSITES AND RESOURCE MATERIALS

F. OCT. 2015 UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES LETTER RE: DYSLEXIA

A. FAQ

Q. What causes dyslexia?

A. The *National Center for Learning Disabilities* reports that dyslexia is a neurological and often genetic condition www.ncld.org Researchers have yet to pinpoint the exact causes of dyslexia, however they do know that genetic make-up and brain differences may influence a child's chances of having dyslexia. Possible causes of dyslexia may include:

Genes and heredity: Dyslexia often runs in families. If someone in the family or extended family has dyslexia, there is likelihood that your child may also have dyslexia. About 40% of siblings of children with dyslexia may have the same reading issues (Shaywitz & Shaywitz, 2001). As many as 49 percent of parents of children with dyslexia may have it too (Ibid.) Scientists have found several genes associated with reading and language processing issues (Ibid.).

Brain anatomy: The brain of a child with dyslexia is distinctly different compared to those without dyslexia. The brain of the dyslexic person may function differently because it is organized differently. Neuroimaging techniques such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET) have shown a correlation between functional and structural differences in the brains of children with reading difficulties (Whitaker, 2010). Some individuals with dyslexia show less electrical activation in parts of the left hemisphere of the brain involved in reading (Pammer, 2014). Brain activation studies using PET to study language have produced a breakthrough in understanding of the neural basis of language and reading over the past decade (Price, 2012). Sharifi (2014) has claimed that fMRIs in dyslexics have provided important data supporting the interactive role of the cerebellum and cerebral cortex as well as other brain structures. The cerebellar theory of dyslexia is based on the association of dyslexia with balance, coordination, and time estimation. Research has identified impairment on both sides of the cerebellum, displaying lower blood flow in the areas in question when active (Cain, 2010).

Brain activity: To be able to read, our brains have to translate the symbols we see on the page into sounds. Then those sounds have to be combined into meaningful words. Typically the areas of our brains responsible for language skills work in a predictable way. But if your child has dyslexia, those areas don't work together in the same way. Children with reading issues end up using different areas of the brain to compensate.

As researchers zero in on what causes dyslexia, they're also learning how the brain can be neurologically changed given appropriate stimulation. This concept is known as "neuroplasticity" and studies have shown that brain activity in people with dyslexia can change upon receiving specific and appropriate stimulation through effective instruction and tutoring (Meyler, et.al., 2008).

Dyslexia is not caused by poverty; developmental delay; speech or hearing impairments; or learning a second language. However, these conditions may put a child more at risk for developing a reading disability such as dyslexia (Snow, et.al., 1998).

Q. Does my child have dyslexia?

A. An individual may have several, not just one, of the characteristics listed below. These characteristics persist over time and interfere with his or her learning. If your child is having difficulties learning to read and you have noticed several of these characteristics, he or she may need to be evaluated for the specific disability of dyslexia. The conditions include:

Difficulty with oral language

- Late in learning to talk
- Difficulty in pronouncing words
- Difficulty acquiring vocabulary or using age-appropriate grammar
- Difficulty following directions
- Confusion with before/after, right/left, above/below, etc.
- Difficulty learning the alphabet, nursery rhymes, or songs
- Difficulty understanding concepts and relationships
- Difficulty with word retrieval or naming problems

Difficulty with reading

- Difficulty learning to read
- Difficulty identifying or generating rhyming words or counting syllables in words (phonological awareness)
- Difficulty with hearing and manipulating sounds in words (phonemic awareness)
- Difficulty distinguishing different sounds in words (auditory discrimination)
- Difficulty in learning the sounds of the letters
- Difficulty remembering names and/or the order of letters when reading
- Misreading or omitting common little words
- Stumbling through or guessing at longer words
- Poor comprehension during oral and silent reading
- Slow, choppy, and/or laborious oral reading

Difficulty in handwriting

- Poor formation of letters
- Undeveloped penmanship

Difficulty with written language

- Trouble getting ideas on paper
- Many spelling errors
- Difficulty in proof reading

Q. Does dyslexia affect only areas of reading proficiency?

A. No. Dyslexia may impact many other areas of development and academic performance. The following are potential areas that may pose challenges:

Difficulty in handwriting (Dysgraphia)

- Confusion with handedness – is he or she right or left dominant?
- Poor, underdeveloped, or slow handwriting
- Messy or unorganized written work
- Difficulty copying from a written model
- Underdeveloped or poor fine motor skills

Difficulty with math (Dyscalculia)

- Difficulty counting accurately
- Number reversals or inversions
- Difficulty memorizing math facts
- Difficulty copying math problems and organizing math written work
- Calculation errors
- Difficulty retaining math vocabulary and/or concepts

Attentional issues (ADD or ADHD)

- Inattention
- Inconsistent attention based on interest level
- Distractibility
- Impulsivity
- Over-activity
- Pronounced lethargy

Difficulty with motor skills (Dyspraxia)

- Difficulty planning and coordinating body movements
- Difficulty coordinating muscles to produce speech sounds

Difficulty with organizational skills

- Tends to lose things
- Poor sense of time
- Forgets to do homework and/or return it to school
- Messy desk or locker
- Too much input is overwhelms
- Slow and/or labored work pace
- Operates by "out-of-sight, out-of-mind"

Other difficulties

- Difficulty naming things quickly (rapid naming) (i.e., colors, letters, objects, etc.)
- Exhibits memory problems
- Needs many repetitions to learn something
- Needs multiple sensory inputs to understand a concept
- Easily distracted by visual or extraneous auditory stimuli
- Decline in school performance – achievement, grades, test scores, etc.
- Inconsistent work products
- Relatives may experience similar challenges

Q. Can individuals with dyslexia ever learn to read?

A. Yes, definitely. The human being has incredible potential for resilience when faced with adverse conditions. Some aspects that affect a person 's ability to learn to

read include the quality and selection of accommodations, the ability to effectively use compensatory strategies, use of assistive technologies, etc.

