IDA Dyslexia Handbook

What Every Family Should Know

International DYSLEXIA Association®

IDA Dyslexia Handbook: What Every Family Should Know

Introduction 1

Chapter 1: IDA Definition of Dyslexia 2

Chapter 2: Characteristics of Dyslexia 3

Chapter 3: Valid Assessments for Dyslexia 9

Chapter 4: Identifying Effective Teaching Approaches - Structured Literacy 15

Chapter 5: Managing the Education of a Student with Dyslexia 19

Chapter 6: Transitioning into College 22

Chapter 7: Recommended Readings and Resources on Dyslexia 28

Chapter 8: Glossary of Terms 31

References 33

© Copyright 2019, The International Dyslexia Association (IDA).

IDA encourages the reproduction and distribution of this handbook. If portions of the text are cited, appropriate reference must be made. This may not be reprinted for the purpose of resale.

40 York Road, 4th Floor • Baltimore, MD 21204
Info@DyslexiaIDA.org
www.DyslexiaIDA.org

Introduction

Welcome to the International Dyslexia Association (IDA). IDA was founded in 1949 in memory of Dr. Samuel Orton, a pioneer in the field of dyslexia. IDA's mission is to actively promote effective teaching approaches and intervention strategies for persons with dyslexia and related disorders. IDA encourages and supports interdisciplinary reading research and disseminates this information to professionals and the general public.

IDA has 42 state branches and 22 global partners to carry out its mission. These states and countries provide information regarding the best methods for helping individuals who need to learn how to read.

Structured Literacy describes the scientifically based approach for learning how to read. Chapter 4 addresses *Structured Literacy* and evidence-based approaches for learning to read.

The IDA Handbook provides necessary information regarding:

- definition of dyslexia
- characteristics of dyslexia
- appropriate assessment tools
- evidence-based interventions,
- suggestions for managing a dyslexic's educational process

In addition, helpful resources and a glossary of terms are provided to better understand dyslexia and its related disorders.

1

IDA Definition of Dyslexia

In this chapter you will learn about IDA's definition of dyslexia. This definition was developed with input from scientists and clinicians from universities in the United States and Canada. It is the definition of dyslexia that is also accepted and used by the National Institute of Child Health and Human Development (NICHD).

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.

Adopted by the Board of Directors: November 12, 2002

Therefore, dyslexia is a specific learning disability that appears to be based upon the brain and its functioning. It appears that dyslexia runs in families.

Individuals with dyslexia have difficulty with processing and manipulating the sounds in a spoken language. This is related to the ability to read words accurately and fluently. Individuals with dyslexia will also have difficulty with spelling. Some of the consequences of not reading accurately or fluently and thus having fewer reading experiences may include problems with reading comprehension and vocabulary.

2

Characteristics of Dyslexia

There are many misconceptions regarding dyslexia. Families need to know the facts about dyslexia. This chapter helps you to understand the common characteristics of dyslexia. It also includes common questions and answers regarding dyslexia that can be helpful to you.

Introduction

Individuals with dyslexia have trouble with reading, writing, spelling and/or math even though they have the ability and have had opportunities to learn. Individuals with dyslexia can learn, but they often need specialized instruction to overcome the problem. Often these individuals, who have talented and productive minds, are said to have a language-based learning difference.

Common characteristics of dyslexia

Most people have one or two of these characteristics. That does not mean that everyone has dyslexia. *A person with dyslexia usually has* ***several*** *of these characteristics that persist over time and interfere with his or her learning.*

Oral language

- Late learning to talk
- Difficulty pronouncing words
- Difficulty acquiring vocabulary or using age appropriate grammar
- Difficulty following directions
- Confusion with *before/after, right/left,* and so on
- Difficulty learning the alphabet, nursery rhymes, or songs
- Difficulty understanding concepts and relationships
- Difficulty with word retrieval or naming problems

Reading

- Difficulty learning to read
- Difficulty identifying or generating rhyming words, or counting syllables in words (*phonological awareness)*
- Difficulty with hearing and manipulating sounds in words (*phonemic awareness*)
- Difficulty distinguishing different sounds in words (*phonological processing*)
- Difficulty in learning the sounds of letters (*phonics*)
- Difficulty remembering names and shapes of letters, or naming letters rapidly
- Transposing the order of letters when reading or spelling
- Misreading or omitting common short words
- "Stumbles" through longer words
- Poor reading comprehension during oral or silent reading, often because words are not accurately read
- Slow, laborious oral reading

Written Language

- Difficulty putting ideas on paper
- Many spelling mistakes
- May do well on weekly spelling tests, but may have spelling mistakes in daily work
- Difficulty proofreading

Other common symptoms that occur with dyslexia

- Difficulty naming colors, objects, and letters rapidly, in a sequence (RAN: *Rapid Automatized Naming*)
- Weak memory for lists, directions, or facts
- Needs to see or hear concepts many times to learn them
- Distracted by visual or auditory stimuli
- Downward trend in achievement test scores or school performance
- Inconsistent school work
- Teacher says, "If only she would try harder," or "He's lazy."
- Relatives may have similar problems

Common characteristics of other related learning disorders

Individuals with dyslexia may have other related disorders. However, you can have dyslexia without other related disorders. Some of the co-existing disorders are described below.

Dysgraphia (*Handwriting*)

- Unsure of handedness
- Poor or slow handwriting
- Messy and unorganized papers
- Difficulty copying
- Poor fine motor skills
- Difficulty remembering the kinesthetic movements to form letters correctly

Dyscalculia (*Math*)

- Difficulty counting accurately
- May misread numbers
- Difficulty memorizing and retrieving math facts
- Difficulty copying math problems and organizing written work
- Many calculation errors
- Difficulty retaining math vocabulary concepts

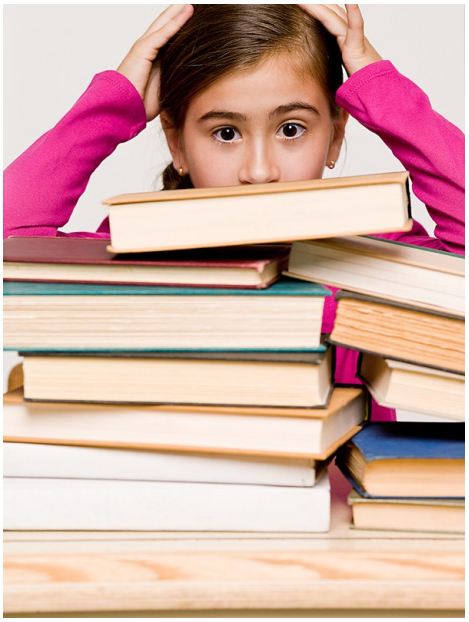
ADHD- Attention-Deficit/Hyperactivity Disorder (*Attention*)

- Inattention
- Variable attention
- Distractibility
- Impulsivity
- Hyperactivity

Dyspraxia (*Motor skills*)

- Difficulty planning and coordinating body movements
- Difficulty coordinating facial muscles to produce sounds

Executive Function/Organization



- Loses papers
- Poor sense of time
- Forgets homework
- Messy desk
- Overwhelmed by too much input
- Works slowly

If your child is having difficulties learning to read and you have noted several of these characteristics in your child, he or she may need to be evaluated for dyslexia or a related disorder.

Common Questions Parents May Have

What kind of instruction does my child need?

Dyslexia and other related learning disorders cannot be cured. Appropriate instruction promotes reading success and alleviates many difficulties associated with dyslexia. Instruction for individuals with reading and related learning disabilities should be:

- **Explicit**- component skills for reading, spelling, and writing are explained, directly taught, and modeled by the teacher. Children are discouraged from guessing at words.
- **Systematic and cumulative**- has a definite, logical sequence of concept introduction; concepts are ordered from simple to more complex; each new concept builds upon previously introduced concepts, with built in review to aid memory and retrieval.
- **Structured**- has step-by-step procedures for introducing, reviewing, and practicing concepts.

Chapter 4 will provide additional information about appropriate instruction.

What is the appropriate reading instruction for a child with dyslexia?

Parents often ask, “What type of instruction does my child with dyslexia need in order to learn to read?” Almost ALL children with dyslexia can be taught to read if they are given specific, comprehensive, and intensive instruction. This structured approach to reading should be delivered by a highly trained teacher.

Does my child’s school have a teacher qualified to teach reading to children with dyslexia?

It depends, but the odds are slim. Unfortunately, most preparation programs at universities and colleges, including departments of special education, literacy, and reading, have not prepared teachers adequately enough to meet the needs of students with dyslexia. Holding a graduate degree, a teaching license, or even a state reading endorsement does not necessarily mean that a teacher is a highly qualified teacher of reading as many of these credentials are easy to come by and lack rigor. Reading teachers must have a deep background in the structure of the language that underlies reading. Although there are good reading teachers scattered across the country in our schools today, many of these teachers have sought their training apart from a college degree or the requirements of state education departments and school systems.

