This guide will clarify the Morton CUSD 709 process for meeting the needs of children with Dyslexia as it is related to the assessment, identification, and services for these students.

Dyslexia Identification Process

Morton CUSD 709

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Dyslexia Identification Guide

It is important to acknowledge that students may struggle in learning to read for many reasons, including lack of motivation and interest, weak preparation from the pre-school home environment, weak English language skills, or low general intellectual ability (Snow, Burns, & Griffin, 1998). In fact, the family and socio-cultural conditions associated with poverty actually contribute to a broader and more pervasive array of reading difficulties in school-aged children than do the neurological conditions associated with dyslexia. Students with dyslexia represent a *subgroup* of all the students in school who experience difficulties learning to read.

Dyslexia is defined by the International Dyslexia Association 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 growth of vocabulary and background knowledge.

Dyslexia is a term used to refer to a specific type of learning disability. It is important to understand that students can be diagnosed with a specific learning disability as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), but not automatically qualify as having a disability as defined in Individuals with Disabilities Education Act (IDEA, 2004), which govern the provision of special education services to students with disabilities. These regulations specify that each school district is responsible for ensuring that all children with disabilities, within its jurisdiction, who are in need of special education and related services are identified, located, and evaluated. The regulations make clear that having a disability in and of itself does not make a child eligible for special education services. The child must also have a need for special education and related services arising from that disability. The impact of the disability on the child must be significant enough that it adversely affects the student's access to general education curriculum, and the child's ability

to make meaningful educational progress. Refer to section 6 and 10 for more information regarding eligibility and determination of services.

Section 2: Early Indicators and Characteristics of Dyslexia

Characteristics of students with dyslexia follow from how it is defined. Students with dyslexia are likely to perform poorly on measures of phonological processing, decoding nonsense words, and developing an adequate pool of sight words.

Beginning with phonological processing, measures of phonological awareness tend to be most predictive of success at early reading. Common phonological awareness tasks include elision (saying a word after dropping a sound), blending, and identifying sounds in words. Phonological memory can also be affected, and phonological memory tasks can be particularly useful for young children who sometimes find phonological awareness tasks too cognitively complex to understand. Common phonological memory tasks include digit span and nonsense word repetition. Finally, learning to read involves pairing pronunciations with visual symbols. Rapid naming tasks measure the extent to which children have been able to link pronunciations with symbols. Examples of rapid naming tasks include quickly naming of objects, colors, digits, and letters.

Another early indicator of dyslexia is the difficulty in learning the names and sounds of letters. Perhaps the most central characteristics of dyslexia are problems in word-level reading. Difficulties are found in both accuracy and speed or efficiency at decoding nonsense words and sight words. Difficulty with reading words results in slow and error-prone oral reading fluency. Spelling and writing problems are common. Reading comprehension difficulties are also common, but are considered to be largely a secondary problem caused by the primary problem of difficulty in fluently reading the words on the page.

Children likely to have difficulties learning to read can be identified as early as preschool or kindergarten, but it is frequently not possible to differentiate in preschool or kindergarten between students who have dyslexia, and students who are at risk for reading problems for other reasons. For example, the clearest early indicators of dyslexia in kindergarten are difficulties acquiring phonemic awareness, learning letter/sound correspondences, and learning to decode print using phonemic decoding strategies (Rayner, Foorman, Perfetti, Pesetsky, & Seidenberg, 2001). Unfortunately, many children of poverty, or those with limited exposure to Standard English in their homes, also manifest these same

types of difficulties in kindergarten. An accurate diagnosis of dyslexia in preschool or kindergarten is more likely when these problems occur in students who: 1) have strong abilities in other areas of language such as vocabulary; 2) come from homes that provide a language and print rich preschool environment; and, 3) have a first or second-degree relative who experienced severe early reading difficulties. However, inherent phonological processing difficulties can also occur in children of poverty who come to school with limited vocabularies and knowledge of print. Although the phonological weaknesses of these students most likely result from a lack of certain kinds of language experience in the home, they may also be the result of biologically based, inherent phonological processing weaknesses.