Q. Do boys have dyslexia more frequently than girls?

A. Dyslexia affect boys and girls in equal numbers, however boys are often more frequently identified with dyslexia than girls. Girls tend to more quietly deal with issues related to dyslexia whereas boys tend to draw greater attention from education professionals because of their more overt behaviors to learning frustration. Overt behaviors are more readily recognizable than internalized behaviors.

Q. Do children with dyslexia simply read backwards or just reverse letters?

A. No. Children with dyslexia have difficulty breaking down words. But reversing letters is not always a sign of dyslexia. Young children often reverse and/or invert letters, numbers, etc. This may be developmental rather than dyslexia. Children with dyslexia often struggle with a number of skills that may include writing, spelling, speaking, and socializing.

Q. Is it true that children with dyslexia just need to try harder?

A. This is NOT true. Children with dyslexia often have difficulty learning to read by traditional instructional methods. Studies have consistently demonstrated that children with dyslexia benefit when instruction is systematic and intensive; implicit, sequential, and multisensory (e.g., uses the senses of sight, sound, and touch in combination).

Q. Is dyslexia a sign of low intelligence or IQ?

A. No. Having dyslexia does not mean your child is not smart. Dyslexia occurs in children of all backgrounds, all socioeconomic levels, and all levels of intelligence. With appropriate instruction and support, children with dyslexia can achieve great things: College, successful careers, successful life experiences. Dyslexia does not imply low intelligence.

Q. Is dyslexia curable?

A. Dyslexia is a lifelong challenge and cannot be "cured." Early intervention and effective classroom instruction and accommodations can have a positive impact upon a child's ability to read and experience academic success in other areas of the curriculum.

B. Sample Guidelines for Determining Student Strengths and Weaknesses

ASSESSMENT TYPE	STRENGTH	WEAKNESS
• PROGRESS MONITORING • BENCHMARKING • CBM PROBES	• ≥ 20th percentile ("Benchmark" zone) • Data points at or above aim-line	• ≤ 10th percentile ("Intensive" zone) • Data points below aim-line for at least 4 consecutive weeks
STATE ASSESSMENT	"Meets" or "Exceeds" grade level expectations	"Does Not Meet" grade level expectations
NORM-REFERENCED TESTS	≥ 25th percentile	≤ 15th percentile
CURRICULUM ASSESSMENTS AND TESTS	Score ≥ 80%	Score ≤ 70%
GRADES	A's or B's / "Meets" or "Exceeds" grade level expectations	D's or F's / "Does Not Meet" grade-level expectations
TEACHER REPORT	Student performs at or above expectations when compared to other students in the classroom	Student performs well below expectations when compared to other students in the classroom
ACADEMIC OBSERVATIONS	Student demonstrates average to above-average understanding of academic content in comparison to other student in the classroom	Student demonstrates that he or she does not understand the majority of the academic content
BEHAVIORAL/FUNCTIONAL OBSERVATIONS	Student demonstrates typical behavioral and functional skills in comparison to other same-age-or same-grade students	Most of the student's functional and behavioral skills appear to be well-below average in comparison to other same-age or same-grade students
RATING SCALES	Scores fall within the "normative" range	Scores fall within the "clinically significant" range

C. Sample Screening and Evaluation Instruments for Consideration in Multidisciplinary Decision in Assessing Dyslexia

There is no one single test that may be used to comprehensively assess for the reading disability of **dyslexia**. Rather, a comprehensive battery of tests must be considered based upon the recommendation of the school multidisciplinary team. Tests should be selected on the basis of their measurement properties and their potential to address noted concerns. Tests that measure phonemic awareness, expressive oral and written language, receptive oral and written language, and reading skill development are important components of an effective assessment plan.

This list of measures is not exhaustive, but rather a sampling of assessments and evaluations that may be considered as multiple data sources to assist and inform decision-making in a verification of the **specific learning disability (SLD): Dyslexia**

Information gleaned through a multidisciplinary evaluation will guide the verification team's decision in the determination of whether or not the student's performance meets the set of outlined criteria enumerated in Nebraska Rule 51.

Some of these instruments (noted by *) may require specialized training in administration and interpretation of results.

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Aimsweb Test of Early Literacy – Identifies students at risk for reading difficulties. The four measures in the battery include: 1) Letter Naming Fluency – identified as the best single indicator of risk for reading failure, 2) Letter Sound Fluency – with equal or better predictive ability to later general reading skill, 3) Phoneme Segmentation Fluency – the ability to hear critical sounds in the spoken word, and 4) Nonsense Word Fluency – the ability to link the written code with the most common sounds.

Assessing Linguistic Behaviors Communicative Intentions Scale (ALB): Assesses the performance in cognitive-social and linguistic development (cognitive antecedents to word meaning, play, communicative intentions, language comprehension, and language production).

Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5): Assesses language 'content and form' in both expressive and receptive language modalities and includes a subtest for assessment of pragmatics in language use.

Comprehensive Assessment of Spoken Language (CASL): Assesses language processing skills including comprehension, expression and retrieval. Fifteen subtests, in four language structure categories include 1) lexical/semantic, 2) syntactic, 3) supralinguistic, and 4) pragmatic language use. The test is orally-administered and requires a verbal or nonverbal response; no reading or writing is required.

***Comprehensive Test of Phonological Processing-2* (CTOPP-2)** - Phonological Awareness Composite – Subtests include elision, blending words, sound matching, phoneme isolation, blending nonwords, segmenting nonwords, digit memory, nonword repetition, rapid digit naming, rapid letter naming, rapid color naming.

DORA Phonemic Awareness Online Assessment – DORA is a thorough assessment of phonemic awareness skills. This assessment was designed to identify children who struggle with distinguishing and manipulating phonemes in words, showing proficiency in phonemic awareness tasks, or exhibit extraordinary facility with phonemes. It can be used to screen or diagnose in the areas of phonemic awareness. Specific skills tested include: addition, deletion, substitution, identification, categorization, blending, segmenting, isolation, and rhyming.

Dynamic Indicators of Basis Early Literacy Skills (DIBELS) –DIBELS is a set of procedures and measures for assessing the acquisition of early literacy skills. Seven measures comprise DIBELS and function as indicators of phonemic awareness, alphabetic principle, accuracy and fluency with connected text, reading comprehension, and vocabulary.

Dynamic Screening of Phonological Awareness (DSPA) - This screening test helps clinicians identify young children who are at risk for reading disabilities and in need of supplemental and/or diagnostic testing.

Expressive One-Word Picture Vocabulary Test, Fourth Ed. (EOWPVT-4): This picture-naming test measures a child's naming and expressive vocabulary skill. Administration is efficient and may be completed in 20 minutes.

Gates-MacGinitie Reading Test (GATES) – GATES provides a general level of student reading achievement. Four subtests include: 1) literacy concepts - student understanding of the nature and use of written English; understanding of the use of words and phrases commonly recognizable in reading readiness, 2) oral language concepts – phonological awareness; evaluates ability to attend to basic conventions of spoken words [phonemic units], 3) letter/sound correspondence, and 4) listening comprehension.

Goldman-Fristoe Test of Articulation-2 (GFTA-2) Designed to provide a systematic means of assessing an individual's articulation in single words.

***Gray Oral Reading Test –5 (GORT-5)* –** The GORT consists of sixteen developmentally sequenced reading passages, each followed by 5 comprehension questions. It identifies students who are significantly below grade level peers in oral reading proficiency.

Gray Silent Reading Tests (GSRT) – GSRT is a quick efficient measure of silent reading comprehension. It is a new addition to the Gray reading test battery and consists of 13 developmentally sequenced reading passages with five multiple-choice questions.

Kaufman Speech Praxis Test for Children (KSPT) - A norm-referenced, standardized assessment of a child's speech production to assist in identifying and determining treatment options for children with developmental apraxia of speech.

****Kaufman Test of Educational Achievement, Second Edition (KTEA – II) –*** Subtests include phonological processing (PP), letter & word recognition (LWR), nonsense word decoding (NWD), writing fluency (WF), reading comprehension (RC), written expression (WE), spelling (SP), object naming facility (ONF), reading vocabulary (RV), letter naming facility (LNF), listening comprehension (LC), word recognition fluency (WRF), oral expression (OE), decoding fluency (DF).

Khan-Lewis Phonological Analysis-2 (KLPA-2) - A norm-referenced analysis of overall phonological process usage. The percent of occurrence scores indicate how frequent the process is used by the child to simplify the speech process.

MacArthur Communicative Development Inventories-Words and Gestures (CDI): The CDI is a checklist that asks parents to identify various words and utterances their child (8-16 months) says. It includes vocabulary related to people, action words, description words, pronouns, question words, items around the home, and sentences.

Oral and Written Language Scales: Written Expression (OWLS Written Expression): Three scales provide assessment opportunity in written expression, oral expression, and listening comprehension. The written expression scale measures the use of handwriting, spelling, and punctuation. The oral expression scale measures the child's ability to answer questions and complete sentences. The listening comprehension scale measures ability to comprehend the spoken word and respond by pointing to a picture of the given word.

Peabody Developmental Scales-2 (PDMS-2) - is an early childhood motor development program providing both in-depth assessment and training or remediation of gross and fine motor skills.

Peabody Picture Vocabulary Test, Fourth Ed. (PPVT-4): This test measures a child's receptive vocabulary. The child is shown a page with four pictures on it. The examiner says the name of one of the pictures and asks the child to point to the correct picture.

Phonological Awareness Test-2 (PAT–2) – Subtests in this battery include rhyming, segmentation, isolation, deletion, substitution, blending, graphemes, and decoding.

Predictive Assessment of Reading (PAR): Subtests included in the PAR assessment are: 1) phonemic awareness, 2) fluency, and 3) single word reading and vocabulary. This

assessment allows for 3 data points over the course of one year (initial, mid-year, and final) and is used as a progress monitoring tool.

Preschool Language Scale-5 (PLS-5) - The PLS-5 is an individually administered test used to identify a language delay or disorder in children, from birth to 7 years 11 months.

