

OFFICE OF THE GOVERNOR
STATE OF MONTANA

Steve Bullock
GOVERNOR



Mike Cooney
LT. GOVERNOR

October 14, 2016

Kelly Fedge DuBose
11284 Bridger Canyon Rd.
Bozeman, MT 59715

Dear Kelly:

I am pleased to recognize October, 2016, and every October from here on, as "Dyslexia Awareness Month" in the state of Montana. I appreciate all your efforts to raise awareness for this learning disability and the Montanans that live with it.

Dyslexia is a language-based learning disability that affects approximately one in five people. It affects the way the brain processes information, and is characterized by difficulties with reading, writing and spelling despite normal intelligence. Often, those who suffer from dyslexia can range from average to superior intelligence level. Those with dyslexia benefit greatly from specialized assistance from highly trained teachers, multi-sensory learning programs and individualized instruction. And as a father of three school-aged children, there is nothing more important to me than ensuring all of our children and have access to a quality education, no matter their abilities.

I thank you for your commitment to improving the opportunities for Montanans affected by this disability. I encourage all Montanans to learn more about and acknowledge October as "Dyslexia Awareness Month."

Sincerely,

A handwritten signature in blue ink, appearing to read "JB", representing Steve Bullock.

STEVE BULLOCK
Governor



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

THE ASSISTANT SECRETARY

October 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

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The Department of Education’s mission is to promote student achievement and preparedness for global competitiveness by fostering educational excellence and ensuring equal access.

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.

¹ See OSEP Memo 11-07 (January 21, 2011) available at: www.ed.gov/policy/speced/guid/idea/memosdc/trs/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 accommodations² 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.

2015-2016 (OPI)

CountyName	grade	Proficient	Total tested
Beaverhead	04	58.62%	87
Big Horn	04	16.67%	192
Blaine	04	43.96%	91
Broadwater	04	35.71%	42
Carbon	04	42.86%	91
Carter	04	75.00%	*
Cascade	04	52.12%	896
Chouteau	04	64.15%	53
Custer	04	38.28%	128
Daniels	04	0.00%	18
Dawson	04	60.78%	102
Deer Lodge	04	20.97%	62
Fallon	04	59.46%	37
Fergus	04	52.10%	119
Flathead	04	57.58%	1009
Gallatin	04	63.81%	1050
Garfield	04	84.62%	13
Glacier	04	21.72%	198
Golden Valley	04	40.00%	*
Granite	04	66.67%	18
Hill	04	35.68%	227
Jefferson	04	56.25%	144
Judith Basin	04	46.67%	15
Lake	04	36.34%	355
Lewis & Clark	04	56.72%	677
Liberty	04	53.57%	28
Lincoln	04	49.71%	171
Madison	04	59.09%	66
McCone	04	69.23%	13
Meagher	04	14.29%	14
Mineral	04	43.90%	41
Missoula	04	54.98%	1084
Musselshell	04	36.17%	47
Park	04	39.29%	140
Petroleum	04	100.00%	*
Phillips	04	53.85%	39
Pondera	04	29.85%	67
Powder River	04	37.50%	16
Powell	04	56.82%	44
Prairie	04	0.00%	*
Ravalli	04	47.46%	413
Richland	04	47.69%	130
Roosevelt	04	13.73%	204
Rosebud	04	24.35%	115

51.25%
MONTANA 4TH
graders are
NOT
PROFICIENT

Public Comment Presentation

Montana State Capitol

June 13, 2017

Re: Dyslexia

Good afternoon, distinguished committee members. My name is TerraBeth Jochems, spelled J-O-C-H-E-M-S. I am a retired teacher from Billings Public Schools. I have over 25 years of experience in literacy instruction. I am here today to assist in increasing the awareness of the devastating, long-lasting effects of unaddressed dyslexia and to strongly urge you to consider implementing a state law which delineates dyslexia as a specific learning disability. When said law is in place, the training of our teachers would, therefore, include instruction and curriculum geared toward helping our children overcome dyslexia and achieve high standards of success in not just reading, but in all aspects of their lives.

I attended grades 1-3 in Renton, Washington and was diagnosed with dyslexia as a first grader. Unlike the majority of my classmates, I was unable to successfully read, write and spell even the most simple of required tasks. I became so incredibly frustrated during a whole-class assessment of reading and writing skills, that my teacher believed me to be insubordinate. She asked me to step into the hall. When I tearfully shook my head, she pulled my desk, with me in it, out into the hallway. The next thing I knew, I was attending classes in a green barrack-like building on the *other* side of the playground. It would become the first of many humiliating events connected with my dyslexia--bullying, and name calling such as "retard" and "spastic," and "lazy" were just a few. Fortunately, I was placed with Mrs. Kashawagi—a teacher knowledgeable about the proper instruction for dyslexics. The instruction she provided changed me from an introverted failure to an extroverted straight A student and avid reader to this day. I moved to Billings, Montana as an above-level reader, speller and I loved to write stories. This education motivated me to enter the educational field of reading instruction. But, it was not until I sought programs which addressed dyslexia, that I was able to truly help children.

The National Institute of Children's Health states that reading failure, specifically dyslexia, is this nation's number one reason causing our students to drop out of school. As a literacy teacher, I encountered thousands of kids who fit this bill. One story, in particular, stands out. In 2004, I had training in a program called Barton Reading and Spelling System. I became certified and started tutoring after school. My first student was a senior in high school who, because of being bullied, teased and labeled "retarded," spent more time in detention than in his special education room. He desperately wanted to drop out. Before we started, he told me, "Mrs. Jochems, I will never learn to read and write. My teachers have told me so...I have a learning disability." We began, anyway, in November of his graduating year. He would come each night for an hour, then he would go to his job, performing the tasks of a night swamper and inventory stocker at a fast food franchise. By the time he graduated, he was actually reading and enjoying 2nd grade level texts called the Magic Tree House series. It was these texts which taught him about the Civil War, the Revolutionary War, the walk on the Moon and more. He

could not get enough. A year after graduation went by and this young man came to see me. He said, "I can read everything on the menu! I am now a trainer for my former job!" Two years later, he was cooking in an upscale restaurant. Recently, I saw this grown man and he was driving for a major soft drink company, is married and has two children. The trajectory of his life changed dramatically. His life, was, indeed, saved. That is what we want to do for the 20 percent of our children—save their lives.

Because we currently do not have a specific dyslexia definition and law in place, I retired from public education, in 2016, to begin a literacy ministry. Virtually every student has attained incredible increases in their reading scores on their standardized tests—several exceeding the projected growth rate by almost doubling their scores.