Section 3: The Role of Response to Intervention

Response to Intervention (RTI) is designed to ensure all students receive effective, research-based instruction to meet their needs. RTI frameworks combine prevention and intervention with ongoing assessment in a school-wide system to identify students' instructional needs and appropriate learning supports. The Individuals with Disabilities Education Act (IDEA, 2004) allows for the use of a student's response to intervention for identifying specific learning disabilities, including dyslexia. Importantly, the IDEA law requires a student be provided high-quality, research-based general education instruction to ensure a student's difficulties are not the result of inadequate instruction. Thus, RTI provides a framework to coordinate levels of instruction and intervention and to document high-quality instruction.

Tier I: Core Instruction

Tier I Core Instruction focuses on providing effective, research-based instruction to all students in general education and provides the foundation for successful RTI. Tier I, or classroom instruction focuses on the essential, grade-specific, reading standards across content areas and should meet the needs of the large majority of students, allowing them to successfully meet grade level expectations. High quality, effective reading instruction is paramount prior to screening for and identifying students who may need Tier II intervention.

As part of Tier I, all students are screened on reading measures to determine instructional needs and identify students with risk factors or reading deficits. Results may

indicate a student needs supplemental intervention supports in addition to Tier I instruction. If screening results identify a large number of students with risk factors, school personnel should consider the fidelity of the administration of the screening tools, the adequacy of the core curriculum, and/or whether differentiated learning activities need to be added to better meet the needs of the students. Differentiated learning practices can involve meaningful pre-assessments, flexible grouping based on needs, instructional supports such as peer-tutoring or learning centers, and accommodations to ensure that all students have access to the instructional program.

Tier II: Supplemental Intervention

The universal screening results should potentially identify those students at risk for poor learning outcomes. Students who do not meet the cut-points for risk indicate a skill level where success would be unlikely without a supplemental or intensive, targeted intervention in Tier II or Tier III. Teachers use formative assessments and observations to place students in the appropriate tiers of intervention.

In order to provide targeted interventions at the correct level of difficulty, anecdotal notes from classroom observations and the results from additional diagnostic tools should be considered. *Diagnostic tools* refer to specific tests or instruments selected to measure specific areas of concern. For example, when students demonstrate difficulty on a phoneme segmentation screener, administering additional phonological awareness assessments will identify the specific point of difficulty on the phonological awareness continuum. The results from these targeted assessments or diagnostic tools are critical in planning interventions focused on the student's needs. *The use of diagnostic tools does not lead to a diagnosis, but identifies focus areas for differentiated instruction or a targeted intervention*. This process for gathering additional data would be considered part of the Level 1 Dyslexia Screening Process.

Progress monitoring data is used to determine when a student is or is not responding to intervention. Until a student maintains scores above cut-point for two consecutive cycles, progress monitoring is recommended at least monthly. When a student is not making sufficient progress, the school-based decision making team should consider increasing the intensity of an intervention. This may be attained in several ways, such as adjusting the level of intervention, providing individualized or small group instruction, increasing the amount of

time for intervention, or increasing the frequency of sessions. Tier II intervention is in addition to the Tier I instruction. For many students, a supplemental, Tier II intervention provides the necessary support to improve reading achievement to grade-level expectations and maintains reading growth without further intervention.

If a student continues to make insufficient progress or fails to respond to intervention, the grade level RTI/Problem Solving team may consider further diagnostic screening. A Level II: Dyslexia Screening will be used to gather additional information regarding the nature of the reading problem and the severity of the reading difficulty. Best practice would be to obtain written parental consent before this specialized assessment takes place.

Tier III: Intensive Intervention

Some students do not demonstrate adequate response to Tier I and Tier II intervention and continue to struggle with reading and/or fall further behind in reading achievement despite the increased supports provided by the supplemental Tier II intervention. Continued failure to reach grade-level expectations over time and with interventions may result in grade level RTI/Problem Solving team recommending entry into a Tier III reading intervention based on the needs of the student. Schools should continue to communicate and include parents in the decision process.