Who is qualified to deliver this type of reading instruction?

IDA has published the *Knowledge and Practice Standards for Teachers of Reading*, which defines what teachers of reading need to know. In an effort to promote these standards, IDA is in the process of reviewing and accrediting organizations that align with the IDA standards. To date, those organizations include:

- Academic Language Therapy Association (ALTA)
- Alliance for Accreditation and Certification
- International Multisensory Structured Language Education Council (IMSLEC)
- National Institute of Learning Development (NILD)

IDA has also begun accrediting colleges and universities preparation programs across the country, which have coursework and practica that align to the IDA Standards. A listing of these accredited university programs can be found on the IDA website.

A highly knowledgeable and skilled teacher of reading, NOT a curriculum, teaches a child to read. According to a wise pioneer in the field of dyslexia, "A teacher who knows what to teach and how to teach it could use a stick in the sand to teach a dyslexic child to read." A good curriculum just makes the process even better!

What needs to be included in a remediation lesson for a child with dyslexia?

Although lessons vary somewhat from curriculum to curriculum, certain components are critical for the child with dyslexia. Below is a list of lesson components that are often included in dyslexia remediation.

History of the Language

Introduce the history of the English language. This provides a meaningful platform for children to understand from where our language has come. Ultimately, it will allow children to understand the most basic layers of our language and how this affects both reading and spelling rules.

Alphabet

Make certain that the child is secure in his knowledge of the letters of the alphabet. The alphabet is the cornerstone for all reading and spelling. Many students with dyslexia may be able to "sing" or "chant" the alphabet, yet they cannot touch and name nor recognize each of the individual letters of the alphabet.

Phonemic Awareness

Include phonemic awareness activities in each lesson. For example, the word *cat* is made up of three phonemes, /k/ /a/ /t/, and the word *ship* is made up of three phonemes, /sh/ /i/ /p/. Phonemic awareness deficits are the underlying cause of dyslexia, and it is critical that children develop these skills. Practice must be independent of working with letters and must focus specifically on phonemes, or sounds.

Phonics

Instruction should be based upon the most reliable patterns in reading and spelling, starting with the most common and progressing to the most complex. Children should be given the skills necessary to "break the code."

Fluency

Fluency practice should be at the word level, and based upon common patterns of syllables, syllable division patterns, and morphemes (the smallest meaningful unit, such as *–ing*). Students with dyslexia also need to tackle *Instant Words*, those common words in English that don't "play by the rules." Yet they are the most common words in the English language, as well as the first words beginning readers encounter.

Comprehension

Comprehension, the ultimate goal of reading, should not be assumed to be a by-product of decoding. Children with dyslexia need explicit instruction in comprehension. Comprehension skills should include vocabulary, reasoning, grammar, analysis, and listening. Children should have exposure to these skills through both narrative and expository texts.

Spelling

Spelling is perhaps the single most difficult skill for dyslexics to master. Spelling instruction should be delivered through a highly systematic approach beginning with the most common and reliable patterns in the English language. Spelling instruction should reinforce skills being taught in reading.

Handwriting

Dyslexic students benefit from instruction in cursive handwriting. This instruction should focus on approach strokes, proportion, and directionality. Handwriting reinforces a multisensory approach to reading and spelling.

Study Skills and Learning Strategies

Children with dyslexia need guidance in developing effective and efficient study habits. Organization is often a weakness for children with dyslexia and they need guidance with time, space, and materials as well as an approach to the task at hand. This should include a variety of skills and strategies to help the student develop metacognition, or "thinking about thinking."

How often should my child be seen for reading remediation?

Children need repeated practice until mastery. For most children, the highest success rates come when children receive daily practice with the support and direction of a qualified professional.

What else can I do to help my child with dyslexia?

Read to your child and help develop listening skills. Take advantage of recorded audio books such as those from Learning Ally. Help your child develop a love of listening as well as an appreciation for good literature.

Seek an evaluation from a qualified professional to determine your child's specific profile of dyslexia.

Be cautious of false claims of "cures" for dyslexia. They are abundant and expensive, and appeal to parents as they offer a "quick fix." Some of these include colored lenses or overlays, vision therapy, and brain training. [See *Learning Disabilities, Dyslexia, and Vision.* American Pediatric Journal, Vol. 127 No. 3, March 1, 2011]

3

Valid Assessments for Dyslexia

It is important to understand what a good assessment of dyslexia will include. In this chapter, you will learn about the evaluation process. You will become familiar with the various components of a valid assessment. This will help you to ask specific questions of the professional who will conduct the assessment. You want to make sure that the assessment is comprehensive and will include recommendations not only for intervention but the appropriate documentation for testing and classroom accommodations that will help the individual with dyslexia.

Introduction

When a child is struggling to read, someone will probably suggest that he or she be tested for dyslexia. What does it mean to be tested? You might think of a test as something you take in an afternoon. Someone scores it and tells you how you did. *Evaluation* is a more accurate word to describe the process of determining if someone has dyslexia. The word *evaluation* encompasses identification, screening, testing, diagnosis, and all the other information gathering involved when the student, his or her family, and a team of professionals work together to determine why the student is having difficulty and what can be done to help.

Why is evaluation important?

An evaluation is the process of gathering information to identify the factors contributing to a student's difficulty with learning to read and spell. First, information is gathered from parents and teachers to understand development and the educational opportunities that have been provided. Then, tests are given to identify strengths and weaknesses that lead to a diagnosis and a tentative road map for intervention.
Conclusions and recommendations are developed and reported.

When a student is having difficulties with reading and spelling, an evaluation is important for ***three reasons.***

1. ***Diagnosis-*** An effective evaluation identifies the likely source of the problem. It rules out other common causes of reading difficulties and determines if the student profile of strengths and weaknesses fit the definition of dyslexia.

2. ***Intervention planning-*** An effective evaluation develops a focused remedial program. Students who have a specific learning disability in reading (dyslexia) need a specialized approach to reading instruction to make progress. It is crucial that this specialized instruction begin at the student's current level of reading skill development, rather than at the student's grade level. An effective evaluation helps parents and teachers see which specific skills are weak and where reading and spelling instruction should begin.

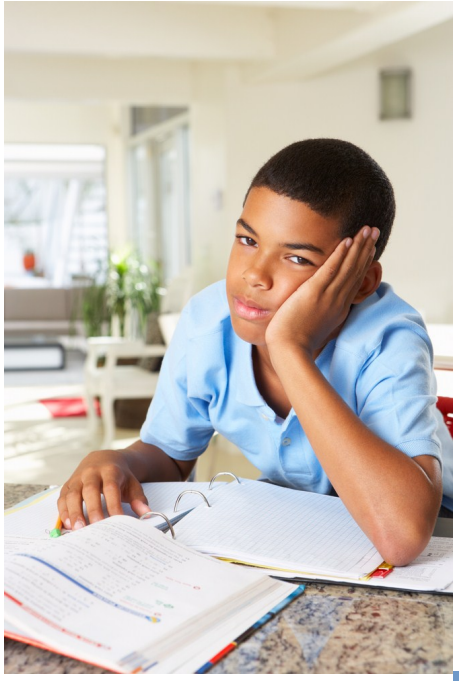
3. ***Documentation-*** An effective evaluation documents the history of a student's learning disability. One purpose of this documentation is to determine eligibility for special services, including special education. Documentation is also important for obtaining accommodations in college, or in the workplace.

When should a child be evaluated?

It is possible to identify potential reading problems in young children even before the problems turn into reading failure. Screening tests, such as Predictive Assessment of Reading (PAR); Dynamic Indicators of Basic Early Literacy Skills (DIBELS); Texas Primary Reading Inventory (TPRI); and AIMSweb screening assessments, developed by researchers for those purposes should be used with all children in a school. The process can begin in kindergarten, to locate those students who are "at risk" for reading difficulty. Preventive intervention should begin immediately, even if dyslexia is suspected. How the child responds to supplementary instruction will help determine if special education services are justified and necessary.

Before second grade, it is more important to focus an evaluation on the precursors of reading development. Measures of language skills, phonological awareness, memory, and rapid naming are more suggestive of being at-risk for dyslexia among young children than are measures of word reading, decoding and spelling.

Therefore, measures of phonological awareness, memory, and rapid naming are typically included in Kindergarten and beginning of first grade. Screening tests can identify children who need targeted intervention to improve these critical skills so these children can meet grade-level benchmarks. Although there are many tests that may be used (in Kindergarten and beginning of first grade) to assess beginning skills in reading and spelling, the standards for average achievement are generous. A child in late kindergarten or early first grade may only need to read a few letters and two or three common words to score well enough to reach a score of "average." Compared to other young learners, students with dyslexia may not seem to be "behind." Further, even if achievement is found to be low or poor, it does not explain why the child may not be learning as expected.