Our Dyslexia Journey

Written by: Meghan Ascheman, Mother to Lily

My 9-year old daughter, Lily, is a creative artist, actress, scientist, chef, and dedicated learner. She also happens to be dyslexic. You see, her dyslexia gives her great strengths in creativity and thinking, as well as giving her struggles in reading. The journey we went through to get the help Lily needed was daunting, not because Lily did not have great supports and fantastic teachers, but because dyslexia is not well understood through education communities in Montana. Once her dad, Jason, and I knew it to be dyslexia, we were not going to give up until Lily got the help she needed.

Lily was born the first daughter and granddaughter in the family. We had high aspirations for her from the very beginning. She was given all the supports a young girl could want. I have an elementary education degree from Montana State University - Bozeman and I knew the importance of reading to her at a young age. As a young toddler she would fall asleep with books surrounding her pillow. Great joy came into her eyes when she sat with a beloved family member and read a story.

However, when Lily was 18-months old, I noticed she was not talking, but understood what she was told and could follow three-step directions. I asked to get her into speech therapy. I was so worried that her language deficits would affect her reading and knew early intervention was key. The pediatrician, who happened to be a developmental specialist, had us wait until she was two to get speech services. Her speech was delayed enough that even with private speech therapy she qualified for services through the school district when she turned three. When she did start to speak, at three and four months, she spoke in complete sentences and actually tested 6 months ahead of her developmental age in expressive and receptive language.

Lily attended preschool when she was four. Before kindergarten I took her to a developmental screening through The Yellowstone West/Carbon County Special Services Cooperative in Laurel, Montana, who contracted with the school. She did not pass the screening. The specialist told us that one thing on the screening that brought her score down, so she did not pass, was alphabet knowledge. She did not know her letters and sounds. Everything else on

the screening was on target. (Gross motor and fine motor skills, problem solving, identifying body parts, speech articulation, counting objects, colors, stacking blocks to match a model, expressive language, social skills, self-help skills) Knowing what I know now, that was a huge red flag to the indication that she might have a learning disability! I wish I would have let the school know immediately. (The Co-op did not.)

Lily entered kindergarten, at a small rural K-8 school outside Billings, at the age of five. She was a confident kindergartner who walked down the hall with her head held high. Two weeks into the school year the Title I teacher contacted us to let us know she had the opportunity to work with Lily. I knew that meant she was already behind. She was one of only a few kids who did not know a single letter. As Lily was in the Title room for reading and math the teacher noticed that she had trouble with the symbol and numbers in math, but understood the concepts very well orally. Also, when the teacher taught her a strategy, Lily was the only one in the group to use the strategy consistently. Her numbers and letters were often reversed when written. Lily had trouble learning her sight words, even when we worked on them habitually at home. "My" and "me" were two words that she constantly mixed up. (She still mixes up "saw" for "was" and vice-versa.)

Lily's reading continued to lag behind her peers. I entered her in a reading program at MSU Billings with education students learning reading methods. She did that for three semesters after school and during the summer.

With all this extra help and practice Lily's reading remained behind. After the second quarter of first grade Lily's teacher referred her to be evaluated for special education. She told me that the thing with Lily is that she CAN do everything, it just takes her so LONG. The teacher also showed me reading records and Lily's fluency was way behind. I was in support of testing because I knew that small group, intensive-intervention would help Lily and close the gap with her peers.

As we were going through this process and Lily was being evaluated, I shared Lily's story with a colleague. She mentioned that it might be dyslexia. What I had heard of dyslexia as an educator was very little. I understood it as people who reversed letters and had a lack of phonemic awareness, but I never thought of Lily because she could rhyme. I had a lot to learn.

The colleague referred me to the Bright Solutions for Dyslexia website. There was a list of *Warning Signs of Dyslexia*. First on the list: Delayed Speech. What? Why hadn't anyone told me? I, myself had an education degree and I took her to the pediatrician, two speech therapists, developmental screenings, and several teachers. Not one of them had ever used the term dyslexia until now! The other markers on the list of warning signs that I saw in Lily were difficulty learning to tie shoes; trouble memorizing her address, phone number, and the alphabet; letter or number reversals past first grade; slow choppy reading; trouble memorizing sight words; extremely messy room. **Three** indicators meant look closely into dyslexia. Lily had at least **SEVEN**! I immediately started to familiarize myself with dyslexia. What really stuck out for me with Lily was the list of strengths that comes with dyslexia: artistic skill, mechanical ability, people skills, vivid imagination, intuition, and curiosity. THAT describes Lily.

During this time Lily also started to fall apart emotionally. She had a major "break down" at home. She started crying uncontrollably and her dad and I could not calm her down. Lily confided in her dad and I that school was too hard. Everyone seemed to finish before her. She tries and tries and just can't get done. We communicated with the school counselor and she started to see Lily once a week. We also told Lily that her teachers and we had noticed her struggles in school and were working to get her more help. That seemed to be a relief to Lily.

After the evaluation, in May, the school psychologist identified Lily with a Specific Learning Disability in the area of Reading Fluency and Slow Processing. She qualified for special education services. I asked the school psychologist if it could be dyslexia. She said it could be, but she didn't know. You see, schools in Montana do not test for dyslexia.

After the evaluation report and the IEP meeting I stayed after to talk to the special education teacher. She told me that she will use Reading Mastery and a program from Wilson Language to guide her teaching with Lily. I went home and looked up a list of programs that work for dyslexics. Wilson Language was on that list of Orton Gillingham programs, so I breathed a sigh of relief.

The colleague who had referred me to the idea that Lily might have dyslexia had actually been a Barton Tutor. Barton is an Orton Gillingham program which uses a systematic, structured, multisensory approach to teach reading. She offered to let me use it for the summer. It had

videos to train how to teach using this approach using scripted lessons and materials. I worked with Lily that summer after her first grade year. The first book in the program concentrates on breaking words into sounds. Sat, three sounds. Click, four sounds. I also separated sounds and she had to put them back together. There were no letters in these exercises. Just colored tiles. Lily had great difficulty with this. I actually had to teach the whole book to her twice. I just couldn't believe after two years of reading instruction, with great teachers, she could not do a simple exercise of breaking apart the sounds or putting them together. Wow!

That summer Lily and I worked five days a week and made it through books one and two of the Barton Program. She learned to take apart sounds and put them together and how to hear the difference in the vowel sounds. I had her illustrate pictures to go with the letters she needed extra support learning. We learned that she had a real talent in drawing.

As Lily entered the second grade the school tested her reading level. She had gone up two levels in reading with that instruction, from an E to a G on the Fountas and Pinnell scale. The Title I teacher let me know that she had done very well after the summer.