Students requiring a more intensive intervention (Tier III) may receive additional instructional time, individually or in a small group, with more targeted, specialized content or instructional delivery, increased practice and feedback opportunities, or attention given to cognitive processing strategies (comprehension and metacognitive thinking). Students receiving Tier III intervention will also receive weekly ongoing progress monitoring.

A dyslexia diagnosis is not required for a school to provide dyslexia intervention services. If screening assessment reveals multiple characteristics of dyslexia exist, then the student shall be provided an intervention proven to be effective for students with dyslexia. In Tier II and Tier III, teachers continue to track student learning, establish goals, plan instruction, and make appropriate adjustments to instruction based on student progress toward achievement of state standards. Referral for Special Education may occur if a student fails to make adequate progress.

Early identification of students at risk for reading difficulties is critical in developing the appropriate instructional plan. "The best solution to the problem of reading failure is to allocate resources for early identification and prevention." (Torgesen, 2000). Initial screening is the first step in identifying the students who are at risk for learning difficulties. If the initial, level I, or level II dyslexia screening indicates that a student has multiple characteristics of dyslexia, the Response to Intervention (RtI) process shall be used to address the specific needs of the student.

The initial screener includes the AIMSweb Test of Early Literacy. Additional screening assessments will be administered to measure components that are not measured by AIMSweb. Initial screening is not required for all students in grades two and higher. However, a student in grade two or higher experiencing difficulty, as noted by a classroom teacher, in phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, decoding skills, and encoding skills should be screened using assessments chosen by the school's RTI/Problem Solving team.

While results of the initial screening will identify struggling learners, it may not provide all of the information needed to develop an instructional plan, including appropriate interventions. Additional information may be gathered in order to plan targeted instruction.

Who should be screened?

1) Each student in kindergarten and grade one (K-1);

2) A student in grade two or higher experiencing difficulty, as noted by a classroom teacher, and scores on the MAP assessment.

The screening of students shall be performed with fidelity and include:

1) Phonological and phonemic awareness; (AIMSweb Phoneme segmentation)

2) Sound symbol recognition; (AIMSweb Letter Sound Fluency)

3) Alphabet knowledge; (AIMSweb Letter Naming Fluency)

4) Decoding skills; (AIMSweb Nonsense Word Fluency)

5) Encoding skills. (Words their Way: Primary Spelling Inventory)

Once it is determined that the initial screener indicates a student is at-risk or at some risk for reading failure **and** a student does not adequately respond to intervention, a dyslexia screening process shall begin to determine if characteristics of dyslexia are present. This process will include consideration of other factors that contribute to reading difficulty, including:

1. Has the child has received effective classroom instruction (Tier 1)?
2. Does the student have adequate intelligence and the ability to learn at expected level?
3. Is the lack of progress due to sociocultural factors such as language differences, irregular attendance, mobility, or background experiences?

After the team has ruled out the above factors as causes of the reading difficulty exhibited, parents will then be informed of concerns, and additional Level I dyslexia screening tools will be administered. These tools may include the following: Aimsweb spelling, Aimsweb written expression, CORE subtests in phonological processing, Test Of Silent Word Reading Fluency -2 (TOSWRF-2) word reading and nonsense word reading.   Additionally, ongoing progress monitoring data and work samples will be collected.

Once the additional information is collected, the school-based RTI/Problem Solving team will meet to review with the parents to review the student records and progress, and determine appropriate interventions to address identified needs. Classroom and RtI instruction should provide appropriate differentiation and interventions tailored to meet the child's individual needs.

Progress with these interventions will be monitored on a bi-weekly basis.   If the student shows limited progress with these interventions, the RtI/Problem Solving team may recommend that the student receive a Level II Dyslexia Screening.

The Level II Dyslexia Screening is a more detailed process for identifying a pattern of strengths and weaknesses, documenting the characteristics of dyslexia. This determination may include data on performance criteria (i.e. cut-points, benchmarks) on the chosen Level II Dyslexia Screening tools. Those tools may also include norm-referenced, diagnostic assessments designed to identify the characteristics of dyslexia, such as the C-TOPP 2 or the WIST. The specific skills to be tested at this level include phonological awareness, rapid naming, word reading, decoding, fluency, spelling and reading comprehension.

