

Dyslexia In the Classroom: What Every Teacher Needs to Know

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40 York Road, 4th Floor • Baltimore, MD 21204

Info@interdys.org

www.interdys.org

INTRODUCTION

The degree of difficulty a child with dyslexia has with reading, spelling, and/or speaking varies from person to person due to inherited differences in brain development, as well as the type of teaching the person receives. The brain is normal, often very “intelligent,” but with strengths in areas other than the language area.

This “difference” goes undetected until the person finds difficulty when learning to read and write. Each individual with dyslexia is unique, but the multisensory approach is flexible enough to serve a wide range of ages and learning differences. A multisensory approach can be valuable to many; to the dyslexic child it is essential. The expertise of the teacher is the key.

The intent of this toolkit is to provide classroom teachers with basic information about dyslexia, dispel some of the myths and misconception surrounding it and be a resource that will increase their capacity to ensure the success of the diverse group of learners in their classrooms.

ABOUT IDA

The International Dyslexia Association (IDA) was founded in 1949 as The Orton Society to honor and further the work and passion of Dr. Samuel Torrey Orton. IDA serves individuals with dyslexia, their families, and professionals in the field. We have more than 8,000 members, 43 branches throughout the United States and Canada and have 21 global partners in 19 countries. Together we are working to help those with and affected by dyslexia.

We believe that all individuals have the right to achieve their potential, that individual learning abilities can be strengthened, and that social, educational and barriers to language acquisition and use must be removed.

IDA actively promotes effective teaching approaches and related clinical educational intervention strategies for individuals with dyslexia. We support and encourage interdisciplinary research. We facilitate the exploration of the causes and early identification of dyslexia and are committed to the responsible and wide dissemination of research and evidence based knowledge.

The purpose of IDA is to pursue and provide the most comprehensive range of information and services that address the full scope of dyslexia and related difficulties in learning to read and write...in a way that creates hope, possibility, and partnership, so that every individual has the opportunity to lead a productive and fulfilling life, and society benefits from the resource that is liberated.

WHAT IS DYSLEXIA?

The formal definition of dyslexia is:

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.

But what does that mean exactly?

Dyslexia is a language-based learning disability. Dyslexia refers to a cluster of symptoms, which result in people having difficulties with specific language skills, particularly reading. Students with dyslexia usually experience difficulties with other language skills, such as spelling, writing, and pronouncing words. Dyslexia affects individuals throughout their lives; however, its impact can change at different stages in a person's life. It is referred to as a learning disability because dyslexia can make it very difficult for a student to succeed academically in the typical instructional environment, and in its more severe forms, will qualify a student for special education, special accommodations, and/or extra support services.

What causes dyslexia?

The exact causes of dyslexia are still not completely clear, but anatomical and brain imagery studies show differences in the way the brain of a person with dyslexia develops and functions. Moreover, most people with dyslexia have been found to have problems with identifying the separate speech sounds within a word and/or learning how letters represent those sounds, a key factor in their reading difficulties. Dyslexia is not due to either lack of intelligence or desire to learn; with appropriate teaching methods, students with dyslexia can learn successfully.

Dyslexia occurs in people of all backgrounds and intellectual levels. People with dyslexia can be very bright. They are often capable or even gifted in areas such as art, computer science, design, drama, electronics, math, mechanics, music, physics, sales, and sports. In addition, dyslexia runs in families; having a parent or sibling with dyslexia increases the probability that you will also have dyslexia. For some people, their dyslexia is identified early in their lives, but for others, their dyslexia goes unidentified until they get older.

What are the effects of dyslexia?

The impact that dyslexia has is different for each person and depends on the severity of the condition and the timeliness and effectiveness of instruction or remediation. The core difficulty involves word recognition and reading fluency, spelling, and writing. Some individuals with dyslexia manage to learn early reading and spelling tasks, especially with excellent instruction, but later experience their most debilitating problems when more complex language skills are required, such as grammar, understanding textbook material, and writing essays.