By January or February of first grade, tests of early word reading, decoding, and spelling begin to be useful in providing information about what the student has learned and what gaps in knowledge exist. This information may be used to plan instruction and guide ongoing assessment.

What should be included in the evaluation?

The following areas should be considered when carrying out an evaluation.

Background information

Information from parents and teachers tells us a lot about a student's overall development and pattern of strengths and weaknesses. Because dyslexia is genetically linked, a family history of dyslexia indicates that a student is more likely to have dyslexia. A history of delayed speech or language also puts a child at risk for reading difficulties. It is important to know the types and length of time of any interventions the student has received at school, home, or through tutoring, as well as the student's response to the intervention. School attendance problems should be ruled out. A history of poor attendance, alone, can explain an identified weakness in skill development.

Intelligence

Until recently, an intelligence test was considered to be a necessary part of the evaluation because the diagnosis of a learning disability was based on finding a significant difference between IQ and reading skill. Poor achievement despite average or better intelligence was considered a key indicator. Current regulations no longer require that such a discrepancy be present when making a diagnosis. This change in the regulations came about because many studies have shown that intelligence is <u>not</u> the best predictor of how easily a student will develop written language (reading and spelling) skills. Instead, oral language abilities (listening and speaking) are considered the best predictors of reading and spelling.

A formal measure of intelligence is not always needed to document average intellectual abilities. For younger children, parent information about language development and teacher information about the child's ability to learn orally may indicate average intellectual abilities. For older students or adults, past achievement in school or work may indicate at least average intelligence.

Oral language skills

Oral language, simply stated, refers to the ability to listen to and understand spoken language as well as to express thoughts through spoken language. Oral language is made up of basic skills, such as recognizing and making the sounds within speech. These are skills that are needed for accurate and automatic word reading. Higher-level skills, such as getting meaning by listening to someone speak or creating sentences to express thoughts are needed for comprehension. Students with dyslexia typically have adequate higher-level language skills. Indicators of higher-level oral language skills include being able to understand an age-appropriate story and spoken directions, to carry on a conversation, and to understand and use words that are age appropriate. If a student has average higher-level oral language skills but much difficulty developing written language (reading and spelling) skills, the need for evaluation for dyslexia is recommended.

Although students with dyslexia usually have strong higher-level language skills, they typically have problems (a deficit) in basic language skills (see following section "Phonological processing"). This deficit limits the ability to learn to read and spell using the sounds of the language. Young children with dyslexia often have delays in language development, but their higher-level language skills are usually age-appropriate by the time they enter school. Difficulties with higher-level language skills suggest a need for a language evaluation by a speech-language pathologist to rule out language impairment.

Word recognition

Word recognition is the ability to read single printed words. It is also called word reading or word identification. Tests of word recognition require that students read individual words printed in a list. The student is not able to use cues, such as the meaning of a sentence, to help them figure out the word. Tests of word recognition that score both accuracy and the time it takes for the student to read the words (fluency) are particularly useful. Students with dyslexia often become accurate but are still very slow when reading words. Both accuracy and the speed of word reading can affect understanding of what is read.

Decoding

Decoding is the ability to read unfamiliar words by using letter-sound knowledge, spelling patterns and chunking the word into smaller parts, such as syllables. Decoding is also called "word attack." Decoding tests should use nonsense words (words that look like real words but have no meaning, such as *frut* or *crin*) to force the student to rely on these decoding skills rather than on memory for a word already learned.

Spelling

Tests of spelling measure the student's ability to spell individual words from memory using their knowledge of, for example, letter-sound pairings, patterns of letters that cluster together to spell one sound (*igh* in high; *oa* in boat), the way plurals may be spelled (*s, es, ies*) and so on. Spelling is the opposite of word attack but it is more difficult. It requires separating out the individual sounds in a word, remembering the different ways each sound might be spelled, choosing one way, writing the letter(s) for that sound and doing the same, again, for the next sound in the word. Spelling stresses a child's short and long-term memory and is complicated by the ease or difficulty the child has in writing the letters, legibly and in the proper order. Spelling is usually the most severe weakness among students with dyslexia and the most difficult to remediate.

Phonological processing

Phonology is one small part of overall language ability. It is a low-level language skill in that it does not involve meaning. Phonology is the "sound system" of English. Spoken language is made up of words, word parts (such as syllables), and individual sounds (phonemes). We must be able to think about, remember, and correctly sequence the sounds in words in order to learn to link letters to sounds for reading and spelling. Good readers do this automatically without conscious effort. However, students with dyslexia have difficulty with identifying, pronouncing, or recalling sounds. Tests of phonological processing focus on these skills.

Automaticity/fluency skills

Students with dyslexia often have a slow speed of processing information (visual or auditory). Tasks should measure Naming Speed (also called Rapid Automatic Naming). Sets of objects, colors, letters, and numbers are often used. These items are presented in rows on a card, and the student is asked to name each as quickly as possible. Naming speed, particularly letter naming, is one of the best early predictors of reading difficulties. Therefore, it is often used as part of screening measures for young children. Slow naming speed results in problems with developing reading fluency. It also makes it difficult for students to do well on timed tests. Students with both the naming speed deficit and the phonological processing deficit are considered to have a "double deficit." Students with the "double deficit" have more severe difficulties than those with only one of the two.

Reading comprehension

Typically, students with dyslexia score lower on tests of reading comprehension than on listening comprehension. This is because they have difficulty with decoding and accurately or fluently reading words. It is important, however, to be aware that students with dyslexia often have strong higher-level oral language skills and are able to get the main idea of a passage despite their difficulty with the words. Further, reading comprehension tasks usually require the student to read only a short passage to which they may refer when finding the answers to questions. For these reasons, students with dyslexia may earn an average score on reading comprehension tests but still have much difficulty reading and understanding long reading assignments in their grade-level textbooks.

Vocabulary knowledge

It is important to test vocabulary knowledge because vocabulary greatly affects listening and reading comprehension. Difficulties students with dyslexia might have had in learning language or with memory can affect the ability to learn the meanings of words (vocabulary). Independent reading is also an important means for developing new vocabulary. Poor readers, who usually read less, are likely to have delays in vocabulary development. It is important to note, however, that students with dyslexia may perform poorly on reading vocabulary tests because of their decoding problems and not because they don't know the meaning of some words. For this reason, it is best to administer both a reading and listening vocabulary task to get a true measure of vocabulary knowledge.

The profile of strengths and weaknesses of an individual with dyslexia varies with age, educational opportunity and the influence of co-occurring factors such as emotional adjustment, ability to pay attention in learning situations, difficulties with health or motivation. Nevertheless, clusters of distinguishing characteristics are frequently noted.

<u>Family History and Early Development</u>

- Reports or reading/spelling difficulties across generations in the family
- Normal prenatal and birth history
- Delays/difficulties acquiring speech/language

Early Childhood/Primary Grades

- Difficulty with rhyming, blending sounds, learning the alphabet, linking letters with sounds
- Difficulty learning rules for spelling- spell words the way they sound (e.g., *lik* for *like*); use the letter name to code a sounds (*lafunt* for *elephant*)
- Difficulty remembering "little" words- *the, of, said*- that cannot be "sounded out"
- Listening comprehension is usually better than reading comprehension- may understand a story when read to him but struggles when reading the story independently

Middle and Secondary School

- Reluctant readers
- Slow, word-by-word readers; great difficulty with words in lists, nonsense words and words not in their listening vocabulary
- Very poor spellers- misspell sounds, leave out sounds, add or leave out letters or whole syllables
- Non-fluent writers- slow, poor quality and quantity of the product
- When speaking, may have a tendency to mispronounce common words (floormat for format); difficulty using or comprehending more complex grammatical structures
- Listening comprehension is usually superior to performance on timed measures of reading comprehension (may be equivalent when reading comprehension measures are untimed)
- Weak vocabulary knowledge and use

Outcomes of an evaluation

An evaluation should result in a written report. This report should detail the kinds of information collected. This includes information related to the family literacy history, any significant medical issues the child may have, prenatal and birth conditions, and preschool development, including language learning. The education history should include information on school attendance, tests administered and test scores. These scores should be stated as standard scores. Standard scores compare the learner to others of the same age or grade. This material should provide the framework for the detailed evaluation of relative strengths and weaknesses across the various skill areas assessed as well as the overall fit of all information with the typical profile of dyslexia at the child's age. This should lead to a tentative diagnosis that states that the child's ability to learn to read, write and spell does or does not appear to be related to dyslexia. The specific evidence that supports the diagnosis should be explained in the report.

Diagnosis

A diagnosis of dyslexia begins with the gathering of information gained from interviews, observations and testing. This information may be collected by various members of a team that includes including the classroom teacher(s), speech/ language pathologist, educational assessment specialist(s), and medical personnel (if co-occurring difficulties related to development, health or attention are suspected).