Qualitative Reading Inventory, Fifth Edition (QRI-5): The QRI assesses reading ability at emergent through high school levels. Graded word lists and written passages are designed to evaluate oral reading, silent reading, and listening comprehension.

Rapid Automatic Naming and Rapid Alternating Stimulus Tests (RAN/RAS) – This RAN/RAS measures word retrieval fluency. It consists of four rapid naming tests for familiar letters, numbers, colors and objects and two rapid alternating stimulus tests.

Sutherland Phonological Awareness Test - Revised (SPAT-R) – The SPAT measures skills in the following categories: 1) sound identification, 2) blending, 3) segmenting, 4) manipulation, 5) non word reading, and 6) spelling.

The Lindamood Auditory Conceptualization Test, Third Edition (LAC-3) - is a nationally normed measure of phonemic awareness.

The Slingerland Screening Tests - are designed to screen individual or groups of students strengths and weaknesses in the areas that contribute to language acquisition: visual, auditory and kinesthetic-motor.

Test of Auditory Comprehension of Language, Third Edition (TACL-3): A picture-pointing test, the TACL assesses understanding of word classes (e.g., nouns, verbs, adjectives), grammatical morphology (e.g., prepositions, singular vs. plural nouns, verbs), and sentence structures (e.g., questions, negatives).

Test of Auditory Processing Skills-3 (TAPS-3) - The TAPS-3 measures what a person does with what is heard. It provides a way to identify particular auditory processes that the individual may be having difficulties with, allowing appropriate remediation strategies to be planned.

Test of Early Reading Ability-3 (TERA-3) - Three subtests comprises the TERA: 1) alphabet, 2) conventions, and 3) meaning. It is a screening measure that can be administered quickly.

Test of Phonemic Awareness-2 (TOPA-2) – The TOPA measures the ability to (a) isolate individual phonemes in spoken words and (b) understand the relationships between letters and phonemes in the English language.

***Test of Word Reading Efficiency-2 (TOWRE-2)* –** This is a quick screening measure that assesses sight word vocabulary and phonetic decoding efficiency.

Test of Written Language - 4 (TOWL-4) – Two subtests comprise the TOWL: Vocabulary and Spelling.

***Test of Written Spelling-5 (TWS-5)* –** The TWS is an accurate and efficient instrument that uses a dictated-word format to assess spelling skills in school-age children and adolescents.

****Wechsler Individual Achievement Test-III (WIAT-III)*** – Subtests in the WIAT include 1) word reading (phonological awareness and decoding), 2) reading comprehension, 3) pseudo-word (phonetic decoding and word attack), 4) spelling (dictated letters, sounds, and words), 5) written expression (writing letters, words, and sentences as quickly as possible), and 6) listening comprehension.

***Wide Range Achievement Test-Fourth Ed. (WRAT-4)* –** This instrument measures basic skills in reading, spelling, and mathematical computation. Three subtests that apply to the assessment of phonemic awareness are: 1) word reading, 2) spelling, and 3) sentence comprehension [measure of reading comprehension].

****Woodcock-Johnson Psycho-Educational Battery – III (WJPEB-III)* –** Subtests of achievement in reading include:

~Letter-Word Identification - naming letters and reading words aloud from a list
~Reading Fluency - speed of reading sentences
~Passage Comprehension - orally supplying the missing word removed from each sentence or very brief paragraph
~Word Attack - reading nonsense words aloud to test phonetic word attack skills
~Reading Vocabulary - orally stating synonyms and antonyms for printed words and orally completing written analogies

The following subtest covers the area of phonemic awareness as outlined in NCLB and Reading First:

~Sound Awareness - rhyming, deletion, substitution, and reversing of spoken sounds

***Woodcock Reading Mastery Test-III* (WRMT – III)** – The WRMT is thorough in its scope for in-depth assessment of reading skills. It includes subtests specifically designed to assess 1) phonological awareness (first sound matching, last sound matching, rhyme production, blending, deletion); 2) listening comprehension; 3) letter identification; 4) word identification; 5) rapid automatic naming (object & color naming, number & letter naming); 6) oral reading fluency; 7) word attack; 8) word comprehension (antonyms, synonyms, analogies); and 9) passage comprehension.

D. Glossary

accommodations: Changes made in materials, actions, or instructional strategies that enable a student with disabilities to participate more meaningfully in grade-level or course-level classroom instruction. Accommodations occur in instructional activities when educators incorporate individualized strategies to meet the learning needs of the student.

ADHD: Attention Deficit Hyperactivity Disorder. ADHD is a medical condition that impacts learning through chronic and serious inattentiveness; hyperactivity and/or impulsivity; and excessive motor behaviors that impede learning.

alphabetic principle: The understanding that the sequence of letters in written words represents the sequence of sound (e.g., phonemes) in spoken words.

automaticity: The ability to do things without intense concentration. Automaticity is the result of learning, repetition, and practice that allows an individual to perform tasks rapidly and effortlessly without attention (e.g., as an "automatic" process). Examples of automaticity in common activity include walking and speaking. In reading, automaticity is the rapid, effortless word recognition that comes from reading practice. In the early stages of learning to read, students may be accurate but slow and inefficient at recognizing words. Continued reading practice helps word recognition become automatic, rapid, and effortless.

coarticulated: Coarticulation is the way the brain organizes sequences of vowels and consonants to interweaving the individual movements necessary for each into one smooth whole. It takes about a fifth of a second to produce a syllable, or about a fifteenth or twentieth of a second for each consonant or vowel. Now it turns out it takes a little longer than that to move the lips, tongue and jaw for each vowel and consonant. So what is happening?