When reporting results of norm-referenced tests, standard scores should be used. Criterion-referenced and group achievement tests scores may be informative as historical or secondary information, but are considered weaker dyslexia identification tools. Individual subtests scores should be used rather than composite or cluster scores, because a skill is only as strong as the weakest subskill. For example, the team should consider the Elision and the Blending subtest scores on the CTOPP-2 rather than the Phonological Awareness composite score.

The school-based decision making team will also use the following five key questions from The *Characteristic Profile of Dyslexia,* developed by the Luke Waites Center for Dyslexia and Learning Disorders at the Texas Scottish Rite Hospital for Children, to aid in school-based identification of dyslexia. The information gleaned from these questions reflect components of the definition of dyslexia as expressed in this guide and by the International Dyslexia Association.

The *Characteristic Profile of Dyslexia* questions are:

1. Does the student demonstrate one or more of the primary reading characteristics of dyslexia in addition to a spelling deficit?

2. Are the reading and spelling difficulties the result of a phonological processing deficit?

3. Are the reading, spelling, and phonological processing deficits unexpected? Does the student demonstrate cognitive ability to support age level academic learning?

4. Are there secondary characteristics of dyslexia evident in reading comprehension and written expression?

5. Does the student have strengths that could be assets? Are there coexisting deficits that may complicate identification and the response to intervention and may deserve further assessment and intervention?

If the Level II Dyslexia Screening conducted by the school district indicates a student exhibits multiple characteristics of dyslexia (see Appendix A for checklist document), the student shall be provided intervention services using an intervention shown to be effective for students with dyslexia.

If it is determined that the student has functional difficulties in the academic environment due to characteristics of dyslexia, the necessary accommodations and supports for the student shall be provided under Section 504 of the Rehabilitation Act of 1973. In other words, having a learning problem does not automatically qualify a student for accommodations and supports under Section 504. The impairment must substantially limit one or more major life activities in order to be considered a disability under Section 504. The determination of substantial limitation must be made on a case-by-case basis with respect to each individual student, based on data. The Section 504 regulatory provision at 34 C.F.R. 104.35 (c) requires that a group of knowledgeable persons draw upon information from a variety of sources in making this determination.

Section 7: Independent Comprehensive Dyslexia Evaluation

A dyslexia diagnosis is not required for a school to provide dyslexia intervention services; however a parent or legal guardian may choose to have an independent comprehensive dyslexia evaluation for the student. Parents are responsible for selecting the qualified individual to perform the comprehensive dyslexia evaluation and must cover the cost. The school district shall consider the diagnosis, along with school data, to determine if interventions and accommodations should be provided to the student by the school district. If services are warranted, then interventions will be delivered by an interventionist at the school district at no cost to parent.

This evaluation must be conducted by Licensed Psychological Examiner, School Psychology Specialist, Licensed Speech Language Pathologist, Certified Dyslexia Testing Specialist, or Dyslexia Therapist. This professional should have a knowledge and background in psychology, reading, language education, dyslexia and other related disorders. A thorough working knowledge of how individuals learn to read and why some individuals struggle, and how to plan appropriate interventions is a must.

Section 8: Instructional Approaches for Students With Dyslexia

Supplemental, intensive reading interventions for students with dyslexia should be individualized and focused on the student's area(s) of primary difficulty. Instruction for students with dyslexia should be a multisensory approach that includes reading, spelling, and writing as appropriate. Components of effective dyslexia intervention include instruction in phonemic awareness, graphophonemic knowledge, the structure of the English language, linguistics, language patterns, and strategies for decoding, encoding, word recognition, fluency, and comprehension. Effective interventions also consider the instructional delivery of the intervention. Instructional delivery considerations include individualization of the content and supports provided, extended time in small group instruction, explicit, direct, and systematic instruction, multisensory input, and a focus on meaning-based instruction. These intensive interventions differ from core instruction in that they are targeted towards the specific skills and components of instruction that are preventing students from making sufficient reading progress. In addition, the instructional delivery provides higher levels of support needed to help students accelerate their reading growth. However, no one remedial reading method works for all dyslexic students.