The task of relating and interpreting the information collected should be the responsibility of a professional who is thoroughly familiar with the important characteristics of dyslexia at different stages in the development of literacy skills. This professional should also have knowledge of the influence of language development and behavior on literacy learning. Often, school psychologists and/or speech-language pathologists are responsible for this task.

CAUTION: An initial diagnosis of dyslexia should be offered only as a tentative conclusion based on the data available. A poor reader may appear to "fit the profile" of dyslexia. However, if the learner responds quickly to appropriate intervention, the source of the reading problem is more likely related to earlier educational opportunity than to problems in the child's physical makeup that limit the ability to learn from the instruction provided. The ability of the learner to benefit from instruction that is focused on the basic skills that support reading and spelling provides valuable information necessary to support or reject the initial diagnosis.

Intervention planning

Finally, the report should identify instructional programs that appear to be appropriate in meeting the specific skill gaps and weaknesses identified through the evaluation process. Many children have already mastered some beginning reading skills. Therefore, it is not always necessary or reasonable for a child to be placed in the very beginning lessons of a program. Although some programs have a placement test which helps the teacher to know where instruction should begin, many do not. For this reason, information about the child's specific skill needs should be detailed in the report to assist in identifying the starting point for instruction. Recommended programs or intervention strategies should be consistent with the types of content and methods that research has shown to be effective for students with dyslexia and other poor readers. If warranted, a recommendation for further testing- vision, hearing, fine motor control (occupational therapy), attention, emotional adjustment-might also be included.

Documentation

The evaluation report should provide the documentation necessary to determine eligibility for special services, including special education. The specific guidelines for determining eligibility are based on federal regulations set forth by the Individual with Disabilities Education Act (IDEA). It is important to note, however, that the specific criteria, such as cutoff scores for eligibility, vary from state to state.

The parent or guardian of a child with dyslexia must advocate for the best possible educational opportunities for that child. Effective advocacy requires understanding the diagnostic report and knowing the child's rights under the law. Information on related topics, such as teaching methodologies, accommodations, and instructional modifications are available in IDA fact sheets.

4

Identifying Effective Instruction – Structured Literacy

In this chapter you will learn about effective instruction known as Structured Literacy. Schools need to provide structured literacy instruction for students to achieve high levels of literacy. Learn about the components of Structured Literacy and how it is taught. Also learn about IDA's Knowledge and Practice Standards for Teachers of Reading.

Introduction to Structured Literacy

Instruction that is supported by research is explicit, systematic, and cumulative. In other words, there is a plan; the instruction is *structured*.

This evidence-based approach integrates listening, speaking, reading, and writing. That is, the instruction incorporates all aspects of *literacy*.

This instruction embodies and defines *Structured Literacy*.

Structured Literacy emphasizes the structure of language, including the speech sound system (phonology), the writing system (orthography), the structure of sentences (syntax), the meaningful parts of words (morphology) and the relationships among words (semantics), and the organization of spoken and written discourse. The integration of listening, speaking, reading, and writing makes this instruction multisensory.

The ultimate goal of *Structured Literacy* is the development of deep levels of comprehension and expression and lifelong reading and writing habits. Although all aspects of this instruction are essential for students with dyslexia, this instruction also enhances the reading and academic achievement of all students.

The Content of Structured Literacy – What is Taught

Structured Literacy instruction is marked by several elements. The intensity and inclusion of these elements in instruction will vary according to student needs. Student needs are determined through continuous progress monitoring.

Phonology

Phonology is the study of sound structure of spoken words and is a critical element of *Structured Language* instruction. Phonological awareness includes rhyming, counting words in spoken sentences, and clapping syllables in spoken words. An important aspect of phonological awareness is phonemic awareness or the ability to segment words into their component sounds, which are called phonemes. A phoneme is the smallest unit of sound in a given language that can be recognized as being distinct from other sounds in the language. For example, the word *cap* has three phonemes (/k/, /ă/, /p/), and the word *clasp* has five phonemes (/k/, /l/, /ă/, /s/, /p/).

Sound-Symbol Association

Once students have developed the awareness of phonemes of spoken language, they must learn how to map the phonemes to symbols or printed letters. Sound-symbol association must be taught and mastered in two directions: visual to auditory (reading) and auditory to visual (spelling). Additionally, students must master the blending of sounds and letters into words as well as the segmenting of whole words into the individual sounds. The instruction of sound-symbol associations is often referred to as phonics. Although phonics is a component of *Structured Literacy*, it is embedded within a rich and deep language context.

Syllable Instruction

A syllable is a unit of oral or written language with one vowel sound. Instruction includes teaching of the six basic syllable types in the English language: closed, vowel-consonant-*e*, open, consonant-*le*, *r*-controlled, and vowel pair. Knowledge of syllable types is an important organizing idea. By knowing the syllable type, the reader can better determine the sound of the vowel in the syllable. Syllable division rules heighten the reader's awareness of where a long, unfamiliar word may be divided for greater accuracy in reading the word.

Morphology

Morphology is the study of morphemes, the smallest unit of meaning in the language. The Structured Literacy curriculum includes the study of base words, roots, prefixes, and suffixes. The word instructor, for example, contains the root *struct*, which means *to build*, the prefix *in*, which means *in* or *into*, and the suffix *or*, which means *one who*. An instructor is one who builds knowledge in his or her students.

Syntax

Syntax is the set of principles that dictate the sequence and function of words in a sentence in order to convey meaning. This includes grammar, sentence variation, and the mechanics of language.

Semantics

Semantics is that aspect of language concerned with meaning. The curriculum (from the beginning) must include instruction in the comprehension of written language.

The Principles of Instruction – How It Is Taught

Structured Literacy is distinctive in how critical elements are taught. The instruction adheres to the following principles.

Systematic and Cumulative

Structured Literacy instruction is systematic and cumulative. Systematic means that the organization of material follows the logical order of the language. The sequence must begin with the easiest and most basic concepts and elements and progress methodically to more difficult concepts and elements. Cumulative means each step must be based on concepts previously learned.

Explicit Instruction

Structured Literacy instruction requires the deliberate teaching of all concepts with continuous student-teacher interaction. It is not assumed that students will naturally deduce these concepts on their own.

Diagnostic Teaching

The teacher must be adept at individualized instruction. That is, instruction that meets a student's needs. The instruction is based on careful and continuous assessment, both informally (for example, observation) and formally (for example, with standardized measures). The content presented must be mastered to the degree of automaticity. Automaticity is critical to freeing all the student's attention and cognitive resources for comprehension and expression.

The History and Efficacy of Structured Literacy – How It Began and Why it Works

Dr. Orton and his colleagues began using multisensory techniques in the mid-1920's at the mobile mental health clinic he directed in Iowa. Dr. Orton was influenced by the kinesthetic method described by Grace Fernald and Helen Keller. He suggested that kinesthetic-tactile reinforcement of visual and auditory associations could correct the tendency of confusing similar letters and transposing the sequence of letters while reading and writing. For example, students who confuse ***b*** and ***d*** are taught to use consistent, different strokes in forming each letter. Students make the vertical line before drawing the circle in printing the letter ***b***; they form the circle before drawing the vertical line in printing the letter ***d***.

Anna Gillingham and Bessie Stillman based their original 1936 teaching manual for the "alphabetic method" on Dr. Orton's theories. They combined multisensory techniques with teaching the structure of written English, including the sounds (phonemes), meaning units (morphemes such as prefixes, suffixes, and roots) and common spelling rules. The phrase "Orton-Gillingham approach" refers to the structures, sequential, multisensory techniques established by Dr. Orton, Ms. Gillingham, and their colleagues. Many programs today incorporate methods and principles first described in this foundational work, as well as other practices supported by research.

Current research, much of it supported by the National Institute of Child Health and Human Development (NICHD), has demonstrated the value of explicit, structured language teaching for all students, especially those with dyslexia. Programs that work differ in their techniques but have many principles in common. The multisensory principle that is so valued by experienced clinicians has not yet been isolated in controlled, comparison studies of reading instruction, but most programs that work do include multisensory practice for symbol learning. Instructional approaches that are effective use explicit teaching of letter-sound relationships, syllable patterns, and meaningful word parts, and provide a great deal of successful practice of skills that have been taught. Fluency-building exercises, vocabulary instruction, language comprehension and writing are also included in comprehensive programs of instruction and intervention. Word recognition and spelling skills are applied in meaningful reading and writing of sentences and text passages, and students receive immediate feedback if they make mistakes. Guessing at words and skipping words are discouraged and replaced by knowledge of how to analyze and read unknown words.