Over the summer the school had hired another special education teacher. She was assigned to be Lily's teacher for reading. I was anxious, but gave her time to make a relationship with Lily. Around November I contacted her and discovered that she was not teaching Lily with Wilson Language. After Lily's winter scores came back she had not shown progress in reading. Her percentile scores had gone down from the 12th percentile to the 7th percentile. I talked to the superintendent about my concerns and he told me that we need to give the current program a chance. Just give it time. The superintendent and teachers seemed open to my idea that her struggles might be dyslexia. I gave the IEP team copies of dyslexia research papers and lists of accommodations for dyslexia and slow processing speed. They were polite about it, but did not take that research into consideration. By April I was really antsy. I found a Barton Tutor, TerraBeth Jochems to work with Lily twice a week after school and for six weeks in the summer.

During that year I also found a family counselor for Lily. She always seemed so down on herself, and her dad and I were worried. The therapist worked closely with the school counselor.

knew that is what I wanted and the program catered to Lily's strengths as an auditory learner, as outlined in Dr. Roche's report. He showed me the notes he had taken throughout the report and points he had highlighted. His tone had changed. He then said, "I owe you an apology. Apparently I told you that Lily would never be on grade level in reading and always be below average in math." I told him he did indeed tell me that and that is why I put it in the timeline. He explained that he never meant it to come across that way. He had also put some real thought into what Lily's dad said about Lily being capable of more and reaching her full potential. After reading the report, he felt like we were on the right track for what was best for Lily. I let him know that I was preparing a list of points I had gathered from the report and accommodations I felt were important also. He asked me to send him that list. I obliged and sent it to him and the special education teacher.

The day of the IEP meeting came. The facilitator was the director of The Yellowstone West/Carbon County Special Services Cooperative, as set up by the coordinator at OPI. Also in attendance were Dr. Roche, the school psychologist, school counselor, classroom teacher, superintendent, special education teacher, Lily's reading tutor, PLUK advocate, my husband and I. Everyone was prepared and ready. The meeting went pretty smoothly considering all that we had been through in the last few months with Dr. Roche and the school personnel. Goals were written to work on Lily's decoding skills, fluency, and comprehension. The special education teacher had a plan to check in with Lily in the morning to go through the plan for the day. Then she would check in at the end of the day to go over assignments and make sure Lily's work load would not be overwhelming. Accommodations were made to lessen her anxiety during test taking: giving her more time, small group administration, test questions read aloud to her. Classroom accommodations include: frequent check-ins from teachers, organizational strategies, noise-silencing headphones available during independent work, etc. Dr. Roche answered questions about Lily's anxiety. Her reading tutor made sure the teacher was getting the proper training. SPIRE, a multisensory structured reading, writing, and spelling program was ordered. It really was a meeting where we were all on the same page and the tension had lifted. However, none of this would have been possible if Jason and I had not been persistent in getting what Lily needed in school and gotten an independent evaluation. We also put pressure on the school district to listen to our wants and needs for our child.

this approach to learn to read, write, and spell. Lily's anxiety had exacerbated her slow processing and made her reading and math fluency even slower as she would "freeze" when given a timed task. Lily's anxiety would also be able to be managed with therapy. We had a clinical diagnosis that told us what Lily needed! I let Dr. Roche know that Lily's IEP would be scheduled soon, and she told us she would be there.

As the date of the IEP was looming over our heads, I decided to call OPI to set up a facilitator. I knew their schedules were busy and they might be difficult to get in. Well, the coordinator called to school to help schedule a time. The superintendent called me and left a message. He said that he had been contacted by the "state" to set up a facilitator for the IEP meeting. He wanted to get to the bottom of this and figure out what we needed to do for our daughter. I know he felt blind-sided, which was not my intention. My husband called him back and calmed him down stating that, "facilitation is different than remediation."

Two days later we had a parent teacher conference. The classroom teacher, school counselor, special education teacher, Title I teacher, superintendent, Lily's dad and I were present. I had a packet made to leave with the team that included Dr. Roche's evaluation report, information on dyslexia and anxiety with slow processing, and a timeline I had written about Lily's journey. We sat down and the superintendent looked at me and said, "Well, Meghan, you have some things to tell us. Go ahead." The tension was still high. Instead of the teachers telling me about how Lily was doing in school, I ended up explaining Lily's diagnosis. The fifteen minute conference turned into an hour and a half. Tears flowed and emotions ran high. My husband said, "We just believe Lily is capable of more and want her to reach her full potential." We set a date for the IEP meeting for almost three weeks from that day. That would give the team enough time to go through the report and make a plan. We left the facilitation paperwork and decided to sleep on the decision and we would contact the superintendent on Monday.

My husband and I decided it was important to have a facilitator present at the meeting, based on the high emotions and we felt an outside party would soften those. The superintendent sent in the paperwork.

About a week before the IEP meeting I informally stopped in to talk to the superintendent. He explained to me that he was looking into the Orton-Gillingham Program, SPIRE. He said he

I had been in contact through the process with a parent advocacy agency called Parents Let's Unite for Kids (PLUK). That had been a great resource to me in how to ask for what I needed and to help me monitor what the school was doing with Lily.

By the fall of third grade Lily's progress seemed stagnant. Her reading tutor and I were very worried that Lily was not making the gains that she should be with all the intervention she was receiving. We were concerned that the program at school was canceling out the progress with the tutoring. Lily was also having trouble with her math homework at home. I wanted to check with the teacher to find out why her assignments were never shortened, as that was an accommodation in her IEP. In December I called a meeting with her teachers to discuss my concerns.

The classroom teacher, special education teacher, superintendent, Lily's dad and I attended the meeting. During the meeting the teacher explained to me that she could not shorten the homework assignments because the steps in the homework pages build off one another. If Lily skipped any steps, then she would not be able to do the final problems. She did tell us that she could give Lily an extra day to get it done or send it back to school unfinished and she would find time in the morning to finish it with Lily. I told her I was worried Lily would have a hard time leaving work unfinished because she works so hard, but we agreed to give that a try. Then the team brought up that they were concerned about Lily's lack of focus during class. They told me that she taps her pencil and needs reminders to continue working and to even get started. They suggested I do a checklist online to see if it might be ADHD (the inattentive type, no concerns with impulsivity) and if I suspect it might be I can get her checked by the doctor. Because I agreed that we want what is best for Lily I scheduled an appointment with the pediatrician.

One thing I have figured out about myself in this process is that I am not one who just sits back and lets others make decisions for my daughter. If my gut tells me there is a concern, I ask as many people I know who can help me. Also, being an educator myself, I know about a great deal of resources at my disposal. One incredible resource who had worked with me when I was a teacher at Head Start and had helped me make a difference in kids with ADHD, or impulsive behaviors, was a neuropsychologist, Dr. Brenda Roche, Ph.D., LP. She recently went into private practice and I knew she would be a valuable asset. I actually called her as a friend to ask for advice. I was very emotional when I talked to her and told her about Lily's struggles in

school and that now they suspected ADHD. I wasn't so sure, but I knew from reading that kids with Learning Disabilities and Dyslexia often had some form of ADHD. She told me that I could take Lily to the pediatrician and have that doctor refer Lily to her. She would be happy to see her. This was the best decision I made for Lily. It was from a parent of a former student of mine that I found out she also diagnoses dyslexia.

