

**Presentation to Interim Committee on Dyslexia and Related Disorders**

**August 2, 2010**

**Scottish Rite Hospital**

**Collene Simmons, CALT, Ed.D.**

**325-671-5784**

**csimmons@hsutx.edu**

There are several issues related to intervention for dyslexic students in rural areas; however, three issues are consistent and wide spread:

- **Quality of services**
- **Early intervention**
- **Uniformity in identification**

**Quality of services** involves (1) newly hired interventionist, (2) newly identified students, and (3) use of outdated programs.

(1) The problem with newly hired interventionists to replace a retiree or teacher who resigns is interruption in services to dyslexic students. Donna Scherr, the dyslexia contact person at Region 14 ESC, and I receive calls each academic year from new teachers or principals regarding newly hired personnel responsible for providing dyslexia services. This new person is not educated in best practices for providing instruction appropriate for dyslexic students. Region 14 ESC serves 42 public school districts. The closest facilities for teachers to receive quality instruction as dyslexia interventionists are the Center for Literacy and Learning at Hardin-Simmons University in Abilene, Scottish Rite here in Dallas, and Scottish Rite in Lubbock. All three of these centers offer an instructional option that requires a two-year commitment, and new groups begin between April and June of each calendar year. Newly hired teachers may not have any idea what type strategies to implement. They may try using materials left by the previous teacher; however, comprehensive understanding of the multisensory needs of dyslexic students and knowledge of how to implement the strategies within those materials is missing. In these situations, quality instruction is sacrificed. A strong component of quality instruction is emphasized in writings by authors/researchers in both the field of reading and dyslexia, i.e. Richard Allington, Jack Fletcher, Barbara Foorman, Reid Lyon, Sally Shaywitz.

(2) Newly identified students may be a districts first encounter with an identified dyslexic student. In these cases, there is a need for the district to provide services; therefore, a teacher attends a couple of workshops and becomes the dyslexia interventionist. Frequently, this “quick fix” lacks intense, cumulative, and comprehensive instruction. It is ineffective for addressing the metacognitive component of reading, composition, and

oral expression as emphasized in multisensory instruction. It is interesting that the draft of the Literacy Education for All, Results for the Nation (LEARN) Act, contains the following wording, “comprehensive literacy instruction means instruction that involves the characteristics of effective literacy instruction; and is designed to support the essential components of reading instruction and the essential components of writing instruction” (Section 4, Definitions). Students receiving “quick fix” instruction are not receiving quality service because the comprehensive connections between reading and written expression, decoding and comprehension, mechanics and composition are not being made. Dyslexia interventionists need knowledge of and the expertise to implement a comprehensive developmental continuum of reading and writing.

- (3) Outdated programs used year after year without teachers receiving updated instruction in the implementation of those programs creates a lack of quality. The earlier version of the program was effective at the time, but teachers have never received updated instruction or the program designers have not kept up with current research in the area of dyslexia. Dyslexia program designers who keep abreast of new research in the field of dyslexia make changes and adjustments in components and strategies in order to increase the effectiveness of concepts and skills taught. Designers make changes in teacher implementation techniques in order to increase teaching effectiveness. I teach reading improvement for college freshmen. We will have approximately 90 students who are required to take reading improvement out of a class of approximately 400 first time freshmen. About 5-10% of those 90 students report they were in some type of dyslexia intervention program in third, fourth, fifth, or sixth grade. These students do not understand the metacognitive process for reading to construct and reconstruct meaning from text. They do not have the skills for regulating and organizing language for the purpose of written expression. The missing component of instruction in some of the earlier versions of dyslexia intervention programs is the teaching of how to process metacognitively a variety of genre and how to compose a written piece that reveals knowledge of connecting thoughts that include expansion to new understandings. In the Winter, 2010 issue of *Perspectives on Language and Literacy*, Dr. Rosen discusses dyslexia research within the next 10 years. It is possible that future genetic research may help us better individualize strategies for dyslexic students because we will be able to target specifically the genetically controlled areas causing the greatest problems. We cannot expect dyslexic interventionists who are using outdated programs to address future instructional needs when they are not even meeting current needs?

**Early intervention** is a huge issue. Administrators and teachers are telling parents that dyslexia services are not available until third grade. Administrators are waiting until students demonstrate an inability to pass the reading portion of TAKS to get interventions started. Being a dyslexic individual, having a dyslexic granddaughter and possibly a dyslexic great grandchild, I view