Students with dyslexia often exhibit weaknesses in underlying language skills involving speech sound (phonological) and print (orthographic) processing and in building brain pathways that connect speech with print. The brain pathways used for reading and spelling must develop to connect many brain areas and must transmit information with sufficient speed and accuracy. Most students with dyslexia have weak phonemic awareness, meaning they are unaware of the role sounds play in words. These students may also have difficulty rhyming words, blending sounds to make words, or segmenting words into sounds. Because of their trouble establishing associations between sounds and symbols, they also have trouble learning to recognize words automatically ("by sight") or fast enough to allow comprehension. If they are not accurate with sounds or symbols, they will have trouble forming memories for common words, even the "little" words in students' books. They need specialized instruction to master the alphabetic code and to form those memories. In short, these students need *Structured Literacy* instruction.

The IDA Knowledge and Practice Standards – What Teachers of *Structured Literacy* Should Know and Be Able to Do

Research has demonstrated that when reading is taught by highly knowledgeable and skilled teachers of reading, all but the most severe reading difficulties can be resolved or, at the very least, greatly improved. The question is, "What is meant by *highly knowledgeable and skilled*?"

To answer this question, IDA wrote the *Knowledge and Practice Standards for Teachers of Reading.* These standards outline what teachers of reading – classroom teachers, therapists, practitioners, interventionists, clinicians, and literacy volunteers – must know and be able to do to teach reading well to any student, especially those students with dyslexia. The IDA Standards can be found at www.interdys.org.

In addition to defining the quintessential teacher of reading, the IDA Standards serve as the metric to measure the quality of programs that prepare teachers of reading. Ultimately, these standards will determine whether a teacher has acquired the knowledge and skills necessary to teach reading well. That determination will be based on satisfactory completion of coursework, successful completion of a supervised practicum, and demonstration of competency on a certification exam—all of which are based on the IDA Standards. IDA has taken that first steps to making sure that there is a highly knowledgeable and skilled teacher of reading who employs *Structured Literacy* in every classroom.

5

Managing the Education of a Student with Dyslexia

In this chapter you will learn important advice for how to manage the education of a student with dyslexia. You will also learn some tips for activities that you should incorporate each and every day that will enhance language and literacy skills.

Foremost, Educate Yourself

Attend conferences, read suggested books, and network with parents who "have been there." Listen attentively and read carefully. Learn all you can about the nature of your child's learning difficulties. Take notes of particular parenting or academic strategies that have been successful, ones that you think might work for your child. By educating yourself, you not only maintain self-confidence to help you deal with professionals in the field, but also, you are in a stronger position for making informed decisions about your child's educational career and emotional life.

Create a Notebook of Your Child's Work

Invest in a 3-ring hole punch and buy a 3-ring binder. Compile your child's work-everything from crinkled homework sheets, to returned tests, to workbook pages. Organize the papers chronologically and by subject matter. Include anecdotal information as well. Bring it to meetings as written documentation of your child's progress (or lack of progress). As a chronicle of your child's day-to-day work, you are in a good position to do your own analysis. For example, one parent discovered that her son's poor grades on math tests were not a reflection of his misunderstanding of the concept, but a simple mechanical error such as he forgot to reduce fractions to the lowest common denominator. In this case, it was a parent who uncovered the problem.

Keep Your Expectations High

Too often teachers and parents lower their expectations *because* of their child's learning difficulties, when, in fact, these children need high standards and reasonable goals. When expectations are high, students are forced to face their difficulties. Within a supportive and encouraging environment, they will learn how to cope. Yes, there will be times of setbacks and moments of frustration, but that doesn't mean to lower your standards, it means to help your child persevere in the face of adversity.

Visit Your Child's Classroom Often

Volunteer your time in your child's classroom in any capacity. First, it allows you to see how your child functions in comparison to their peers. Second, it increases your quantity time with the teacher. Your goal is to foster a close working relationship between you and the teacher. Your child will benefit from these frequent interactions because you will be "in the know," specifically in terms of assignment expectations. Further, you will have an "insider's view" of the teacher's teaching style. With this perspective, you will certainly feel more empowered when managing your child's education, in general, and more able to help with individual homework assignments.

Keep a File of Potential References

Who might be included in this file? For starters, names of reputable tutors who are trained in structured literacy and can help your child learn to read. The name of a pediatrician who understands learning difficulties is a must. If you have medication issues that need careful attention, you will want to choose a doctor who is not only sympathetic, but knowledgeable about your child's special needs. A counselor who deals specifically with emotional support and educational planning such as college placement for children with learning difficulties may be a useful resource. A reliable advocate is another resource to include in your file. This person may be an objective partner who can accompany you to those sometimes arduous and emotionally-charged school meetings. A psychologist who treats children and adolescents with learning disabilities may be a name to store in your file. Adolescence is a trying time for most students, but it may present unique problems for children with learning disabilities. Contact information of school administrators and teachers is helpful when you have questions or need help in planning for your child's academic future and success.

Be Patient on "Off" Days

An "off" day is when things just aren't in sync for your child. His or her oral reading, which may typically be slow, but accurate, is inexplicably slower and beset with multiple inaccuracies and retrieval difficulties. You'll know it is an "off" day not only by the increase in subtle distress signals such as yawning and heavy sighs, but also by a change in his or her general tolerance level. As a parent, keep in mind that inconsistency is part-and-parcel of having learning disabilities. It is important to help your child recognize these days and acknowledge feelings of frustration and discouragement. It is equally important to help your child develop strategies to manage these days. On a particularly heavy homework night, you may need to do a greater share of reading, be a scribe for the upcoming book report, or put off practicing math facts for a better day. Again, reassure your child that "off" days will occur, knowing that tomorrow will be a better day.

Read Aloud With Your Child Every Day

Reading to your child makes a difference, not only in improving general comprehension and vocabulary, but in improving decoding skills as well. While your child is being remediated for underlying decoding difficulties, they are most likely reading controlled texts (ones which include sound concepts that have been taught). Once they "graduate" to less controlled texts, they will encounter words containing a greater variety of sound concepts, perhaps some that have not yet been formally introduced. At this point, they must rely on decoding skills to figure out the intended pronunciation of a seemingly unfamiliar word. If that word is in his or her oral vocabulary (learned from listening to language), then chances of reading the intended pronunciation when reading independently is much greater than if the word was not in his or her oral vocabulary. Those students, who have been widely read to, have a distinct advantage to those students who have not had the same exposure to language.

Let Your Child Be An "Expert"

Whether it be a non-academic skill such as sewing, tree house building, or drawing- or whether it be a storehouse of knowledge about a specific subject, such as animals, sports, movies, computers, or music-help your child develop an area of expertise. Why? It can become a topic for open-ended writing assignments or oral reports. This area of expertise may develop into a life-long hobby, providing hours of fun and personal satisfaction. It may also provide opportunities for your child to shine in front of his or her peers and meet others who share a common interest. This is one way long-lasting friendships begin.

Start A Dialogue With Your Child

Talk to your child about his or her learning difficulties. Be honest. Be matter-of-fact. Your goal is to demystify the notion that something is "wrong." Your child already senses that. Help your child acknowledge his or her feelings and put learning difficulties into perspective. A starting point may be to have a specific conversation about strengths and weaknesses, or talk in general terms about how people with learning difficulties have special minds that just happen to learn differently. What you've done is establish the groundwork for a conversation that is going to continually mold itself over the years. As this dialogue develops, by the middle and high-school years, you may want to steer this conversation toward helping your child become his or her own advocate. Role-playing should be an integral part of the dialogue by this time.

Keep a Sense of Humor

Learning is a challenging, often a painful experience for children with learning difficulties. They need laughter in their lives, and lots of it!

6

Transitioning to College

This chapter includes information on when and how to start planning for the transition to college. Learn specific tasks such as securing accommodations for standardized testing and the common questions and answers that most families will find helpful during this phase of the educational process.

Introduction

An increasing number of students with learning and attention disorders plan to attend college, and that is great news. However, negotiating the process of taking standardized tests (possibly with accommodations), choosing the right colleges, and navigating the application process, can be overwhelming, even for the most organized student. Those who successfully gain acceptance to the schools of their choice are often frustrated to find that the accommodations they received in high school are not automatically granted in college. For students with learning disabilities (LD), making a successful transition to college is a multi-year process and a team effort that requires input from the student, parents, school personnel, and other professionals.

When is the best time to start planning the transition?

Federal regulation, Section 614 (D)(I)(vii)(II), requires that "beginning at the age of 16 (or younger, if determined appropriate by the IEP Team), a statement of needed transition services for the child, including, when appropriate, a statement of the interagency responsibilities or any needed linkages," needs to be included in educational planning. The "statement of needed transition services" is a long-range plan to assist students in their steps toward adult life. Some states require that these services begin even earlier when the child is age 14.