I had another meeting with Lily's teachers after her winter test scores were in. Her percentile scores had gone down in all areas: reading, language, and math. I wanted an explanation. I asked all teachers who work with Lily in reading and math to be there, including the Title I teacher. I was ready to go in with guns blazing, but I got some good advice from advocate, Kelly Fedge DuBose, Founder and State Leader of Decoding Dyslexia Montana. She reminded me that this is Lily's team. We are all looking for what is best for Lily and I needed to ask a lot of questions and listen to what they had to say.

Lily's dad and I came into the room, and they were ready for us. The tension was high and they had detailed test scores and an explanation to how Lily was doing well, for what they felt Lily was capable of doing. The Title I teacher (a different teacher than Lily had kindergarten through 2nd grade) showed us charts and graphs that showed Lily knows the right answers in math, but her scores are brought down because her slow processing makes her take so long to answer a question. She showed me Lily's latest reading record from Fountas and Pinnell. Lily's reading was laborious and tedious. She made mistakes with words such as saying "party" for the word "pretty". I said, "she is reading the words by shape." (That is a common strategy dyslexics will use when they get frustrated with a word and have trouble decoding.) She also could not read a three syllable word in the text such as "enormous." I pointed out that Lily had not yet been taught how to read words with "or" or "ous", and did not know how to break apart syllables. (These things have to be explicitly taught to dyslexic readers.) Lily tested out at Level D. Remember that Lily was at a G after the summer I worked with her five days a week with an Orton Gillingham program, 17 months prior. This was three markers behind that score. The Superintendent tried to summarize what the test scores were telling us. He told us that they feel Lily will "never be on grade level in reading and will always be below average in math due to her slow processing." "She will get there at her own speed." He also told us that "Her work ethic is commendable. If she did not have slow processing, and worked this hard, she would easily be a straight "A" student." "Her progress is going at a pace most suited for Lily." I should never

Lily loves art. She is constantly on youtube looking for ideas. We take her to the art museum and she has had lessons. Our house is full of art supplies in the toy room, her bedroom and the kitchen so she can always work on her next project when she has the inspiration. Lily has a love for science and technology as well. She loves doing science experiments, legos, and puzzles in her free time.

The love of learning from books and experiences in Lily's heart has never faltered. Recently Lily became interested in reading recipes and cooking. Her specialty is homemade lemonade. She loves to independently listen to books through Learning Ally. She still falls asleep reading or doing a meditation exercise on her laptop.

Thank you for taking the time to read our story. I believe that through the proper supports Lily will learn to read along with her peers. I know this is only the beginning of our journey. Please start recognizing Dyslexia at a state level, Identify at an early age(5.5), train teachers to use the scientifically proven method, Orton Gillingham to teach these kids before they fail instead of waiting until they fail to start addressing their learning disability. Please join us in our efforts to help the teachers in Montana learn to teach smart children who simply learn in a different way.

Hello. My name is Camille Rainey. This is a short version of my education story.

I went to Monforton Public school in Bozeman for kindergarten-5th grade. My time spent there was a great challenge for me. Even though the teachers really cared, they did not have the tools or the training to help me succeed, not even the special education teacher.

In kindergarten I had a hard time keeping up. My teacher realized that I was learning differently than the other kids. At age 6, my parents began paying tutors to help me try to stay caught up with my peers, which I had to do on my summer breaks.

My first grade year is when I learned the most. My teacher knew how to teach kids with dyslexia, so I didn't have to be pulled out to a special classroom to learn. She had studied all about it, so she knew how to teach me. She had the whole class learn through experiences, detailed stories, hands on learning, and the arts. We learned about the jungle while making paper chains that looked like classroom vines, and Montana Indian Tribes, while we painted symbols on bags like buffalo hides.

2nd-5th grade were the hardest years for me. I was pulled out of my favorite part of the day which included art, PE and when the teacher would read a story aloud to the class. I had to go down into the basement to spend even more time on the subjects that I had a hard time with. This made me very sad and depressed. I did not get to express myself through art and literature any more, which were my two favorite subjects. I felt embarrassed and set apart from my classmates. I was slowly dying at school when my mom, a k-8 teacher, pulled me out of public school to create a better and healthier school experience for me.

6th-12th grades were hard as well, because we were paving new trail. I did a big mix of schooling. I learned from private teachers, did private school special ed classes, and took online classes. I did neurofeedback, I saw specialists. There were no schools in MT for learners like me. These were hard years for me to try to learn. Many things were made for the average learner, but not for me.

I believe that if I was given the right tools and education when I was younger at my public school, if we had more support from teachers who knew what dyslexia really was, then I would have had far less tears and much less stress on myself and my family for 14 years. I would have felt like I belonged someplace, and could be part of a school. I would have been better prepared for "the real world", and I would've felt like I belonged instead of feeling like an outsider for most of my school days.

Thank you for your time today.

Adult—Dyslexic Tutor

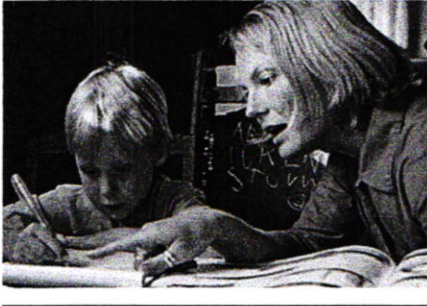


Image source: AddressingDyslexia.com

This story was submitted to us by a dyslexic teacher/tutor of dyslexic children.

I graduated from college in the late 60's with a BA in English and an Elementary Teaching certificate. School was hard for me and I recently learned I have mild to moderate dyslexia. I did not receive help from the university but what I find more irritating is that in my education program, there was no mention of dyslexia.

For years, teaching in Michigan, Ohio, Kentucky, Arizona, and Utah, I did not know about dyslexia and often treated these bright kids badly, thinking they were just lazy and were not trying. I often worked in Title I trying to help kids with reading difficulties.

When teaching in California (2001 to 2007), I found myself again asked to teach reading in a pull out class. I got a masters in reading. From all my classes there was one paragraph

about dyslexia and it was inaccurate stating that dyslexia was rare. By this time I had discovered Bright Solutions and had taken several courses from Susan Barton. I was forced to teach my dyslexic students with an Orton Gillingham program secretly since the district did not want to hear the "D" word and forbade me from using it.

From 2002 to present I started to have private students and now have nine private students in Montana. I am almost 70 and am retired—but not—I will continue to tutor dyslexic children as long as I can drive and think clearly.