People with dyslexia can also have problems with spoken language, even after they have been exposed to excellent language models in their homes and high quality language instruction in school. They may find it difficult to express

themselves clearly, or to fully comprehend what others mean when they speak. Such language problems are often difficult to recognize, but they can lead to major problems in school, in the workplace, and in relating to other people. The effects of dyslexia reach well beyond the classroom.

What misconceptions exist regarding dyslexia?

It is equally important to understand what dyslexia isn't. There are great misconceptions and myths about dyslexia which make it that much more difficult for someone with dyslexia to receive help and generally be understood.

It is a myth that individuals with dyslexia "read backwards." Their spelling can look quite jumbled at times not because they read or see words backwards, but because students have trouble remembering letter symbols for sounds and letter patterns in words.

Dyslexia is not a disease and, therefore, there is no cure. With proper diagnosis, appropriate and timely instruction, hard work, and support from family, teachers, friends, and others, individuals who have dyslexia can succeed in school and later as adults.

Individuals with dyslexia do not have a lower level of intelligence. In fact, more often than not, the complete opposite is true.

SIGNS AND SYMPTOMS OF DYSLEXIA

It is crucial to be able to recognize the signs of symptoms of dyslexia. The earlier a child is evaluated, the sooner he or she can obtain the appropriate instruction and accommodations he or she needs to succeed in school.

General problems experienced by people with dyslexia include the following:

- Learning to speak
- Learning letters and their sounds
- Organizing written and spoken language
- Memorizing number facts
- Reading quickly enough to comprehend
- Keeping up with and comprehending longer reading assignments
- Spelling
- Learning a foreign language
- Correctly doing math operations

Some specific signs for elementary aged children may include:

- Difficulty with remembering simple sequences such as counting to 20, naming the days of the week, or reciting the alphabet
- Difficulty understanding the rhyming of words, such as knowing that *fat* rhymes with *cat*
- Trouble recognizing words that begin with the same sound (for example, that *bird*, *baby*", and *big* all start with *b*)
- Pronunciation difficulties

- Trouble easily clapping hands to the rhythm of a song
- Difficulty with word retrieval (frequently uses words like “stuff” and “that thing” rather than specific words to name objects)
- Trouble remembering names of places and people
- Difficulty remembering spoken directions

It is important to note that not all students who have difficulties with these skills have dyslexia. Formal testing of reading, language, and writing skills is the only way to confirm a diagnosis of suspected dyslexia.

An individual can have more than one learning or behavioral disability. For example, in various studies as many as 30% of those diagnosed with a learning or reading difference have also been diagnosed with ADHD. Although disabilities may co-occur, one is not the cause of the other.

SOCIAL AND EMOTIONAL CONNECTION

Samuel T. Orton, M.D. was one of the first researchers to describe the emotional aspects of dyslexia. According to his research, the majority of preschoolers who were later diagnosed as having dyslexia are happy and well adjusted. Their emotional problems begin to develop when early reading instruction does not match their learning needs. Over the years, the frustration mounts as classmates surpass the student with dyslexia in reading skills.

Stress and Anxiety

Jerome J. Schultz’s informative IDA fact sheet entitled, “The Dyslexia-Stress-Anxiety Connection, Implications for Academic Performance and Social Interactions,” is a must read for those wanting guidance on understanding the relationship between dyslexia and emotional and social difficulties. Dr. Schultz explains his DE-STRESS model in a step-by-step guide for addressing stress, anxiety, and dyslexia.

Stress and anxiety increase when we’re in situations over which we have little or no control (e.g., a car going off the road, tripping on the stairs, reading in public). All people, young and old, can experience overwhelming stress and exhibit signs of anxiety, but children, adolescents, and adults with dyslexia are particularly vulnerable. That’s because many individuals do not fully understand the nature of their learning disability, and as a result, tend to blame themselves for their own difficulties. Years of self-doubt and self-recrimination may erode a person’s self-esteem, making them less able to tolerate the challenges of school, work, or social interactions and more stressed and anxious.