- The brain coordinates these individual movements in a very ingenious way, such that movements needed for adjacent vowels and consonants are produced simultaneously.
- This result is very smooth speech.

dyslexia: See Section 2, page 5 of this document - "Definition of Dyslexia."

encoding: Encoding is a process of translating spoken language into written symbols – spelling. Encoding is attempting to write letters to represent sound in words. Spelling conventions and patterns should be taught as they are needed to spell words that the student is learning to decode.

evidence-based practices: Educators agree that evidence-based practices, at a minimum, must be based on the following criteria:

1. objective—any evaluator would identify and interpret the research data in a similarly
2. valid—data that adequately represent the tasks that children need to accomplish to be successful readers
3. reliable—data remains essentially unchanged if collected on a different day or by a different person
4. systematic—data were collected according to a rigorous research design of experimentation or observation
5. refereed—data have been approved for publication by a panel of independent reviewers

fluency: In the reading process, fluency is the ability to read text accurately, quickly, and with appropriate expression and prosody (e.g., rhythm, intonation, and phrasing). Fluency provides the bridge between word recognition and reading comprehension. It involves accurate anticipation of what will come next in the reading of text.

formative assessments: Formative assessment is a process used by teachers and students during instruction that provides explicit feedback to adjust ongoing teaching and learning to improve student achievement of intended instructional outcomes. Formative assessment is a method of continually evaluating student academic needs and development within the classroom and precedes local benchmark assessments and state-mandated summative assessments.
Teachers who engage in formative assessments give continual, explicit feedback to students and assist them in answering the following questions:

Where am I going?
Where am I now?
How can I close the gap between the two?

heterogeneous: A term used to describe the diversity of nearly anything — populations, classrooms, children, individuals, collections, etc. An example of the concept of heterogeneous is a classroom made up of a multitude of students from varying backgrounds, varying levels of ability, different ethnicities, etc.

implementation fidelity: The degree to which the program is implemented as intended by program developer, including the quality of implementation. Includes implementation with consistency, accuracy, and integrity. The concept of fidelity is important because it:

1. Ensures that instruction has been implemented as intended,
2. Helps link student outcomes to instruction,
3. Helps in the determination of intervention effectiveness, and
4. Helps in instructional decision making

metacognition: A higher-order processing skill that enables understanding, analysis and control of one's own learning and thinking. It is often referred to as the ability to "think about one's thinking."

morpheme: The smallest element of meaningful speech or writing (i.e., base words, prefixes, suffixes, etc.). For example, "unladylike" has 3 morphemes (and 4 syllables). The morpheme breaks are "un" which means "not," and "lady" which means "female adult human," and "like" which means "having characteristics of." The word, "technique," has 1 morpheme (and 2 syllables). The morpheme is "technique" which cannot be further broken down into meaningful units of language.

morphology: The study of the structure of words in a language, including patterns of inflections and derivation. Just as sentences can be broken down into smaller units of meaning (e.g., words), words can be broken down into smaller units of meaning (e.g., morphemes). For example, "amoral" has 2 morphemes: "a" means "not" and "moral" relates to the state of character.

multisensory instruction: Teaching with instructional activities that require the student to use multiple sensory pathways (i.e., seeing, hearing, touching, etc.) to enhance retention and retrieval of information.

phoneme: The smallest parts of sound in a spoken word that make a difference in a word's meaning. The English language has about 44 phonemes. When phonemes are combined, they make words. For example, the word bat has 3 phonemes: /b/, /a/, /t/.

phonemic awareness: Phonemic awareness is the ability to hear, identify, and manipulate individual sounds (*phonemes*) in spoken words. Before children learn to read print, they need to be aware of how the sounds in words work. They must understand that words are made up of speech sounds, or *phonemes* (the smallest parts of sound in a spoken word that make a difference in a word's meaning).

phonics: A method for teaching reading and writing by developing the learner's phonemic awareness—the ability to hear, identify, and manipulate phonemes—in order to teach the correspondence between these sounds and the spelling patterns (graphemes) that represent them. The goal of phonics instruction is to enable beginning readers to decode new written words by sounding them out, or in phonics terms, *blending* the sound-spelling patterns.

phonological awareness: The sensitivity to, or explicit understanding of, the sound structure of spoken words and the ability to hear sounds that make up words in the spoken language. This includes recognizing words that rhyme, determining whether words begin or end with the same sound(s), understanding that sounds can be manipulated to create new words, and separating words into their individual sounds.

phonology: The study of the systematic organization of sounds in languages and the rules that specify how sounds interact with each other. Phonology is described as an aspect that deals with rules for the structure and sequencing of speech sounds. Every

language has a wide variety of speech sounds (e.g., phonemes). For example, in English, the *ng* sound, as in *ring*, will never appear at the beginning of a word. Phonology rules also determine which sounds may be combined. For example, the combination of *dn* will not appear in sequence in the same syllable.