For the Individual Education Program (IEP) to be most beneficial it should be an outcome-driven document, meaning that the goals set in the IEP should focus on exactly what the student plans to do when he or she graduates from high school. To do this effectively, the student's post-secondary goals should be delineated early, and it is, at least in part, the school's obligation to help the student secure the skills needed to achieve this goal.

The table in this chapter provides a timeline of activities that will help students and their parents prepare for the transition from high school to college.

Grade Level	Activity/Task
Ninth and tenth	• Discuss options for after high school (for example, gap year, employment, vocational school, community college, or four-year university). • Develop self-advocacy skills. Make sure the student understands and can articulate his or her learning struggles and why accommodations are needed. The student should actively participate in IEP meetings and practice self-advocacy skills in those meetings. • Explain strengths and weaknesses to the student to develop his or her understand for more effective self-advocacy.

Tenth	• Prepare for standardized testing (by the end of the year):
	  ○ Apply for accommodations; and
	  ○ Take test preparation course.

Eleventh	• Register for SAT or ACT. • Investigate colleges. • Make a list of criteria for selecting a college (for example, class size, availability of support services, and finances) with the help of parents and school personnel. • Encourage participation in extracurricular and leadership activities as well as community service. Admission counselors are looking for applicants who are actively engaged in their schools and communalities. • Visit prospective schools (by spring).
Twelfth	• Eliminate some schools to shorten list of prospective of schools before applying. • Finalize applications by mid-November. (Support from parents and school personnel is very important at this stage. Students with organizational challenges may find it daunting to simultaneously secure letters of reference, write essays, and complete forms while also keeping up with regular academic demands.) • Communicate regularly with school administration to be certain that the student has the academic requirements needed to graduate from high school and apply to the colleges he or she wishes to attend.
Twelfth (summer after)	• Develop independent living skills (for example, refilling medications and doing laundry). • Communicate regularly with the appropriate office at the college of choice to secure accommodations prior to arriving in the fall. Once on campus, students will need to learn to access various resources and implement strategies such as maintaining a calendar, using the library, and becoming involved in study groups.
College years	• Plan and schedule carefully, monitor and modify the original plan for accommodations as necessary.

How can the student secure accommodations on standardized testing (SAT, ACT, and AP tests)?

Parents should contact the student's guidance counselor (or the person at the student's school that coordinates testing) several months before the student plans to take a standardized test. This person will need a copy of any school or outside psychological testing that the student has had completed. The counselor or coordinator will complete the appropriate paperwork, and the parents will have to sign an accommodation request form to be sent to the ACT or SAT College Board office.

How does the student prepare the documentation and test application when requesting accommodations on standardized tests?

Admissions testing policies and procedures vary and are updated from time to time, so the student and his or her parents are encouraged to go to the test's website and review the documentation policy statement for each test the student plans to take. In general, they will need to do the following:

- Make sure the documentation is current according to the guidelines put forth by the various testing entities. Shelf life of the documentation varies by diagnosis and testing entity, so check the various testing websites frequently for documentation requirements. Some students may not need to submit documentation and, in some cases, only an update, rather than a full evaluation, is required.
- If the student must update testing, be sure to share with the examiner a copy of the documentation requirements put forth by the different testing entities on their websites. Keep in mind that the documentation must provide a strong rationale for any disability-related accommodations.
- Plan well in advance. Accommodation requests are due months before the actual test date. If a re-evaluation is needed, it may take weeks or months to complete, and once the test application is submitted, the review process can take six to eight weeks.

What services are typically available at college?

- Colleges and universities offer several types of programs for students with LD, including:
- **Structured Programs** (SP) - comprehensive programs that may have additional costs associated with them. These services might include separate admission procedures, compulsory strategies, one-on-one tutoring, and student monitoring.
- **Coordinated Services** (CP) - services that are used as needed, these services are not comprehensive, they have less structure, and participation is voluntary.
- **Services** (S) - the least comprehensive services of the three categories. Students who require minimum accommodations, but find comfort in knowing services are available, might benefit from exploring colleges that provide these.

When should the student make contact with college's office of support services?

Most students benefit from making contact with the coordinator or director of the disability services office in their junior year of high school. It gives the student time to learn the types of support the school offers and determine if the college or university can accommodate his or her needs.

May students use an IEP or 504 Plan when they attend college?

Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and amendments to that Act in 2008 apply very differently at the college level than K-12.

The IEP and 504 Plan do not apply in the post-secondary school setting. Updated testing may be necessary for the coordinator in the office of support services at the college to review.

Testing for most post-secondary schools should be done when the student is at least 16 years old because schools want the "adult versions" of psychological tests, which can be administered when the student reaches age 16. The Association on Higher Education has proposed seven essential elements of documentation at the college level, and most schools, although not all, have adopted this or a similar list (see each college's website for specific documentation requirements):

1. Documentation is provided by a licensed or otherwise properly credentialed professional with appropriate training and experience.
2. Documentation contains a clear diagnostic statement that describes how the diagnosis was made, provides information about the functional impact of the disability, and details prognosis.
3. Documentation may contain both formal and informal methods of evaluation. Formal, standardized assessment may include diagnostic criteria, methods and procedures, tests and dates of administration, and a clinical narrative. Informal methods might include, among other things the history of accommodations, educational situations, and the extent of the disability's impact, but it should not be used solely to make a case for accommodations.
4. Documentation should contain information on how learning is currently affected. Currency of documentation, while important, should be flexible and will vary by intuition and diagnosis.
5. Documentation should provide information on any expected or cyclical changes in the functional impact of the disability over time and context and any known or suspected environmental impacts.
6. Documentation should be comprehensive in that it includes a description of both current and past auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in the educational setting.
7. Documentation that includes recommendations from professionals with a history of working with the student is often useful for determining effective accommodations.

At the college level, it is the student's responsibility, rather that the school's, to initiate the process for services and accommodations, and accommodations are not retroactive. For these reasons, it is wise to secure accommodations well before the first day of class of the freshman year.

What are the most basic accommodations offered by colleges and universities?

Most post-secondary schools provide students with LD with a minimum of three accommodations: extra time on tests, testing in a quiet location, and access to a note taker. However, the logistics of how these accommodations are provided varies widely among schools. For example, at some colleges, students can take tests in a testing center with oversight by a proctor; whereas, at other colleges it is the professor's responsibility to oversee testing

accommodations. At some schools, note takers are paid for their service and are, therefore, readily available; whereas, at other schools it is a volunteer position. In that case, if no student steps forward, no note taker is available. Again, inquiries about the implementation of accommodations should be sent directly to the college.

If a student has a language waiver in high school, can he or she also get one in college?

Success in securing a language waiver in college depends on where the child attends college and the types of services offered there. The support services office will review the student's updated psychological evaluation along with the reason(s) for the language waiver from the high school. If a college language waiver is being considered, the parents should inform the evaluator when seeking re-evaluation in case specific tests are required.

Should the student disclose a learning disability during the application process?

Deciding whether or not to disclose a LD is a highly personal choice. Many consultants agree that the value of disclosing depends on the severity of the disability, the comfort level of the parents and student with disclosure, the level of competiveness of college of choice, and the presence of any "compelling reason" to disclose. Compelling reasons might include abnormalities in the high-school transcripts, such as an absence of foreign language credits, or requiring that the college have a highly specialized LD service program.

On a related note, although it used to be possible for colleges to determine if a student received accommodations based on the standardized test score report, that is no longer the case. Therefore, unless it is specifically disclosed by the student, parent, or a reference offered by the student, there is no way for colleges to know.

What should a student with a learning disability look for in college?

Consider the student's individual needs and spend some time researching colleges before deciding on a college. In addition to standard considerations when looking at colleges (for example, in-state or out, scholarships and tuition), also consider the following:

- **Level of Support:** Does the student need comprehensive LD services or minimal accommodations? Virtually all schools offer some support, but the more comprehensive the services that are being sought, the shorter the list of available schools.
- **Finances:** Many schools charge fees for LD services in addition to tuition. Be sure to check up front so there are no last minute surprises or disappointments.
- **Extracurricular:** Are extracurricular activities, such as playing sports or joining a sorority, important to the student? For many students, these activities are a vital part of their college experience that provide needed structure, accountability, and social support.
- **Class Size:** Many students with LD do better in smaller class sizes where the professors know their names, are available to talk after class, and answer e-mails.
- **Professors:** Who does the teaching? Large schools often staff classes with minimally-experienced graduate students who do not know the content area as well or do not have a wealth of experience to draw upon for teaching students with LD.

- **Housing Options:** Does the student need to live alone due to cognitive, emotional, or social challenges? Many schools do not have this option for freshmen and may require a request for a housing accommodation.

- **Medical Resources:** Is there access to medical care so the student can continue to receive prescription refills or other medical attention as necessary? Students often find it challenging to secure prescriptions, particularly for stimulant medication, in college for a variety of reasons (for example, they don't have a car to get to the pharmacy, or they don't have a local physician to write prescriptions), and, therefore, they stop taking the medication at the most academically demanding time of their lives. This problem can be avoided with some planning and forethought.