early identification as an absolute necessity. I thought we were moving past this mind set of “let’s wait and see” when we began requiring districts to administer Primary Reading Inventories in kindergarten, first, and second grades. I was a principal in Keller ISD at the time and participated in the orientations for administering those inventories. A portion of that orientation clearly identified weaknesses that are early indicators of dyslexia. Sally Shaywitz in her brain research lists early indicators of dyslexia. Dr. Rosen in his article notes that with genetic research we can target children at risk for dyslexia before they start school. From the time, a student is in kindergarten and first grade until they are second and third grade their reading vocabulary should escalate from approximate 600 words to 3000 words; after that period of time it drops off. I understand the caution of identifying a child as dyslexic when the real problem may be developmental or lack of opportunity. However, as soon as a student demonstrates difficulty in oral language development and/or early reading skills development, explicit, consistent and intensive intervention should begin. Richard Allington, in one of his books discusses the cost effectiveness of early intervention. Effective early intervention can prevent retention, which is a cost savings of approximately \$5200 for each successful student. The philosophy of “let’s wait and see” creates long-term problems with attitude toward reading, denial of participation in sports, pull outs from other academic courses in order to receive intervention services, lack of self-confidence in academic ability, and expensive retention.

The third issue is **lack of uniformity in identification**. The Texas Education Agency Dyslexia Handbook specifically states the criteria for determining when dyslexia services are required; however, interpretation of assessment results is not consistent. The reason for the inconsistency is the use of outdated assessment tools or a checklist that a faculty member created. These outdated instruments and individually created checklist are not valid or reliable for the assessment of dyslexia. Our Region 14 dyslexia contact person has purchased a few valid and reliable assessment instruments for check out from the ESC; however, those are limited because of lack of funds. Additionally, there is the training that is needed in order for the teachers to administer and interpret these assessment tools. The inconsistency in assessment instruments and lack of training creates problems with lack of identification; in addition to problems created by students moving between districts. The new district may not be familiar with the previous assessment instruments so the new district decides to retests; this causes a disruption in services for the student.

#### **How do we improve services for our dyslexic students in rural areas?**

- Find options to deliver instructional courses for teachers of dyslexic students to make it easier for districts that loose an interventionist at the beginning of the year, mid-year, etc to get their new person on-board.
- Require teachers previously trained in programs that are now outdated to receive updated instruction. Please understand that most of the rural area dyslexia interventionist are not

Certified Academic Language Therapist; therefore, they are not required to have continuing education in the various aspects of dyslexia and new research in dyslexia.

- Provide guidelines and research-based programs that are effective for students 6-12, who are identified late or who may have transferred into a district from another state.
- Ensure that instructional courses for teachers of dyslexic students include development of an understanding of dyslexia and the state laws and rules governing how individuals must be served in Texas according to the Dyslexia Handbook.
- Mandate that principals and superintendents receive instruction that includes an understanding of dyslexia, the state laws and rules as to how dyslexic individuals must be identified and served according to the Dyslexia Handbook.
- Agree to three or four standardized, valid, and reliable assessment instruments for use in identification of dyslexic students and provide training in the use and interpretation.
- Encourage crossover between special education and regular education so that special education diagnosticians will assess and interpret assessment for identification of dyslexia. Additionally, provide training to diagnosticians in the characteristics of dyslexia.
- Increase the power of the wording for early intervention so the message to principals and superintendents emphasizes that identification and services for dyslexic students are requirements not options.
- We must have competent teachers and principals in every school district or policy reform will not occur; therefore, there should be an increased emphasis at the teacher preparation level regarding the characteristics of and interventions for dyslexic students.

## References

- Allington, R. L. (2001). *What Really Matters for Struggling Readers: Designing Research-Based Programs*. NY: Addison-Wesley Education Publishers Inc.
- Allington, R. L. & Walmsley, S. A., (1995). *No quick fix: Rethinking Literacy Programs in America's Elementary School*. NY: Teachers College Press.
- Birsh, J. R., ed. (2005). *Multisensory teaching of basic language skills*, 2<sup>nd</sup> ed. Baltimore: Paul H. Brookes Publishing Co.
- Foorman, B. R., Francis, D. J., Fletcher, J. M., Schatschneider, C., & Mehta, P. (1998). The role of instruction in learning to read: Preventing reading disabilities in at-risk children. *Journal of Educational Psychology*, 90, 37-55.
- Gopnik, A., Meltzoff, A. N. & Kuhl, P. K. (1999). *The scientist in the crib: What early learning tells us about the mind*. NY: HarperCollins Publishers Inc.
- Rosen, G. D. (2010). Dyslexia, genes, and the grain: 10 Years and beyond. *Perspectives of Language and Literacy*, 36, 18-21.
- Shaywitz, S. (2003). *Oversoming dyslexia: A new and complete science-based program for reading problems at any level*. NY: Vintage Books.
- The Library of Congress: Thomas. (November 5, 2009). Literacy education for all, results for the nation act' (LEARN) Act (H.R. 1037/S.2740). Retrieved July 17, 2010, from <http://thomas.loc.gov/cgi-bin/query/D?c111:1:./temp/~c111sHLjZg:b0>:
- Wisconsin Center for Education Research. (Winter 2010). A new era for the strategic management of human capital. *Research Highlights*, 21, 1-3.