pragmatics: The knowledge and skills that enable a reader to decipher different intents or meaning from the context. Use of context clues that surround an unfamiliar word is a form of pragmatics. It is also the ability to understand another speaker's intended meaning. The meaning of spoken words depends on an understanding of the context and intent. For example, the sentence "You have the green light" has multiple meanings. Without knowing the context, the identity of the speaker, or the intent, it is difficult to infer absolute meaning of the sentence. It could mean:

You are holding a green light....or
You have a green light while driving your car....or
You can move forward with the project.

prosodic features: The defining feature of expressive reading, prosody comprises all the variables of expression: timing; phrasing; rhythm; emphasis; intonation; pause structures; stress; voice patterns that rise and fall; and general expressiveness that help convey aspects of meaning. Prosodic features are one of the hallmarks of fluent reading.

phonological memory: The ability to code and retrieve bits of information in working short-term memory. Phonological memory deficits can constrain the ability to learn new written or spoken words or vocabulary.

rapid automatic naming (RAN): The ability to efficiently retrieve phonological information (individual sounds in words, pronunciations of common word parts, pronunciation of whole words) from long-term memory. Strength in RAN is predictive of efficient reading rate and fluency. RAN is highly correlated with success in reading.

semantics: The study of relationships between words and how meaning is constructed at the word, phrase, sentence and text level. For example, "crash" can mean auto accident, a drop in the Stock Market, to attend a party without being invited, ocean waves hitting the shore, or the sound of cymbals being struck together.

syntax: The basic structure of sentences. Sentences must follow certain structural rules in order to make sense. The arrangement of words and phrases to create well-formed sentences is called syntax. A very simple grammatical rule is that every sentence must have a noun and a verb.

working memory: The ability to hold in mind and mentally manipulate bits of information over short periods of time. Often thought of as a mental workspace that used to store information. It may involve new or already stored information and is important for learning, reasoning, and comprehension. An example that uses working

memory is a mental math problem: 37 x 9. To do this effectively, one must hold the digits in working memory while applying processes of multiplication and adding (regrouping). Working memory must hold many bits of information within the mind all at one time to efficiently problem-solve.

E. Websites and Resource Materials

Websites

asha.org - American Speech-Language-Hearing Association (ASHA) features a multitude of information on topics related to language and dyslexia.

bestevidence.org - The Best Evidence site was created by Johns Hopkins University School of Education's Center for Data-Driven Reform in Education (CDDRE) under funding from the Institute of Education Sciences, U.S. Department of Education. It includes reliable reviews of research-proven educational programs to help policy makers use evidence to make informed choices; school administrators to elect programs and practices that meet high quality standards; teachers to use the most powerful teaching tools available; and researchers to find rigorous evaluations of educational practices and programs.

channing-bete.com - This website includes a very informative handbook designed for parents of a child with dyslexia. It's titled: "A Parent's Handbook: Helping Your Child with Dyslexia."

dyslexiafoundation.org - The Dyslexia Foundation promotes identification of children with dyslexia and notes efforts to assist children to establish higher levels of learning through specialized programs that promote effective reading practices.)

dyslexia.yale.edu - The Yale Center for Dyslexia and Creativity serves as a nexus for research on dyslexia, and is well a leading source of advocacy and information to better the lives of individuals with dyslexia.

eida.org - The International Dyslexia Association (IDA) provides Dyslexia Basics, Research, Education, Programs, FAQs, Advocacy, etc. A broad array of links are included to further deeper study in dyslexia.

getreadytoread.org – This website targets childcare workers and provides information about the "constellation of care" that encourages early literacy in childcare centers. Skill-building activities, information on programs and resources, research information, and FAQs on developing early literacy skills are included in this website.

ida-umb.org – An extension of the international website (IDA), this website is specific to the upper Midwest branch (UMB) of the International Dyslexia Association and is further referred to as UMBIDA. UMBIDA is a nonprofit organization that supports individuals with dyslexia and related, language-based learning disorders. It includes good information for teachers and parents and is one of 46 IDA branches worldwide. UMBIDA has been serving the areas of Minnesota, North Dakota, South Dakota and Manitoba, Canada for nearly 45 years.

ies.ed.gov/ncee/wwc/topics.aspx - The What Works Clearinghouse is sponsored by the Institute of Education Sciences (IES) and provides a review of a wide range of programs, products, practices, and policies for effective interventions in educational practice.

ldaamerica.org - Learning Disabilities Association (LDA) of America provides cutting edge information, practical solutions, and a comprehensive network of resources to support individuals with learning disabilities, their families, teachers, and other professionals.

learningally.org - Learning Ally is a relatively new website that includes the older version of "Recordings for the Blind and Dyslexic" (rfbd.org). Learning Ally provides resources to help students overcome learning challenges. Educational solutions from audiobooks to support services are included for blind, visually impaired, and dyslexic students from kindergarten through college and beyond. Tools are included to help students develop the skills needed to become confident and effective learners at every stage of life.

nationalreadingpanel.org - This website contains the meta-analyses of the studies conducted in 2000 by the federally appointed National Reading Panel. Links include research outcomes in the areas of phonemic awareness, phonics, and fluency.

ncld.org – National Center for Learning Disabilities. The mission of NCLD is to improve the lives of children and adults with learning and attention issues.

nebraskadyslexia.org - The Nebraska Dyslexia Association [NDA] promotes the study, prevention, and treatment of dyslexia. The NDA works to enhance the public's perception and understanding of dyslexia and related language/learning abilities. It is a comprehensive website that includes links for educators and parents.