Section 9: Professional Awareness

Professional awareness is key to early and appropriate referrals for dyslexia identification. In addition, comprehensive instructional programs for students with dyslexia are dependent on informed and knowledgeable teachers, interventionists, and therapists. Each teacher shall receive professional awareness on:

1. The indicators of dyslexia; and

2. Evidence-based interventions and accommodations for dyslexia.

Section 10: Special Education and Dyslexia

IDEA 2004 regulations related to specific learning disability (SLD) (34 C.F.R. §300.8(c)(10)(i)) define SLD 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 do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction,

dyslexia, and developmental aphasia. IDEA 2004 regulations (34 §CFR 300.309(a)(1)) specifically designate the following areas for the determination of SLD: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skill, reading comprehension, mathematics calculation, and/or mathematics problem solving.

Dyslexia is not considered one of the 13 eligible disability categories listed in the IDEA 2004 regulations (34 C.F.R. §300.8(c)). However, a student suspected of having dyslexia or related disorders who is unable to make adequate academic progress may be referred to special education for evaluation and possible identification as a child with a disability within the meaning of IDEA 2004. It should be noted that the Special Education Assessment team would make the decision as to whether or not an evaluation for special education was warranted, based on student data. The team also determines what assessments are needed based on the child's suspected disability. In accordance with IDEA 2004 (34 C.F.R. §300.304(c)(4)), a student should be assessed in all areas related to the suspected disability.

Services for students with dyslexia who qualify for special education-

Students who qualify for special education have an individualized education program (IEP) developed by the IEP team. For students with dyslexia who qualify for special education, the IEP must include, as appropriate, reading instruction that matches the critical, evidence-based components of dyslexia instruction. If a student has previously met special education eligibility, the IEP team should include goals that reflect the need for explicit reading instruction in the IEP, as appropriate, and determine the least restrictive environment for delivering the student's special education services.

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APPENDIX A: DYSLEXIA SCREENING CHARACTERISTICS CHECKLIST

Definition of Dyslexia: (International Dyslexia Association)

Dyslexia is a specific learning disability that is _neurological in origin_. It is characterized by:
- Difficulties with accurate and/or fluent word recognition
- Poor spelling and decoding abilities.
- 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 growth of vocabulary and background knowledge.

Children with Dyslexia may have difficulty in one or more of the following areas:

1. **Phonological Processing**
   - Rhyming, syllables, and onsets/rimes
   - Hearing individual sounds and segmenting them
   - Ability to hold information given or read orally in short term memory
2. **Orthographic processing**
   - Letter formation
   - Memory and recall of letters, letters in words, or words
3. **Rapid Automatic Naming**
   - Ability to quickly name pictures of well known objects and symbols**.**

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Family History:

❑ Other family members experienced learning problems (Father, Mother, Sibling(s))

❑ Irregular school attendance

❑ More than 2 changes of schools or districts

❑ Concerns or challenges that the parent has observed: _____

_____

_____

_____

_____

PHONOLOGICAL PROCESSING AREAS:

Phonological Awareness:

❑ Difficulty recognizing or producing rhyming words

❑ Difficulty isolating sounds in the beginning, final, and/ or medial position

❑ Difficulty segmenting individual sounds in a word

❑ Difficulty blending sounds into a word

Phonological Memory:

❑ Difficulty learning temporal sequences (alphabet, days of week, months of the year by the end of Kindergarten/first grade)

❏ Difficulty following multi-step directions
❏ Difficulty learning rote auditory information (math facts, phone number)
❏ Difficulty with sequencing that persists