I am glad U of M is recognizing dyslexia and hope that it is being taught to all teacher candidates. I regret that I was not helped.



The State of Learning Disabilities: Understanding the 1 in 5

Montana State Snapshot

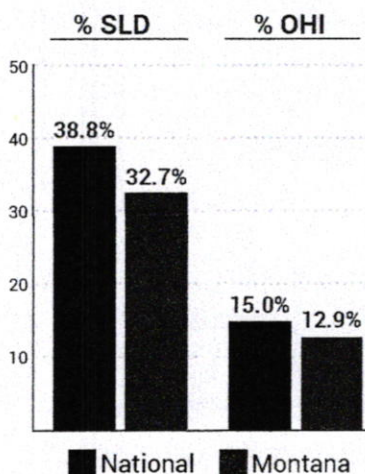
Nationwide,
12.2%

of public school students received special education in 2013–2014.

In Montana,
10.2%

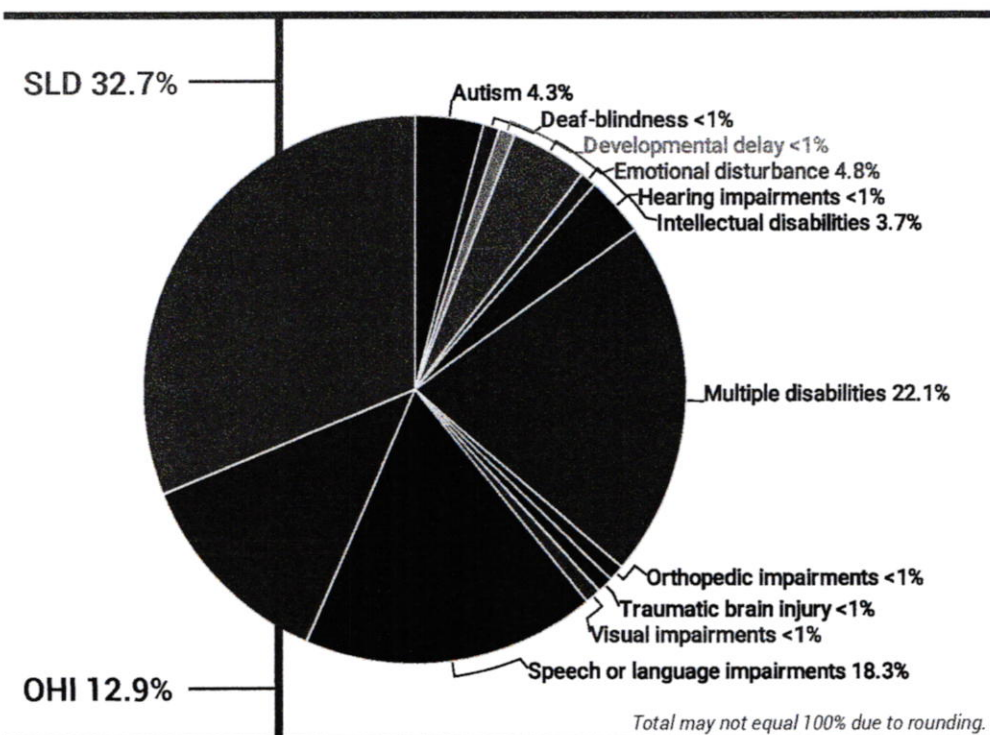
of public school students received special education that year.

Rates of SLD & OHI
among students receiving
special education in
2015–2016



5,159 children

were identified in 2015-2016 with **specific learning disabilities (SLD)** in Montana, where they accounted for the largest of the 13 disability categories covered under special education law.

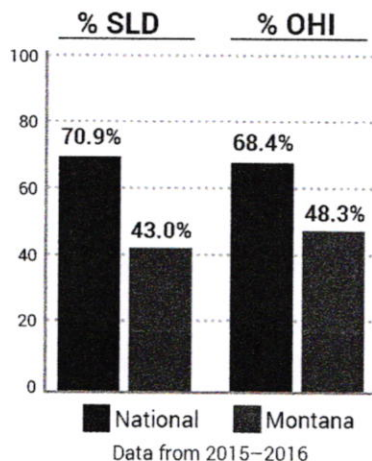


Children are often classified under the category of other health impairments (OHI) when ADHD is the primary reason they qualify for special education. OHI can cover other health conditions but is used here as a rough proxy for students receiving special education who have ADHD.



Educational Environment

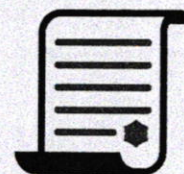
As detailed in this chart, many students receiving special education spend 80% or more of the school day in general education classrooms. Inclusion can improve outcomes—if teachers have the skills needed to help diverse learners.



State Literacy Laws

Montana has not passed any laws relating to reading by third grade or identifying early literacy issues like dyslexia.

Currently, 38 states have laws addressing reading by third grade, and 26 have laws to better identify and address dyslexia.



Discipline

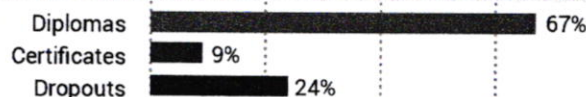
Nationwide, students with disabilities are more than twice as likely to be suspended as those without disabilities, and the loss of instructional time increases the risk of academic failure and school aversion.

In Montana students identified with SLD or OHI accounted for **48.0%** of students with disabilities who received out-of-school suspensions in 2014–2015

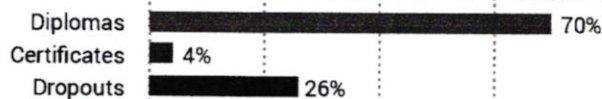
Leaving High School

Students with learning and attention issues are as smart as their peers and, with the right support, can achieve at high levels. But too often students with these issues leave school with a certificate of completion—instead of a regular diploma—or drop out altogether. Here's a look at outcomes for students receiving special education in Montana, where **86.0%** of all students graduated in 2014–2015.

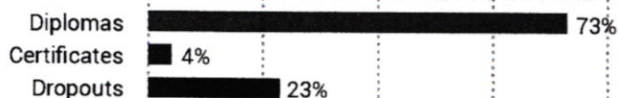
All special education



SLD



OHI



Data from 2014–2015

Totals may not equal 100% due to rounding.

Sources: IDEA 618 data, Civil Rights Data Collection, and White House graduation data.

NIH Results Released in 1994

NATIONAL INSTITUTES OF HEALTH

These research results have been independently replicated and are now considered to be irrefutable.