- **Transportation:** Will your student have access to a car? Students with LD often need to leave campus to pick up medications, attend doctor appointments, or join tutoring sessions. Many colleges do not allow first year students to have cars, but exceptions may be made in certain cases.

- **Faculty Attitude:** Are faculty members accepting of students with LD? The faculty's willingness to accommodate students with LD is critical to the student's success.

- **Course Load:** Can a student with LD take fewer hours per term and still be considered full time? This is an important consideration for health insurance and financial aid, which often require full-time enrollment for benefits.

- **Course Training:** Have the counselors or learning specialists who work with students with LD received special training?

- **Graduation Rate:** Are students with LD allowed more time to complete graduation requirements? If they are not taking the same number of courses or credits per term as their peers, students with LD may take longer to graduate.

- **Parent Support:** Is there someone parents can contact if they have concerns during the academic year? College students are considered adults, so many schools have policies in place that prevent parents from accessing information about their children.

Attending college is often seen as a rite of passage for both students and parents. When searching for the right college or university, it is important that you and your child take into account the campus environment, class size, and the type of support services that are offered. One of the most important factors for success in college is identifying the best fit. With advanced planning and forethought, a capable student with LD can have a positive college experience and a bright future.

7

Recommended Readings and Resources on Dyslexia

Recommended Reading for Children and Teens

The following list of publications has been compiled to provide resources for children and teens with learning differences. If you are a parent, teacher, therapist, or anyone else who provides guidance and support to young people with learning differences, this list can help you find resources at the appropriate level.

Pre-School and Early Elementary

Moore-Mallinos, J., Roca, N. (2007). *It's called dyslexia.* Hauppauge, NY: Barron's Educational Series.

Elementary

Dwyer, K.M. (1991). *What do you mean I have a learning disability?* New York, NY: Walker & Co.

Esham, B., Gordon, M., & Gordon, C. (2008). *If you're so smart, how come you can't spell Mississippi?* Perry Hall, MD: Mainstream Connections.

Esham, B., Gordon, M., & Gordon, C. (2008). *Last to finish: A story about the smartest boy in math class.* Perry Hall, MD: Mainstream Connections.

Esham, B., Gordon, M., & Gordon, C. (2008). *Mrs. Gorski, I think I have the wiggle fidgets.* Perry Hall, MD: Mainstream Connections.

Esham, B., Gordon, M., & Gordon, C. (2008). *Stacey Coolidge's fancy-smancy cursive handwriting.* Perry Hall, MD: Mainstream Connections.

Polacco, P. (1998). Thank you, Mr. Falker. New York: NY: Putnam Publishing Group.

Elementary to Young Teens

Betancourt, J. (1993). *My name is Brain/Brian*. New York: NY: Scholastic.

Denison, K. (1996). *I wish I could fly like a bird*. Schenectady, NY: Wildwood Creative Enterprises.

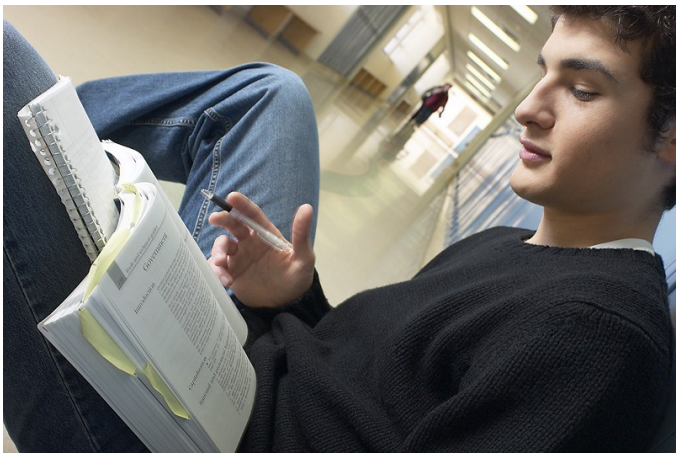
Gehret, J., & DePauw, S.A. (1990). *The don't-give-up kid and learning disabilities*. Fairport, NY: Verbal Images Press.

Levine, M.D. (1993). *All kinds of minds: A young student's book about learning abilities and disorders*. Cambridge, MA: Educators Publishing Service.

Levine, M.D. (2001). *Jarvis Clutch- social spy*. Cambridge, MA: Educators Publishing Service.

Richards, R.G., & Richards, E.I. (2000). *Eli: The boy who hated to write: Understanding dysgraphia*. Riverside, CA: RET Center Press.

Stern, J.M., & Ben-Ami, U. (1996). *Many ways to learn: Young people's guide to learning disabilities*. New York, NY: Magination Press. [Audiotape also available.]



Young Teens

Barrie, B. (1994). *Adam Zigzag*. New York, NY: Delacorte Press.

Blue, R. (1979). *Me and Einstein: Breaking through the reading barrier*. New York, NY: Human Sciences Press.

Fisher, G.L., & Cummings, R. (1991). *The school survival guide for kids with LD*. Minneapolis, MN: Free Spirit Publishing.

Griffith, J. (1998). *How dyslexic Benny became a star*. Dallas, TX: Yorktown Press.

Janover, C. (1998). *Josh: A boy with dyslexia*. Burlington, VT: Waterfront Books.

Teens

Barrett, S.L. (1992). *It's all in your head: A guide to understanding your brain and boosting your brain power*. Minneapolis, MN: Free Spirit Publishing.

Bauer, J.J. (1992). *The runaway learning machine: Growing up dyslexic*. Minneapolis, MN: Educational Media Corporation.

Bauer, J.J. (1999). *Too much time on Sycamore Street: A self-help resource for adolescents and adults with learning disabilities*. Minneapolis, MN: Educational Media Corporation.

Dunn, K.B., & Dunn, A.B. (1993). *Trouble with school: A family story about learning disabilities*. Rockville, MD: Woodbine House.

Fisher, G.L., & Cummings, R. (1990). *The survival guide for kids with LD*. Minneapolis, MN: Free Spirit Publishing.

Hallowell, E.M. (2004). *A walk in the rain with a brain*. New York, NY: Harper Collins.

Hayes, M.L. (1994). *The tuned in, turned on book about learning problems*. Novato, CA: Academic Therapy Publications.

Hipp, E. (2008). *Fighting invisible tigers: Stress management for teens* (3rd ed.). Minneapolis, MN: Free Spirit Publishing.

Janover, C. (1995). *The worst speller in jr. high*. Minneapolis, MN: Free Spirit Publishing.

Levine, M.D. (1990). *Keeping a head in school: A student's book about learning abilities and learning disorders*. Cambridge, MA: Educators Publishing Service.

Packer, A. (1992). *Bringing up parents: The teenager's handbook*. Minneapolis, MN: Free Spirit Publishing.

Smith, J. (2009). *Dyslexia wonders: Understanding the daily life of a dyslexic from a child's point of view*. Hampton, VA: Morgan James Publishing.

Recommended Reading for Parents

Eide, B. & Eide, F. (2011). *The dyslexic advantage: Unlocking the hidden potential of the dyslexic brain* (1st ed.). New York: Hudson Street Press.

Fitzhugh, L. (2014). *What is the appropriate reading instruction for a child with dyslexia?* International Dyslexia Association

Hall, S. L., & Moats, L. C. (2002). *Parenting a struggling reader.* New York: Broadway Books.

Kurnoff, S. (2001). *The human side of dyslexia: 142 interviews with real people telling real stories.* London: Universal.

Moats, L. C., & Dakin, K. (2008). *Basic facts about dyslexia and other reading problems.* Baltimore: The International Dyslexia Association.

Ott, P. (1997). *How to detect and manage dyslexia: A reference and resource manual.* New York: Heinemann.

Rawson, M. (1988). *The many faces of dyslexia.* Baltimore, MD: The International Dyslexia Association.

Reid, G. (2011). *Dyslexia: A complete guide for parents and those who help them* (2nd ed.). New York: Wiley.

Shaywitz, S. (2003). *Overcoming dyslexia: A new guide and complete science-based program for reading problems at any level.* New York: Knopf.

Siegel, L. M. (2007). *The complete IEP guide: How to advocate for your special ed child* (5th ed.). Berkley, CA: Nolo.

Siegel, L. M. (2013). *Understanding dyslexia and other learning disabilities*. Vancuver, BC: Pacific Educational Press.

Smith, J. (2009). *Dyslexia wonders: Understanding the daily life of a dyslexic from a child's point of view.* New York: Morgan James Publishing.

Tessler, L. G. (2008). *One word at a time: A road map for navigating through dyslexia and other learning disabilities. Amazon.*

Tridas, E. (2008). *From ABC to ADHD.* Baltimore: The International Dyslexia Association.