Oral Language:
❏ Difficulty understanding verbal directions
❏ Difficulty understanding stories read to him/her
❏ Difficulty correctly pronouncing phonemes or syllables of words in sequence; persistent baby talk (busgetti for spaghetti, mawn lower for lawn mower, fibe for five) after first grade.
❏ Substitutes words with the same meaning for words in the text he/she can't pronounce, such as "car" for "automobile."
❏ Difficulty acquiring new vocabulary
❏ Difficulty finding the right words
❏ Unable to find the exact word; Speech that is not fluent; Pauses, hesitations when speaking; Lots of "um"s
❏ Imprecise language, such as vague references to "stuff" or "things" instead of the proper name of an object
❏ Unable to find the exact word; confusing words that sound alike: saying "tornado" instead of "volcano," substituting "lotion" for "ocean," or "humanity" for "humidity"
❏ Difficulty speaking in grammatically correct sentences
❏ Difficulty explaining ideas or elaborating on thoughts

ORTHOGRAPHIC PROCESSING AREAS:
Alphabet:
❏ Difficulty learning or recalling the names of letters
❏ Difficulty learning or recalling the sounds of letters

Decoding and Word Recognition:
❏ Difficulty sounding out unfamiliar or nonsense words
❏ Difficulty reading words in isolation (lists)
❏ May confuse small words - at - to, said - and, does - goes

Fluency:
❏ Difficulty with reading accuracy in context
❏ Difficulty reading grade level text at expected rate

Spelling:
❏ Difficulty memorizing words for spelling tests
❏ Difficulty spelling words in context, even after spelling them correctly on a spelling test
❏ Difficulty spelling words phonetically
❏ Often spells same word several ways (even if word is provided)
❏ Difficulty spelling/reading and getting meaning of homophones (made/maid)

Comprehension:
❏ Difficulty with reading comprehension, but not when read to

❏ Better understanding of words in context than words isolated in lists

Handwriting:
❏ Slow with handwriting tasks
❏ Overall poor quality/illegible handwriting on written assignment
❏ Awkward, fist-like, or tight pencil grip

Written Expression:
❏ Difficulty constructing sentences
❏ Difficulty organizing grade appropriate written compositions
❏ Difficulty producing sufficient written output
❏ Written expression does not match verbal expression
(content, organization, vocabulary)

(NOTE: Some children with _only_ orthographic challenges (not dyslexia) read much better than they spell, and benefit from explicit instruction in how to form, retain, and recall mental images of print.)

RAPID AUTOMATIC NAMING AREAS:
❏ Poor reading fluency
❏ Difficulty keeping up with the volume of reading and writing work
❏ Misreads or leaves out grammar words (of, from, she, this) and drops or changes suffixes from words and yet reads complex words like auditorium.
❏ Difficulty recalling the names of letters (Pre-K and K)
❏ Difficulty naming familiar objects and known colors (Pre-K and K)

OTHER AREAS IMPACTING PERFORMANCE:
Cognitive/Academic Ability:
❏ The student appears to have intellectual ability equal to or above grade level peers.
❏ The student has reading difficulties that are unexpected compared to other abilities.
❏ The student requires many repetitions to learn something new.
❏ Compensates by memorizing stories or words but cannot keep up as demands increase
❏ Strength in thinking skills: conceptualization, reason, imagination, abstraction when demonstrated orally.
❏ Strength in areas not dependent on reading, such as math, computers, and visual arts, or excellence in more conceptual areas.

Social/Emotional/Behavioral:
❏ Shows frustration and anxiety, as he realizes he is lagging behind his peers
❏ Exhibits health or behavior problems, emotional difficulties or wants to avoid school
Attention:
❏ Difficulty attending to tasks involving print.
❏ Difficulty organizing time and materials
❏ Is easily distracted
❏ Does many things too quickly

❏ Is often overactive or fidgety
❏ Is inconsistent with production of classwork and homework on written assignments

Student's Academic Development:
❏ English is a second language.
❏ The student was retained in ____ grade.
❏ The student has been/is in special programs. (Special Education, Tiered Interventions, etc.)
_____
_____

Suggested work samples to include:
❏ Student's most recent spelling test.
❏ Sample of the student's unedited writing(journal entry, creative story, etc.)
❏ Student's most recent progress report or report card.
❏ Copy of most recent literacy screeners.