- Dyslexia affects at least 1 out of every 5 children in the United States.
- Dyslexia represents the most common and prevalent of all known learning disabilities.
- Dyslexia is the most researched of all learning disabilities.
- Dyslexia affects as many boys as girls.
- Some forms of dyslexia are highly heritable.
- Dyslexia is the leading cause of reading failure and school dropouts in our nation.
- Reading failure is the most commonly shared characteristic of juvenile justice offenders.
- Dyslexia has been shown to be clearly related to neurophysiological differences in brain function. Dyslexic children display difficulty with the sound/symbol correspondences of our written code because of these differences in brain function.
- Early intervention is essential for this population.
- Dyslexia is identifiable, with 92% accuracy, at ages 5½ to 6½.
- Dyslexia is primarily due to linguistic deficits. We now know dyslexia is due to a difficulty processing language. It is not due to visual problems, and people with dyslexia do not see words or letters backwards.
- Reading failure caused by dyslexia is highly preventable through direct, explicit instruction in phonemic awareness.
- Children do not outgrow reading failure or dyslexia.
- Of children who display reading problems in the first grade, 74% will be poor readers in the ninth grade and into adulthood unless they receive informed and explicit instruction on phonemic awareness. Children do not mature out of their reading difficulties.
- Research evidence does not support the use of “whole language” reading approaches to teach dyslexic children.
- Dyslexia and ADD/ADHD are two separate and identifiable entities.

Preschool and kindergarten warning signs

If three or more of these warning signs exist, especially if there is dyslexia or ADD/ADHD in the family tree, the child should be tested for dyslexia when the child becomes five years old. Also, phonemic awareness games and other reading readiness activities should be done daily during the preschool years.

- Delayed Speech: Not speaking any words by the child's first birthday. Often, they don't start talking until they are 2, 2½, 3, or even older.
- Mixing up sounds in multi-syllabic words: For example, aminal for animal, bisghetti for spaghetti, hekalofter for helicopter, hangaberg for hamburger, mazageen for magazine, etc.
- Early stuttering or cluttering.
- Lots of ear infections.
- Can't master tying shoes.
- Confusion over left versus right, over versus under, before versus after, and other directionality words and concepts.
- Late to establish a dominant hand: May switch from right hand to left hand while coloring, writing, or doing any other task. Eventually, the child will usually establish a preferred hand, but it may not be until they are 7 or 8. Even then, they may use one hand for writing, but the other hand for sports.
- Inability to correctly complete phonemic awareness tasks.
- Despite listening to stories that contain lots of rhyming words, such as Dr. Seuss, cannot tell you words that rhyme with cat or seat by the age of 4½.
- Difficulty learning the names of the letters or sounds in the alphabet; difficulty writing the alphabet in order.
- Trouble correctly articulating R's and L's as well as M's and N's. They often have "immature" speech. They may still be saying "wed and gween" instead of "red and green" in 2nd or 3rd grade.



The State of Learning Disabilities: Understanding the 1 in 5

Snapshot of Learning and Attention Issues in the U.S.

1 in 5

children in the U.S. have learning and attention issues.



Only a **small subset** receive specialized instruction or accommodations...

1 in 16

public school students have Individualized Education Programs (IEPs) for specific learning disabilities (SLD) such as dyslexia and for other health impairments (OHI) such as ADHD and dyspraxia



1 in 50

public school students receive accommodations for disabilities through a civil rights statute called Section 504



...while millions of children with learning and attention issues are **not formally identified**.

What are Learning and Attention Issues?

Learning and attention issues are brain-based difficulties in reading, writing, math, organization, focus, listening comprehension, social skills, motor skills or a combination of these. Learning and attention issues are not the result of low intelligence, poor vision or hearing, or lack of access to quality instruction.

Common Examples

Learning disabilities, such as:

- Dyslexia
- Dyscalculia
- Dysgraphia

Other difficulties that affect learning and behavior, such as:

- ADHD
- Executive function deficits
- Dyspraxia
- Nonverbal learning disabilities

Risk Factors

GENETICS

Learning and attention issues tend to run in families. Genes that can affect brain structure and chemistry get passed down from parent to child.

TOXIN EXPOSURE

Exposure to lead and other environmental factors have been linked to ADHD and other issues that impact learning, attention and behavior.

ADVERSE CHILDHOOD EXPERIENCES

Trauma, such as abuse, neglect, and other adverse childhood experiences, can increase the likelihood of being identified with learning or behavior issues.



Barriers to Success

REPEATING A GRADE

Children with learning and attention issues often don't receive early or effective interventions. A third of students with SLD or OHI have been held back a year, which increases the risk of dropping out.

SCHOOL DISCIPLINE

Students with disabilities are more than twice as likely to be suspended as those without disabilities, and the loss of instructional time increases the risk of course failure and school aversion.

DROPPING OUT

Students with SLD drop out of high school at nearly three times the rate of all students. The top reason students with SLD drop out? 57% cited disliking school or having poor relationships with teachers or peers.

JUSTICE INVOLVEMENT

Unaddressed learning and attention issues lead to conditions that push students into the school-to-prison pipeline. A large study found that half of young adults with SLD or OHI had been involved at some point with the justice system.

NOT FINISHING COLLEGE

Young adults with learning disabilities enroll in four-year colleges at half the rate of the general population. Their completion rate for any type of college is 41%, compared to 52% of all young adults.

UNEMPLOYMENT

Only 46% of working-age adults with learning disabilities are employed. Compared with adults who do not have learning disabilities, adults with these issues are twice as likely to be jobless.

Ways to Help

RAISE AWARENESS

Learning and attention issues can look like laziness or lack of intelligence, but with the right support, children can achieve at high levels. Less stigma and high expectations are key.

EMPOWER PARENTS

With major changes ahead in education policy, it has never been more important to empower parents with information and help them be effective advocates for their children.

EQUIP TEACHERS

Most students with SLD or OHI spend 80% or more of the school day in general education classrooms, and all educators need more resources and strategies to meet the needs of diverse learners.

INTERVENE EARLY

If a child is struggling with academics or behavior, it's imperative to find out why and to provide targeted, evidence-based instruction and intervention as early as possible.

PERSONALIZE LEARNING

Aligning learning with each student's interests, strengths and needs—as well as rigorous standards—helps all children, especially those with learning and attention issues.

INCORPORATE SOCIAL AND EMOTIONAL LEARNING (SEL)

Embedding SEL instruction into the curriculum and tailoring it for students with learning and attention issues can help develop important skills such as managing emotions and persevering.

BUILD SELF-ADVOCACY SKILLS

Helping students understand how they learn and practicing how to ask for accommodations are essential for success and can be fostered through mentoring.

FOCUS EARLIER ON POSTSECONDARY TRANSITIONS

Helping high-schoolers adjust to changing expectations can promote resilience as they transition to college or the workplace.

ADVOCATE FOR INCREASED FUNDING

Education laws offer protections and can be powerful tools for change, but implementing them requires adequate, steady funding to provide supports and services.