Many individuals with dyslexia have experienced years of frustration and limited success, despite countless hours spent in special programs or working with specialists. Their progress may have been agonizingly slow and frustrating, rendering them emotionally fragile and vulnerable. Some have been subjected to excessive pressure to succeed (or excel) without the proper support or training. Others have been continuously compared to siblings, classmates, or co-workers, making them embarrassed, cautious, and defensive.

Individuals with dyslexia may have learned that being in the company of others places them at risk for making public mistakes and the inevitable negative reactions that may ensue. It makes sense, then, that many people

with dyslexia have become withdrawn, sought the company of younger people, or become social isolates. (Schultz, 2013, p. 2)

This fact sheet can be found on the IDA website, www.interdys.org.

Self-Image

Dyslexia can also affect a person's self-image. Students with dyslexia often end up feeling "dumb" and less capable than they actually are. After experiencing a great deal of stress due to academic problems, a student may become discouraged about continuing in school.

If children succeed in school, they will develop positive feelings about themselves and believe that they can succeed in life. If children meet failure and frustration, they learn that they are inferior to others, and that their effort makes very little difference. Instead of feeling powerful and productive, they learn that their environment controls them. They feel powerless and incompetent.

Researchers have learned that when typical learners succeed, they credit their own efforts for their success. When they fail, they tell themselves to try harder. However, when learners with dyslexia succeed, they are likely to attribute their success to luck. When they fail, they simply see themselves as stupid.

Research also suggests that these feelings of inferiority develop by the age of 10. After this age, it becomes extremely difficult to help the child develop a positive self-image. This is a powerful argument for early intervention.

Depression

Depression is also a frequent complication in dyslexia. Depressed children and adolescents often have different symptoms than do depressed adults. The depressed child is unlikely to be lethargic or to talk about feeling sad. Instead he or she may become more active or misbehave to cover up the painful feelings. In the case of masked depression, the child may not seem obviously unhappy. However, both children and adults who are depressed tend to have three similar characteristics:

- They tend to have negative thoughts about themselves, that is, a negative self- image.
- They tend to view the world negatively. They are less likely to enjoy the positive experiences in life. This makes it difficult for them to have fun.
- Most depressed youngsters have great trouble imagining anything positive about the future. The depressed child with dyslexia not only experiences great pain in his present experiences, but also foresees a life of continuing failure.

So how can you help?

Children are more successful when early in their lives someone has been extremely supportive and encouraging, and when they have found an area in which they can succeed. Teachers can create an incredible support system by:

- Listening to children's feelings. Anxiety, anger and depression can be daily companions for children with dyslexia. However, their language problems often make it difficult for them to express their feelings. Therefore, adults must help them learn to talk about their feelings.
- Rewarding effort, not just "the product." For students with dyslexia, grades should be less important than progress.

- When confronting unacceptable behavior, do not inadvertently discourage the child with dyslexia. Words such as “lazy” or “incorrigible” can seriously damage the child’s self-image.
- Helping students set realistic goals for themselves. Many students with dyslexia set perfectionistic and unattainable goals. By helping the child set an attainable goal, teachers can change the cycle of failure.

In his IDA fact sheet, “Social and Emotional Problems Related to Dyslexia,” Michael Ryan reminds us that:

Even more important, the child needs to recognize and rejoice in his or her successes. To do so, he or she needs to achieve success in some area of life. In some cases, strengths are obvious, and self-esteem has been salvaged by prowess in athletics, art, or mechanics. However, the strengths of someone with dyslexia are often more subtle and less obvious. (Ryan, 2004, p.5).

Above all, it is critical that school personnel, parents, and outside professionals working with the child with dyslexia communicate on an on-going basis in order to provide the support needed, so he or she can become a happy and successful student, and eventually, a happy and successful adult.