Level I – Dyslexia Screening Questions

1. Has the child has received effective classroom instruction (Tier 1)?

2. Does the student have adequate intelligence and the ability to learn at expected level?

3. Is the lack of progress due to sociocultural factors such as language differences, irregular attendance, mobility, or background experiences?

Level II – Dyslexia Screening Questions

1. Does the student demonstrate one or more of the primary reading characteristics of dyslexia in addition to a spelling deficit?

2. Are the reading and spelling difficulties the result of a phonological processing deficit?

3. Are the reading, spelling, and phonological processing deficits unexpected? Does the student demonstrate cognitive ability to support age level academic learning?

4. Are there secondary characteristics of dyslexia evident in reading comprehension and written expression?

5. Does the student have strengths that could be assets? Are there coexisting deficits that may complicate identification and the response to intervention and may deserve further assessment and intervention?

Listed below are some accommodations to be considered for a student exhibiting the characteristics of dyslexia. Specific accommodations should be selected based on individual student needs.

<u>Reading</u>
- Allow audio books and/or text-to-speech software
- Utilize outlines, summaries
- Preview questions and vocabulary
- Allow shared reading or buddy reading

<u>Writing</u>
- Grade for content rather than spelling
- Allow students to dictate work to an adult
- Substitute alternative projects for written reports
- Utilize speech-to-text software
- Reduce written work
- Minimize copying
- Accept oral responses, reports, and presentations

<u>Testing</u>
- Provide extra time
- Review directions orally
- Read tests orally
- Allow dictated responses

<u>Homework</u>
- Reduce reading and writing requirements
- Limit time spent on homework
- Provide extra time

<u>Instruction</u>
- Break tasks into small steps
- Give directions in small steps
- Give examples and model behavior
- Emphasize daily review
- Provide copies of lecture notes

<u>Classroom</u>
- Post schedules and maintain routines
- Chart assignments on a calendar
- Use color-coding to organize materials and information
- Incorporate multisensory activities
- Coordinate preferential seating
- Avoid requiring student to read aloud in front of a group

APPENDIX C: Metacognitive Strategy

Self-Questioning Procedure		Inner Dialogue (Question Answering)
1. Why am I reading this?	(purpose)	To learn about Japanese Culture
2. What will I be learning?	(skim)	About parts of the culture
3. How is this organized?	(preview)	Each Header is a different part of the culture
4. What do I already know about this?	(schemata)	I saw sushi once before on a menu
5. Does this make sense? Do I understand the information?	(active reading)	Yes. The pictures agree with text
6. Is there new information? Should I slow down or review?	(metacognitive)	Yes. The italics and pronounciation guides help me to pronounce foreign terms.
7. How am I doing? Am I and I learning as I read?	(metacognitive Monitoring)	Yes. The information is making sense am learning new words.

When you contact someone, ask:

1. How long have you been testing children for dyslexia?

2. Where did you get trained to do this? Did your training include coursework? Did your training include a practicum?

3. What does the term Dyslexia mean to you?

4. Will you use the term Dyslexia in your report?

Why or why not?

5. What are some of the tests you will use?

6. What do you charge for testing a child?

7. What is the process like? How long will it take?

8. Will you meet with us when the testing is done and explain the results?

9. Will you be able to refer us to an appropriate and qualified interventionist with experience in performing an evidenced-based program for dyslexia?

How do you know the interventionist is qualified?

10. Will you provide a written report as part of your fee? What will be in that report?

11. If my child has dyslexia, will your recommendations section be written with legal terminology that will help school teams determine if a 504 Plan is necessary?

12. (If the child is in high school) Will your report include recommendations for accommodations for high stakes testing such as extra time for the ACT?

13. Will your report include recommendations for accommodations such as assistive technology to help access reading and writing materials?

14. Will you meet with my child's teacher(s) and explain the results? Is that included in your fee? If not, what would you charge?