nichd.nih.gov – The National Institute of Child Health and Human Development (NICHD) contains a great deal of research on dyslexia.

nifl.gov - The National Institute for Literacy (NIFL) is an independent federal organization the supports the develop of high-quality services on literacy development. NIFL administers the Partnership for Reading and related programs.

promisingpractices.net. The Promising Practices Network highlights programs and practices that research indicates are effective in improving school outcomes for children, youth, and families.

smartkidswithld.org . Smart Kids provides information specific to dyslexia [i.e., addressing reading issues; assistance for older children with reading problems; assessment and evaluation for dyslexia; etc.)

understood.org (Understood is a comprehensive, free non-profit resource to help parents of children with learning issues. It provides clear and concise information and practical advice that positively supports and assists children who exhibit significant learning differences.)

webmd.com (WebMD is a comprehensive website that includes information on a multitude of aspects of dyslexia [i.e., overview, causes, symptoms, risks, parent resources, related information, etc.])

Resource Materials

Fielding, R. (2012). *DYSLEXIA - Assessment, the Symptoms and Understanding Dyslexia.*

Graham, Y. & Graham, A. (2012). *Dyslexia Tool Kit for Tutors and Parents: What to do when phonics isn't enough.*

Marshall, A. (2013). *The Everything Parent's Guide to Children with Dyslexia: Learn the Key Signs of Dyslexia and Find the Best Treatment.*

Moats, L. & Dakin, K.E. (2007). *Basic Facts About Dyslexia & Other Reading Problems.*

Nicolson, R. & Fawcett, A. (2010). *Dyslexia, Learning, and the Brain.*

Shaywitz, S. (2005). *Overcoming Dyslexia: A New and Complete Science-Based Program for Reading Problems at Any Level.*

Siegel, L. (2013). *Understanding Dyslexia and Other Learning Disabilities.*

F. Oct. 2015 Letter: United States Department of Education Office of Special Education and Rehabilitative Services RE: Dyslexia

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

THE ASSISTANT SECRETARY

OCT 23 2015

Dear Colleague:

Ensuring a high-quality education for children with specific learning disabilities is a critical responsibility for all of us. I write today to focus particularly on the unique educational needs of children with dyslexia, dyscalculia, and dysgraphia, which are conditions that could qualify a child as a child with a specific learning disability under the Individuals with Disabilities Education Act (IDEA). The Office of Special Education and Rehabilitation Services (OSERS) has received communications from stakeholders, including parents, advocacy groups, and national disability organizations, who believe that State and local educational agencies (SEAs and LEAs) are reluctant to reference or use dyslexia, dyscalculia, and dysgraphia in evaluations, eligibility determinations, or in developing the individualized education program (IEP) under the IDEA. The purpose of this letter is to clarify that there is nothing in the IDEA that would prohibit the use of the terms dyslexia, dyscalculia, and dysgraphia in IDEA evaluation, eligibility determinations, or IEP documents.

Under the IDEA and its implementing regulations "specific learning disability" is defined, in part, as "a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, *dyslexia*, and developmental aphasia." See 20 U.S.C. §1401(30) and 34 CFR §300.8(c)(10) (emphasis added). While our implementing regulations contain a list of conditions under the definition "specific learning disability," which includes dyslexia, the list is not exhaustive. However, regardless of whether a child has dyslexia or any other condition explicitly included in this definition of "specific learning disability," or has a condition such as dyscalculia or dysgraphia not listed expressly in the definition, the LEA must conduct an evaluation in accordance with 34 CFR §§300.304-300.311 to determine whether that child meets the criteria for specific learning disability or any of the other disabilities listed in 34 CFR §300.8, which implements IDEA's definition of "child with a disability."

For those students who may need additional academic and behavioral supports to succeed in a general education environment, schools may choose to implement a multi-tiered system of supports (MTSS), such as response to intervention (RTI) or positive behavioral interventions and supports (PBIS). MTSS is a schoolwide approach that addresses the needs of all students, including struggling learners and students with disabilities, and integrates assessment and intervention within a multi-level instructional and behavioral system to maximize student achievement and reduce problem behaviors.

MTSS, which includes scientific, research-based interventions, also may be used to identify children suspected of having a specific learning disability. With a multi-tiered instructional

framework, schools identify students at risk for poor learning outcomes, including those who may have dyslexia, dyscalculia, or dysgraphia; monitor their progress; provide evidence-based interventions; and adjust the intensity and nature of those interventions depending on a student's responsiveness. Children who do not, or minimally, respond to interventions must be referred for an evaluation to determine if they are eligible for special education and related services (34 CFR §300.309(c)(1)); and those children who simply need intense short-term interventions may continue to receive those interventions. OSERS reminds SEAs and LEAs about previous guidance regarding the use of MTSS, including RTI, and timely evaluations,[1] specifically that a parent may request an initial evaluation at any time to determine if a child is a child with a disability under IDEA (34 CFR §300.301(b)), and the use of MTSS, such as RTI, may not be used to delay or deny a full and individual evaluation under 34 CFR §§300.304-300.311 of a child suspected of having a disability.

