



Reading Instruction, Reading Deficits, Disorders and Dyslexia A Discussion Document

Significant attention is now focused on "dyslexia" at both the national level in Congress and at a state legislative level. The Missouri Council of Administrators of Special Education (MO-CASE) developed this document to provide background on reading instruction, reading deficits, reading disorders and dyslexia. Five issues that are critical to understanding how "dyslexia" fits within the educational system of Missouri public schools are discussed and recommendations are provided for addressing current needs in Missouri.

BACKGROUND

The terms learning disabilities, reading disabilities, reading disorders, reading delays and dyslexia are often used differently by educators and other professionals.

- In the educational field, the term learning disabilities has a very specific and legal meaning as is defined in IDEA and associated eligibility criteria which require a need for special education services.
- The term "reading disabilities, reading disorders and reading delays" do not have an explicit definition in IDEA and are generally used to describe any reading deficit.
- In the medical and mental health fields, the Diagnostic and Statistical Manual V (DSM-5) is used for diagnostic purposes and it defines the term "specific learning disorder" with three additional descriptors of -- with impairment in reading, with impairment in written expression or with impairment in math. The DSM-5 diagnosis of specific learning disorder with impairment in reading has a note that reads "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."

On the December 2014 Child Count, Missouri schools identified 3% of the school population as IDEA eligible in the category of learning disabled. Experts and researchers have determined that as many as 90% of students with learning disabilities have reading difficulties, and even the low estimates are approximately 60%. Many of these same experts and researchers estimate that at least an additional 20% of the total school population have problems learning how to read effectively, but will not be IDEA eligible. For Missouri, this means about 23% of students will experience reading challenges with 20% of those served in general education.

Currently, dyslexia is a term that is frequently applied to this 20% of students who are not IDEA eligible but who require direct, explicit instruction in basic reading skills through what is often referenced as a multi-sensory approach along with the 3% who are identified as IDEA eligible in the category of learning disabled in the area of reading. These students may or may not have a DSM-5 diagnosis of dyslexia.

1. As many as one in five children in general education must have consistent, direct and explicit instruction in basic reading skills to become a proficient reader.

Reading is an acquired skill. It is not a natural outcome of language development; it must be explicitly taught. Some children learn to read easily and seemingly without effort. Many more children require instruction over a period of time to acquire basic reading skills. Of this group, a significant portion (the 20% previously described) must have consistent direct

and explicit instruction in order to learn to read proficiently. Many if not most of these students who exhibit problems in learning to read are not able to distinguish the sound components of phonemes and words well. They have difficulty establishing sound-symbol relationships, and with applying phonetic rules. These problems impede reading fluency, (poor reading fluency is a key indicator of reading problems), and impact the rate at which the student learns new words, all of which significantly impairs reading comprehension.

A smaller group of students will continue to exhibit significant delays in their level of reading proficiency and rate of progress despite having received appropriate instruction and intensive intervention. These students are often identified as students with disabilities under the Individuals with Disabilities Education Act (IDEA) and maybe also be identified with a condition under Diagnostic and Statistical Manual V (DSM-5) criteria.

2. The National Reading Panel recommendations for effective reading instruction should be consistently and comprehensively implemented.

Because of the difficulties 20% or more children experience learning to read, Congress mandated that the Eunice Kennedy Shriver National Institute of Child Health and Human Development (part of the National Institute of Health-NIH) assemble a national panel of educators and scientists to review the literature to research the optimal methods of teaching children to read. The 2000 report of the National Reading Panel (NRP), titled "*Teaching Children to Read: An Evidence-Based Assessment of the Scientific Research Literature on Reading and Its Implications for Reading Instruction*" linked research findings with recommendations for specific approaches to teaching reading to all children. See, <http://www.nichd.nih.gov/research/supported/Pages/nrp.aspx/> for that report.

Based on 30 years of research, the experts of the NRP identified five areas critical for effective reading instruction. Explicit and well targeted instruction in the critical components of reading - phonemic awareness, phonetic decoding, fluency, vocabulary and comprehension would significantly improve reading performance. In 2000, the Elementary and Secondary Education Act (also known as No Child Left Behind) was reauthorized and included a new grant program that demanded the use of NRP findings. For more information on instruction based on the NRP recommendations, see *Put Reading First: The Research Building Blocks for Teaching Children to Read*, at https://lincs.ed.gov/publications/html/prfteachers/reading_first1.html

Although the five critical components of the NRP get at least nominal attention in most reading programs used by Missouri districts, for the 20% of students with dyslexia characteristics additional emphasis is needed on basic reading skill development and fluency. Over the years, there has been a shift in practice away from the National Reading Panel recommendations, and away from basic skills to comprehension, text analysis and thinking activities, even at kindergarten and first grade. In many current constructivist reading programs, teachers are guided to be facilitators of learning, helping students to construct their own knowledge, rather than instructors who use the NRP recommended direct instruction to help students acquire foundational reading skills. In many cases, the expectations for children 5 or 6 years old are developmentally inappropriate -- while some students thrive in this environment many do not, particularly if they cannot read text with any proficiency.

It is important to understand that the five critical components of the NRP recommendations are very similar to the Orton-Gillingham based interventions recommended to address deficits associated with dyslexia. The intensity of instructional intervention for students with dyslexia characteristics may need to be increased and supplemented with a multi-sensory approach, but the basic methodology and focus of instruction is consistent with the NRP

recommendations. The multisensory approach used in an Orton-Gillingham based instruction are action-oriented, involve constant interaction between the teacher and the student and the simultaneous use of multiple sensory input channels reinforcing each other. Using auditory, visual, and kinesthetic elements, all language skills taught are reinforced by having the student listen, speak, read and write. This should not be confused with "vision therapy" as has sometimes been recommended for students with reading deficits or dyslexia characteristics. Current and past research has consistently verified that dyslexia is a brain dysfunction, not an eye disorder, and as a result "vision therapy" is not an effective intervention.