15. Can you provide me with a list of references -- parents who have hired you to test their child?

Step 1: Initial Screening
   Students in Grades Kindergarten and First Grade
- All K-1 Students will receive a battery of Early Literacy Assessments (6-8 subtests)
- Students who score below the 25th percentile in more than 3 categories are considered AT-RISK and are given High priority for intervention services.
- Students who score between the 25th and 50th percentiles in more than 4 categories are considered a moderate risk and given next priority for intervention services.

   Students in Second Grade and Above:
- Students at grades 2 and above who score below the 30th percentile on the MAP assessment, or through a teacher recommendation, will be given a battery of 4 Literacy Assessments.
- Students who score below the 25th percentile in more than 2 categories are considered AT-RISK and are given High priority for intervention services.
- Students who score between the 25th and 50th percentiles in more than 2 categories are considered a moderate risk and given next priority for intervention services.

Step 2: Intervention Placement and Services
- The school based RTI Team then determines placement for interventions. Students will receive two-six week cycles of intervention instruction.
- Progress will be monitored once a month. Students who are not responding to the intervention will then receive a Level 1 Dyslexia Screening to gather more information.

Step 3: Level 1: Dyslexia Screening
   The Level I Dyslexia Screening is a process of gathering additional information that should include progress monitoring data, work samples, and other formative literacy assessments. The RTI team should consider the following factors:
   ● The child has received effective classroom instruction;
   ● The student has adequate intelligence or the ability to learn;
   ● The lack of progress is not due to sociocultural factors such as language differences, irregular attendance, or background experiences

   Once those factors are ruled out as a cause of the reading difficulties, parents are informed of the concerns and additional dyslexia screening tools will be administered.

Step 4: Problem Solving Team Meeting

The building Problem Solving team will meet to review the Level 1 Dyslexia Screening results. Parents will be invited to attend. The team will then determine next steps for treatment.
- **Acceptable progress**: continue intervention
- **Limited Progress**: adjust intervention
- **Minimal Progress**: move to Level 2 Dyslexia Screening

Step 5: Level 2 Dyslexia Screening

The Level II Dyslexia Screening is a more detailed process for identifying a pattern of strengths and weaknesses, documenting the characteristics of dyslexia. This determination may include data on performance criteria (i.e. cut-points, benchmarks) on the chosen Level II Dyslexia Screening tools. It may also include norm-referenced, diagnostic assessments designed to identify the characteristics of dyslexia. The specific skills to be tested at this level include phonological awareness, rapid naming, word reading, decoding, fluency, spelling and reading comprehension.

1. Does the student demonstrate one or more of the primary reading characteristics of dyslexia in addition to a spelling deficit?
2. Are the reading and spelling difficulties the result of a phonological processing deficit?
3. Are the reading, spelling, and phonological processing deficits unexpected? Does the student demonstrate cognitive ability to support age level academic learning?
4. Are there secondary characteristics of dyslexia evident in reading comprehension and written expression?
5. Does the student have strengths that could be assets? Are there coexisting deficits that may complicate identification and the response to intervention and may deserve further assessment and intervention?

- o If the Level II Dyslexia Screening conducted by the school district indicates a student exhibits characteristics of dyslexia, the student shall be provided intervention services using a dyslexia program.

- o If it is determined that the student has functional difficulties in the academic environment due to characteristics of dyslexia, the necessary accommodations or equipment for the student shall be provided under Section 504.

Step 6: RTI Dyslexia Intervention Placement

Students with characteristics of dyslexia will receive an appropriate, specialized dyslexia instructional program called FUNDATIONS that:

● Provides systematic, research-based instruction
● Includes instruction that is multisensory addressing two or more sensory pathways during instruction or practice.
● Provides instruction in the essential components of reading in a small-group or individual setting that maintains fidelity of the program that includes phonemic awareness, graphophonemic knowledge, structure of the English language, linguistic instruction, and strategies for decoding, encoding, word recognition, fluency, and comprehension.

Step 7: Special Education Placement

A student suspected of having dyslexia who is unable to make adequate academic progress may be referred to special education for evaluation and possible identification as a child with a disability within the meaning of IDEA 2004. It should be noted that the assessment team would make the decision as to whether or not an evaluation for special education was warranted and what assessments were needed based on the child's suspected disability.