Wright, P. W. D., & Wright, P. D. *Wrightslaw: From emotions to advocacy, the special education survival guide* (2nd ed.). Hartfield, VA: Harbor House Law Press, Inc.

8

Glossary of Terms

Like any professional field, education has its own unique terminology. The following list provides some of the most common terms. These terms may vary across geographical areas and even within states. In one part of the country an instructor might be referred to as a therapist and in another a specialized tutor. Sometimes different words are used to refer to the same things, such as academic language therapy, educational therapy, and multisensory structured language instruction from a qualified tutor.

Academic Language
Academic language denotes that services offered to clients are educational and emphasize the teaching of reading, spelling, handwriting, and written expression. *Therapy* indicates that those services are intensive and therapeutic rather than tutorial.

Academic Language Therapist
Academic language therapists (or academic therapists) have learned specific instructional strategies for teaching students with dyslexia- a language-based learning disability that affects some combination of oral language skills (speaking and listening) and written language skills (reading, spelling, handwriting, and written expression).

Academic Language Therapy
Teaching begins with the basics and rebuilds the learning continuum step-by-step. Academic language therapy starts from ground zero so that no gaps remain in the student's understanding of language structure. Students learn systematic strategies for decoding (word identification), encoding (spelling), and letter formation. Students' successes and challenges during one lesson inform the planning of subsequent lessons. Academic language therapy is cumulative, systematic, structured instruction that is written and planned for a particular student, or group of students, and is delivered by an educator with comprehensive training. Following the advice of Margaret Rawson, a pioneer in the field of dyslexia education, academic language therapists guide their students' progress "*as fast as they can but as slow as they must*."

Board Certified Educational Therapist (BCET)
Board Certified ET membership is open to educational therapists who have a master's degree, have been ET/ Professional members in good standing for at least one year, and have met additional requirements as specified by the AET Certified Board.

Certified Academic Language Therapist (CALT)
Academic Language Therapy Association (ALTA) certifies academic language therapists. Certified Academic Language Therapists (CALT) have completed accredited courses of study that provide extensive training and practicum experiences in multisensory structured language teaching. Academic Language Therapists have knowledge of the logic and structure of English language systems: phonology, phonics, orthography, morphology-etymology, semantics, and syntax. They know how to deliver structured language instruction using simultaneous multisensory teaching strategies.

Decoding
This refers to the ability to understand and apply letter and sound knowledge and read words and sentences correctly. Decoding may also be called *word attack*.

Educational Therapist

An educational therapist provides individualized intervention, formal and informal assessment of academic skills, and case management for clients with a wide range of learning disabilities and learning issues.

An educational therapist has training in multiple types of learning difficulties, with additional training in assessment and intervention strategies that address the social-emotional aspects that have an impact on learning. An educational therapist sets goals and develops an intervention plan that addresses not only academic difficulties, but also social-emotional aspects of life-long learning through an eclectic combination of intervention strategies.

Educational Therapy

Educational therapy considers the impact of school, family, and community in the client's learning, fosters communication with all significant members of the client's environment, and attends socio-emotional goals as well as academic goals. With recognition that emotional, behavioral, and learning problems are often linked, and educational therapist works with all the significant people concerned with the student's learning; focus is not only on remediation but also on building underlying learning skills and helping clients become more self aware, self reliant and efficient learners.

Educational Therapy/Professional (ET/P)

Professional membership in the Association of Educational Therapists (AET) is open to educational therapists who have a master's degree (or who have met the requirements of graduate level and/or upper division level courses), are engaged in educational therapy in private practice, public or private schools, private clinics, hospitals, or public agencies, and who have met the direct service delivery minimum of 1,500 hours and have completed their Board Certified Educational Therapist (BCET) Supervised Hours.

RAN: Rapid Automatized Naming

The ability to quickly say aloud the names of objects, pictures, colors, or symbols such as, letters or numbers in a sequence. This skill is linked to learning to read fluently.

Tutor

The term *tutor* is used in both general and specific ways to refer to volunteers and professionals with a broad range of skills and qualifications, so it is very important to ask and be clear about how the term is used with regard to the instruction your child receives. Tutors who lack the training described within IDA's *Knowledge and Practice Standards for Teachers of Reading* will lack the depth necessary to understand and address the needs of students with specific language-based learning disabilities, such as dyslexia. Some examples of the services you can expect from different types of tutors are outlined below. Most of us are familiar with the general use of the term *tutor*- an instructor hired to work with individual students or small groups. These tutors typically use traditional teaching methods to help with completing homework or projects in specific subject or curriculum areas that are causing them problems. Tutors may also be skilled at teaching time management, task completion, and study skills. These tutors provide important instructional assistance to students in helping them reach their academic goals; however, they may not be subject to standards or professional qualifications for a tutor and their background *may not* include comprehensive training in language learning disabilities, assessment, case management, and the structure of language.

Qualified multisensory structured language professionals sometimes refer to themselves as instructors or tutors. These individuals have competed extensive accredited coursework and practicum experiences in multisensory structured language teaching. They have in-depth knowledge of the structure of English language and deliver language instruction using simultaneous multisensory teaching strategies. They are highly trained instructors who can deliver effective instruction to individuals with specific language-based learning disabilities, such as dyslexia.

Tutoring

Tutoring may help students meet the demands of grade level expectations in a variety of required subjects, including basic study skills.

References

Birsh, J.R., Carreker, S., (3rd Ed.). (2011) *Multisensory teaching of basic language skills*. Baltimore: Paul H. Brookes Publishing Co.

Carreker, S. (2008). *Just the facts: Is my child dyslexic?, 1-3.* Retrieved October 1, 2014, from IDA website, www.interdys.org.

Chase, C.A. (2013). *Just the facts: Transitioning from high school to college help for students with learning disabilities, 1-6*. Retrieved October 1, 2014, from IDA website, www.interdys.org.

Fitzhugh, L. (2014). *What is the appropriate reading instruction for a child with dyslexia?* Retrieved October 1, 2014, from IDA website, www.interdys.org.

Fletcher, J.M., Lyon, G.R., Fuchs, L.S., & Barnes, M.A. (2007). *Learning disabilities: From identification to intervention.* New York: The Guilford Press.

Henry, M.K. (2003). *Unlocking literacy: effective decoding and spelling instruction*. Baltimore: Paul H. Brookes Publishing Co.

International Dyslexia Association (2010). *Knowledge and practice standards for teachers of reading* Retrieved October 1, 2014, from IDA website, www.interdys.org

International Dyslexia Association (2013). *Just the Facts: Recommended reading for children and teens, 1-2.* Retrieved October 1, 2014, from IDA website, www.interdys.org

International Dyslexia Association (2009). *Just the Facts: Recommended reading for Parents, 1-2.* Retrieved October 1, 2014, from IDA website, www.interdys.org

Kravets, M., Wax, I. (2012). *The K & W guide to college programs and services for students with learning disabilities or attention deficit/hyperactivity disorder* (11th ed.). New York, NY: Random House.

Lowell, S.C., Felton, R.H., Hook, P.E. (2014). Basic Facts About Assessment of Dyslexia: Testing for Teaching. Baltimore: The International Dyslexia Association.

Marie, R.P., & Law, C.C. (2012). *Find the perfect college for you: 82 exceptional schools that fit your personality and learning style* (2nd ed.). Belmont, CA: SuperCollege, LLC.

Moats, L.C., & Dakin, K.E. (2007). *Basic facts about dyslexia and other reading problems*. Baltimore: The International Dyslexia Association.

Sawyer, D.J., & Jones, K.M. (2009). *Just the facts: testing and evaluation, 1-6.* Retrieved October 1, 2014, from IDA website, www.interdys.org.

Schupack, H., & Wilson, B. (1997). *The "R" book, reading, writing & spelling: The multisensory structured language approach*. Baltimore: The International Dyslexia Association.

Seghers, L. (Ed.). (2007). *Colleges for students with learning disabilities or AD/HD* (8th ed.). Lawrenceville, NJ: Peterson's Nelnet.

Shaywitz, S. (2003). *Overcoming dyslexia: a new and complete science-based programs for reading problems at any level*. New York: Knopf.

Tridas, E.Q. (Ed.). (2007). *From ABC to ADHD: What every parent should know about dyslexia*. Baltimore: The International Dyslexia Association.

White, N.C. (2011) *Just the facts: Helpful terminology, 1-3.* Retrieved October 1, 2014, from IDA website, www.interdys.org.

Wolf, M. (2007). *Proust and the squid: The story and science of the reading brain*. New York: Harper Collins Publishers.

International Dyslexia Association
40 York Road, 4th Floor
Baltimore, MD 21204
800-222-2123 (p) 410-321-5069 (f)
info@interdys.org
www.interdys.org