To comprehensively address the needs of 20% of the population, including those with dyslexia characteristics, it is imperative that core reading instruction be aligned with the NRP recommendations, implemented with high fidelity and direct, explicit instruction be available in sufficient intensity and duration to meet the needs of individual students.

3. All Missouri schools should have a comprehensive system in place to identify students with reading deficits and provide interventions to address those deficits of students regardless of the cause.

Schools should have a progress monitoring system in place to identify students who are struggling with basic reading skill development. This system can include screening procedures and instructional assessment protocols. Students with deficits consistent with characteristics of dyslexia should be provided with research-based interventions as appropriate to meet their individual deficit needs as part of response to intervention (RTI), multi-tiered system of support (MTSS), or other comprehensive intervention system. These might include commercial programs such as Language!, Wilson, Lindamood-Bell, etc. or other programs consistent with an Orton Gillingham approach to basic reading skill development.

When systematic interventions are not successful, they should be adjusted in intensity and/or methodology. If deficits persist after systematic interventions and adjustments -- students should have a special education evaluation to determine IDEA eligibility. Making intensive interventions available in all Missouri schools requires sufficient resources be allocated to such initiatives. Until fiscal and personnel resources for intervention systems are available in all Missouri schools, meeting the needs of all students with reading deficits, including those with dyslexia characteristics, will be difficult.

4. Missouri schools determine eligibility for IDEA or Section 504 based on the criteria of those laws. Medical and mental health providers diagnose dyslexia and other medical or mental health disabilities using DSM-V or similar criteria.

Schools are educational programs rather than medical or mental health diagnostic centers. Thus schools determine eligibility rather than diagnose diseases or conditions like dyslexia. Schools can and should do a wide variety of reading screening and assessments as part of progress monitoring and general academic achievement benchmarking to determine the need for interventions and supports as part of general education such as response to intervention (RTI) and multi-tiered systems of support (MTSS).

Special education evaluations are done to determine IDEA eligibility. These evaluations are very time and resource intensive and are only done when there is sufficient evidence to suggest a student will be determined IDEA eligible. IDEA eligibility requires a student meet criteria for one of the categories identified by federal law and dyslexia noted as an example

of a condition that could be part of the category of learning disabilities along with perceptual disabilities, brain injury, minimal brain dysfunction, and developmental aphasia.

It is important to understand that a medical or mental health diagnosis of dyslexia is not needed for a child to get reading support and interventions at school. All schools should have MTSS in place to identify students who are struggling in reading, design interventions to meet their individual needs (which would include interventions used to address the characteristics of dyslexia), implement those interventions, and monitor progress. When a well-designed MTSS is implemented with fidelity, students who require special education are identified when they fail to make progress.

5. IDEA eligibility determinations must consider any medical or mental health diagnosis, including dyslexia, without automatically meaning a student will be determined eligible for special education.

Schools must use IDEA evaluation procedures and criteria to determine eligibility. Schools should be made aware of any medical or mental health diagnosis of dyslexia and that information should be used by the school to determine appropriate instructional programming. However, IDEA procedures and numerous court cases have affirmed that any external medical or mental health diagnosis cannot dictate a specific methodology or curriculum. The IDEA requires all educational programming decisions be made by a team of individuals, the Individualized Education Program (IEP) team which includes the parents, based on the unique needs of the student rather than based on any diagnosis. Thus simply adding a medical or mental health diagnosis of dyslexia to an IEP will not change the IEP team process of identifying an appropriate educational program that will meet the unique needs of an individual student who is IDEA eligible.

RECOMMENDATIONS

The Missouri Council of Administrators of Special Education (MO-CASE) strongly supports any and all efforts to improve and strengthen reading instruction in the Missouri schools in ways that will help address the needs of those 20% students with dyslexia characteristics along with any other struggling readers in both general and special education. MO-CASE is actively supporting the unification of general and special education and is very concerned about current efforts to establish yet another separate track of services specifically for "dyslexia". We believe core reading instruction and MTSS are the appropriate infrastructure to be used to meet the intensive instructional needs of students with all reading deficits including dyslexia. To meet the need of these students, MO-CASE recommends the Department of Elementary and Secondary Education --

- Develop and implement an initiative that would assist local school districts ensure delivery of quality core reading instruction that adheres to the NRP recommendations with high fidelity.
- Establish a resource center on dyslexia and reading deficits that is available to provide quality professional development statewide in support of core reading instruction.
- Promote and support multi-tiered systems of support (MTSS) in Missouri districts so that students with dyslexia characteristics have access to intensive, direct, and explicit instruction in basic reading skills both in the core general education reading program and in tiered supports.

- Collaborate with appropriate stakeholders in higher education to evaluate and review preservice teacher preparation in the area of reading instruction, especially those who will be early elementary teachers or reading specialists to ensure these teachers have the knowledge base and instructional skills required to address the needs of students with reading deficits including dyslexia.

MO-CASE acknowledges that adequate funding must be made available to implement these recommendations. Funding is needed to ensure professional development and other supports are available to comprehensively implement these instructional initiatives across the state. As a result, MO-CASE recommends the legislature appropriate funding sufficient to implement the above recommendations supplemented by a reallocation of IDEA discretionary funding by the Department of Elementary and Secondary Education.

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