In determining whether a child has a disability under the IDEA, including a specific learning disability, and is eligible to receive special education and related services because of that disability, the LEA must conduct a comprehensive evaluation under §300.304, which requires the use of a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child. This information, which includes information provided by the parent, may assist in determining: 1) whether the child is a child with a disability; and 2) the content of the child's IEP to enable the child to be involved in, and make progress in, the general education curriculum. 34 CFR §300.304(b)(1). Therefore, information about the child's learning difficulties, including the presenting difficulties related to reading, mathematics, or writing, is important in determining the nature and extent of the child's disability and educational needs. In addition, other criteria are applicable in determining whether a child has a specific learning disability. For example, the team determining eligibility considers whether the child is not achieving adequately for the child's age or to meet State-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or the relevant State standards in areas related to reading, mathematics, and written expression. The team also must determine that the child's underachievement is not due to lack of appropriate instruction in reading or mathematics. 34 CFR §300.309(a)(1) and (b). Section 300.311 contains requirements for specific documentation of the child's eligibility determination as a child with a specific learning disability, and includes documentation of the information described above. Therefore, there could be situations where the child's parents and the team of qualified professionals responsible for determining whether the child has a specific learning disability would find it helpful to include information about the specific condition (e.g., dyslexia, dyscalculia, or dysgraphia) in documenting how that condition relates to the child's eligibility determination. 34 CFR §§300.306(a)(1), (c)(1) and 300.308.

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[1] *See* OSEP Memo 11-07 (January 21, 2011) available at: www.ed.gov/policy/speced/guid/idea/memosdcltrs/osep11-07rtimemo.pdf. Under 34 CFR §300.307(a)(2)-(3), as part of their criteria for determining whether a child has a specific learning disability, States must permit the use of a process based on the child's response to scientific, research-based intervention, and may permit the use of other alternative research-based procedures in making this determination.

Stakeholders also requested that SEAs and LEAs have policies in place that allow for the use of the terms dyslexia, dyscalculia, and dysgraphia on a child's IEP, if a child's comprehensive evaluation supports use of these terms. There is nothing in the IDEA or our implementing regulations that prohibits the inclusion of the condition that is the basis for the child's disability determination in the child's IEP. In addition, the IEP must address the child's needs resulting from the child's disability to enable the child to advance appropriately towards attaining his or her annual IEP goals and to enable the child to be involved in, and make progress in, the general education curriculum. 34 CFR §§300.320(a)(1), (2), and (4). Therefore, if a child's dyslexia, dyscalculia, or dysgraphia is the condition that forms the basis for the determination that a child has a specific learning disability, OSERS believes that there could be situations where an IEP Team could determine that personnel responsible for IEP implementation would need to know about the condition underlying the child's disability (e.g., that a child has a weakness in decoding skills as a result of the child's dyslexia). Under 34 CFR §300.323(d), a child's IEP must be accessible to the regular education teacher and any other school personnel responsible for its implementation, and these personnel must be informed of their specific responsibilities related to implementing the IEP and the specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP. Therefore, OSERS reiterates that there is nothing in the IDEA or our implementing regulations that would prohibit IEP Teams from referencing or using dyslexia, dyscalculia, or dysgraphia in a child's IEP.

Stakeholders requested that OSERS provide SEAs and LEAs with a comprehensive guide to commonly used accommodations[2] in the classroom for students with specific learning disabilities, including dyslexia, dyscalculia, and dysgraphia. The IDEA does not dictate the services or accommodations to be provided to individual children based solely on the disability category in which the child has been classified, or the specific condition underlying the child's disability classification. The Office of Special Education Programs (OSEP) funds a large network of technical assistance centers that develop materials and resources to support States, school districts, schools, and teachers to improve the provision of services to children with disabilities, including materials on the use of accommodations. The U.S. Department of Education does not mandate the use of, or endorse the content of, these products, services, materials, and/or resources; however, States and LEAs may wish to seek assistance from entities such as the National Center on Intensive Intervention at: http://www.intensiveintervention.org, the Center for Parent Information and Resources available at: http://www.parentcenterhub.org, and the National Center on Accessible Educational Materials available at: http://aem.cast.org/. For a complete list of OSEP-funded technical assistance centers please see: http://ccrs.osepideasthatwork.org/.

In implementing the IDEA requirements discussed above, OSERS encourages SEAs and LEAs to consider situations where it would be appropriate to use the terms dyslexia, dyscalculia, or dysgraphia to describe and address the child's unique, identified needs through evaluation, eligibility, and IEP documents. OSERS further encourages States to review their policies,

[2] Although the IDEA uses the term "accommodations" primarily in the assessment context, OSERS understands the request to refer to the various components of a free appropriate public education, including special education, related services, supplementary aids and services, and program modifications or supports for school personnel, as well as accommodations for students taking assessments.

procedures, and practices to ensure that they do not prohibit the use of the terms dyslexia, dyscalculia, and dysgraphia in evaluations, eligibility, and IEP documents. Finally, in ensuring the provision of free appropriate public education, OSERS encourages SEAs to remind their LEAs of the importance of addressing the unique educational needs of children with specific learning disabilities resulting from dyslexia, dyscalculia, and dysgraphia during IEP Team meetings and other meetings with parents under IDEA.

I hope this clarification is helpful to both parents and practitioners in ensuring a high-quality education for children with specific learning disabilities, including children with dyslexia, dyscalculia, and dysgraphia. If you have additional questions or comments, please email them to sld@ed.gov.

Sincerely,

Michael K. Yudin

For additional information, please contact the
Office of Special Education
402-471-2471