EDUCATION UPDATE ONLINE

Education News Today For A Better World Tomorrow!

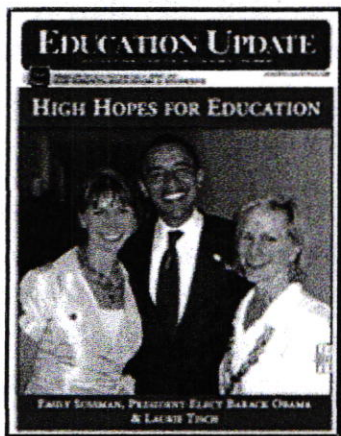
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Dyslexia in the Prison Population

By Dr. Kathryn Currier Moody

This is the year that the American prison population topped its own record at 2 million inmates. That fact is both costly and sad. It costs about \$35,000 per year to keep an individual in prison. Few inmates would describe themselves as happy, and the majority can't read adequately.

We could prevent so many people from landing in prison if we would first examine the education they receive (or don't receive) early on. More precisely, we must insure that all children learn how to read. We need to re-design the early education of those who do not respond to routine reading instruction because of an inborn condition called dyslexia.

While the prevalence of dyslexia in the general population is about 20%, the prevalence of dyslexia in prisoners is more than twice that, or 48% according to a scientific study my colleagues and I, conducted at the University of Texas Medical Branch in conjunction with the Texas Department of Criminal Justice (published 2000).

But treatments for the condition are now well known and should be integrated into the childhood education of individuals with dyslexia BEFORE they have a chance to fail and be stigmatized by a condition for which they are not at all responsible. If that window of opportunity passes, and the individual drops out of school or winds up in prison, as many do.

Dyslexia is not just another disability, especially not in a world so extensive

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based on being able to read. As experts have pointed out, if you can't read you can't make it in life. Lots of young people aren't making it.

Suffering because of dyslexia occurs not only in grade school and every late experience in education, but also in nearly all aspects of commerce, government and most other components of modern life. People who can't read are ashamed to be discovered, not least because they might lose their job and be stigmatized for future employment.

Being unable to read is so embarrassing that it is carefully concealed, sometimes with incredible ingenuity and persistent vigilance. Paradoxically, there have been in recent times several widely publicized "coming out of the closet" cases by immensely successful businessmen in their 6th and 7th decades of life who chose to reveal their dyslexia, apparently to raise public awareness of the problem they faced and how they coped with it.

In the past, being unable to read was not always shaming or demoralizing. Before printing was made easy by Johannes Gutenberg's revolutionary invention of printing with moveable type, the tedium was practiced almost exclusively in scriptoria of religious institutions or by private scribes for royalty and other wealthy citizens; understandably there were few books, they were expensive and their use was regulated. The masses were not expected to read and often were discouraged from trying or even punished when found out trying.

The immense value of Gutenberg's printing press was quickly recognized all over the world and within a very few years books became more available. The innovation led to massive transformation of society. Princes of the church and of royalty were no longer among the few who could read, learn, think and know the content of books which had often been secret and sometimes even used to subdue the masses.

But although printing and reading swept much of the so-called advanced civilizations of the world, it also introduced a new form of disadvantage for those who couldn't learn to read, preferring their old methods of communication and structuring their social and community lives and livelihood around communication which did not require reading.

In 21st Century America reading is essential. Those who don't read adequately fall behind or fall out of school. They are called, unfairly, "dumb stupid or lazy." All too often they end up in prison because they don't "fit" with the school.

We know plenty about dyslexia and the teaching of reading to those who have dyslexia. The correct use and application of this knowledge could reduce the prison population as well as our tax bills, while doing the human deed of enriching lives of learners. #

Dr. Kathryn Currier Moody was director of the dyslexia program and member of the Department of Neurology at the University of Texas Medical Branch in Galveston while she served as principal investigator of the dyslexia study in Texas prisons (2000). For a reprint of the published study contact Dr. Moody at katem7@optonline.net.

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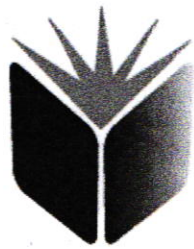
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Montana

Office of Public Instruction

Denise Juneau, State Superintendent

Dyslexia

What is dyslexia?

Dyslexia is a type of specific learning disability and students with dyslexia may have difficulty with several skills including oral language, reading, spelling, writing, organization and math. The National Institutes of Health (NIH), the International Dyslexia Association (IDA), 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.

For information on the criteria for identifying students with a specific learning disability for the purpose of receiving specially designed instruction, please refer to the Montana Administrative Rules (ARM) 10.16.3019 Criteria for Identification of Student as Having Specific Learning Disability.

What are some of the concerns related to dyslexia?

Difficulties with 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.

Little interest in elective independent reading. The stress of early and persistent reading difficulties seriously affects the amount of time children elect to read. 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.

Decreased interest in school. Motivation and interest in school can be adversely affected by repeated failure in reading activities within the classroom. 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.

Reduced academic success. 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.

Lower Self-esteem. 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.

Feelings of anxiety, anger, and 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.

Delays in 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.

Are there other conditions that can be associated with dyslexia?

In addition to the aforementioned characteristics, it is important to be aware of additional concerns or associated conditions that may occur along with the disability of dyslexia.

- **Attention Deficit Hyperactivity Disorder (ADHD):** ADHD is a problem with inattentiveness, over-activity, impulsivity, or a combination of these.
- **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.
- **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.
- **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.
- **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. 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. 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.

- **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.
- **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.

Are writing letters and words backwards the most prominent signs of dyslexia?

No. 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.

If given enough time, will children outgrow dyslexia?

There is no evidence that indicates that dyslexia can be outgrown. Children with reading problems show a continued persistent deficit rather than merely learning to read later than their peers. Evidence indicates that without early effective intervention and reading instruction, children with dyslexia continue to experience reading problems into adolescence and adulthood. However, with effective reading instruction students with dyslexia are able to learn to read.

Is dyslexia more prevalent in boys than in girls?

Longitudinal research shows that girls and boys are equally affected by dyslexia.

Can an individual with dyslexia ever learn to read?

Yes. The critical factor is the early identification of reading difficulties and the implementation of systemic, explicit and intense instruction. With provision of intensive instruction, even older children with dyslexia can become accurate, albeit slower readers.

How prevalent is dyslexia?

The National Center for Learning Disabilities projects that one in five (or 15-20 percent of any given population) has a specific learning disability. Of students identified with specific learning

disabilities, 70-80 percent 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.

Is there a single test to determine if an individual has dyslexia?

No, there is no single test for dyslexia. A comprehensive evaluation must be administered to support the conclusion of dyslexia. Areas of assessment may include phonological processing, oral language, alphabet knowledge, decoding, word recognition, reading fluency, reading comprehension, spelling, written expression, and cognitive functioning.

Is Dyslexia a general "catch-all" term?

No. 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.

Is dyslexia caused by poor teaching and exposure to the whole word method of reading instruction?

No. Poor instruction does not cause dyslexia, but it can exacerbate reading difficulties experienced by children with dyslexia.

Is dyslexia a condition that only medical professionals can diagnose?

No. Though dyslexia may be diagnosed by a physician, it becomes an educational issue when it significantly impacts the student's achievement. Even if dyslexia is diagnosed by the child's physician, the school district is required to conduct a comprehensive evaluation to determine if the child is eligible for special education and related services. A comprehensive evaluation may include information from medical professionals as part of the 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), the assessment results must demonstrate that the disability has a significant impact on the child's learning.

Does a diagnosis of dyslexia automatically qualify a child for special education and related services?

No. The determination of a child's eligibility for special education and related services is made by an evaluation team which includes school district staff and the parents. This team must conduct a comprehensive evaluation and determine if the child meets the eligibility criteria for a disability, and because of that condition, the child needs specially designed instruction in order to benefit from the education services provided. It is possible, and is often the case, that a child

who has dyslexia does not demonstrate a need for specialized instruction and, therefore, does not qualify for special education.

Can dyslexia be diagnosed prior to 3rd grade?

Yes. 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.

Is dyslexia caused by brain damage?

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. The neurological differences associated with dyslexia are genetic rather than the result of brain injury, damage, or disease.

What are the 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. While most individuals likely relate to some 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.

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. 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 word, 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

What types of supplementary aids and services may be effective for students with disabilities, including dyslexia?

Supplementary aids and services are changes made to instructional materials, instruction, and modes of student performance (i.e., timing, presentation, response mode, and setting). These changes provide equitable access to the general education curriculum and are designed to counter the effects of a student's disability without reducing learning goals, expectations for achievement and curricular content.

Examples of supplementary aids and services:

- **Use a recording device.** The recording device 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 device to clarify understanding of directions and/or concepts. Another possibility is to use 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.** 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.
- **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.
- **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.

- **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.
- **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.
- **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.
- **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.
- **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.
- **Use instructional aids.** Students can be provided with letter and number lines to help them form symbols correctly. Number lines, counters, and calculators also help students compute once they understand mathematical operations and concepts.
- **Display work samples.** Samples of completed anchor assignments can be displayed to help students understand the standard expectations and to plan their assignments accordingly.

- **Block extraneous stimuli.** 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.
- **Use explicit teaching practices.** 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.
- **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.

20. Is dyslexia considered one of the disability categories recognized by the IDEA?

Answer: No. Dyslexia is defined by the International Dyslexia Association (IDA) and the National Institutes of Health (NIH) as 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.

21. What is the relationship between dyslexia and a specific learning disability?

Answer: Dyslexia can make it difficult for a child to succeed in a typical academic environment; therefore, in its more severe forms, dyslexia may be part of a specific learning disability in basic reading skills.

22. Can the term dyslexia be used or referenced in an Evaluation Report and/or an IEP?

Answer: Yes. If a student has been evaluated specifically for dyslexia by an outside agency, the Evaluation Report (ER) team and/or the IEP team should consider the results. The results of the assessment can be noted in the Assessment section of the ER or in the notes section of the ER or the IEP.

23. Can a student with dyslexia, who does not qualify for special education, be placed on a 504 plan?

Answer: Yes. A 504 plan refers to Section 504 of the Rehabilitation Act of 1973. If found eligible through the 504 evaluation process, a team that includes parents and school staff will determine which accommodations are appropriate to help support the student in the school setting. The accommodations will be included in the written 504 plan.

24. Does using the label of specific learning disability, in addition to or instead of dyslexia, result in inadequate interventions for children with dyslexia?

Answer: No. The appropriate areas of specific need identified through the evaluation process will provide the most specificity for planning the educational program of each child. The IDA concurs that the broad term of specific learning disability, when paired with specifiers identifying the areas of skill deficit, should not have a negative impact upon children with dyslexia and may in fact "increase awareness that dyslexia typically encompasses far more difficulties than those related to decoding and spelling words."

25. Does the OPI have further information concerning dyslexia?

Answer: Yes. The OPI has prepared an informational document concerning dyslexia. The paper can be found on the OPI Web site at: http://www.opi.mt.gov/Programs/SpecialEd/Index.html?gpm=1#gpm1_7 under the guides tab.

(30) Specific learning disability.--

(A) In general.--The term 'specific learning disability' means a disorder in 1 or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

(B) Disorders included.--Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(C) Disorders not included.--Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.



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President Signs Dyslexia Bill Into Law

Feb 18, 2016 | Press Release

Washington, D.C. – The president today signed into law the bipartisan *Research Excellence and Advancements for Dyslexia Act (READ Act)* (H.R. 3033 (<https://www.congress.gov/114/bills/hr3033/BILLS-114hr3033eas.pdf>)). The *READ Act*, introduced by Science, Space, and Technology Committee Chairman Lamar Smith (R-Texas), supports important research to further our understanding of dyslexia, including better methods for early detection and teacher training.



Above, Chairman Smith joins House Speaker Paul Ryan in signing the *READ Act*.

Dyslexia affects an estimated 8.5 million school children and one in six Americans in some form. The House passed the *READ Act* last October with unanimous support and earlier this month approved a Senate amendment, sending the bill to the president's desk for his signature.

Chairman Smith: "Today we can help millions of Americans have a brighter and more prosperous future. Despite the prevalence of dyslexia, many Americans remain undiagnosed, untreated and silently struggle at school or work. We need to enable those with dyslexia to

achieve their maximum potential. I am glad that the House and Senate were able to work together and send the president a good bipartisan bill to help accomplish this goal."

The *READ Act* requires the president's annual budget request to Congress to include the Research in Disabilities Education program of the National Science Foundation (NSF). As amended, the bill requires the NSF to devote at least \$2.5 million annually to dyslexia research, which would focus on best practices in the following areas:

- Early identification of children and students with dyslexia
- Professional development about dyslexia for teachers and administrators
- Curricula development and evidence-based educational tools for children with dyslexia

The *READ Act* authorizes dyslexia research projects using funds appropriated for the National Science Foundation. The bill would also authorize \$2.5 million for research focused on other learning disabilities, including those which are also associated with dyslexia.

Chairman Smith introduced the *READ Act* with Rep. Julia Brownley (D-Calif.), who are co-chairs of the bipartisan Congressional Dyslexia Caucus. The Caucus is comprised of over 100 Members of Congress and is dedicated to increasing public awareness about dyslexia and ensuring that all students have equal educational opportunities.

114th Congress