CLASSROOM STRATEGIES, TIPS AND TOOLS

Schools can implement academic accommodations and modifications to help students with dyslexia succeed. For example, a student with dyslexia can be given extra time to complete tasks, help with taking notes, and work assignments that are modified appropriately. Teachers can give taped tests or allow students with dyslexia to use alternative means of assessment. Students can benefit from listening to books on tape and using text reading and word processing computer programs.

Teaching students with dyslexia across settings is challenging. Both general education and special education teachers seek accommodations that foster the learning and management of a class of heterogeneous learners. It is important to identify accommodations that are reasonable to ask of teachers in all classroom settings. The following accommodations provide a framework for helping students with learning problems achieve in general education and special education classrooms. They are organized according to accommodations involving materials, interactive instruction, and student performance.

Accommodations Involving Materials

Students spend a large portion of the school day interacting with materials. Most instructional materials give teachers few activities or directions for teaching a large class of students who learn at different rates and in various ways. This section provides material accommodations that enhance the learning of diverse students. Frequently, paraprofessionals, volunteers, and students can help develop and implement various accommodations. Material accommodations include the following:

- **Clarify or simplify written directions.** Some directions are written in paragraph form and contain many units of information. These can be overwhelming to some students. The teacher can help by underlining or highlighting the significant parts of the directions. Rewriting the directions is often helpful.

- **Present a small amount of work.** The teacher can tear pages from workbooks and materials to present small assignments to students who are anxious about the amount of work to be done. This technique prevents students from examining an entire workbook, text, or material and becoming discouraged by the amount of work.
- **Block out extraneous stimuli.** If a student is easily distracted by visual stimuli on a full worksheet or page, a blank sheet of paper can be used to cover sections of the page not being worked on at the time. Also, line markers can be used to aid reading, and windows can be used to display individual math problems. Additionally, using larger font sizes and increasing spacing can help separate sections.
- **Highlight essential information.** If an adolescent can read a regular textbook but has difficulty finding the essential information, the teacher can mark this information with a highlight pen.
- **Use a placeholder in consumable material.** In consumable materials in which students progress sequentially (such as workbooks), the student can make a diagonal cut across the lower right-hand corner of the pages as they are completed. With all the completed pages cut, the student and teacher can readily locate the next page that needs to be corrected or completed.
- **Provide additional practice activities.** Some materials do not provide enough practice activities for students with learning problems to acquire mastery on selected skills. Teachers then must supplement the material with practice activities. Recommended practice exercises include instructional games, peer teaching activities, self-correcting materials, computer software programs, and additional worksheets.
- **Provide a glossary in content areas.** Students often benefit from a glossary of content-related terms.
- **Develop reading guides.** A reading guide helps the reader understand the main ideas and sort out the numerous details related to the main ideas. A reading guide can be developed paragraph-by-paragraph, page-by-page, or section-by-section.
- **Use an audio recording device.** Directions, stories, and specific lessons can be recorded. The student can replay the tape to clarify understanding of directions or concepts. Also, to improve reading skills, the student can read the printed words silently as they are presented on tape.
- **Use of assistive technology.** Assistive technology products such as tablets, electronic readers/dictionaries/spellers, text to speech programs, audio books, and more can be very useful tools.

Accommodations Involving Interactive Instruction

The task of gaining students' attention and engaging them for a period of time requires many teaching and managing skills. Teaching and interactions should provide successful learning experiences for each student. Some accommodations to enhance successful interactive instructional activities are:

- **Use explicit teaching procedures.** Many commercial materials do not cue teachers to use explicit teaching procedures; thus, the teacher often must adapt a material to include these procedures. Teachers can include explicit teaching steps within their lessons (i.e., present an advanced organizer, demonstrate the skill, provide guided practice, offer corrective feedback, set up independent practice, monitor practice, and review).

- **Repeat directions.** Students who have difficulty following directions are often helped by asking them to repeat the directions in their own words. The student can repeat the directions to a peer when the teacher is unavailable. If directions contain several steps, break down the directions into subsets. Simplify directions by presenting only one portion at a time and by writing each portion on the chalkboard as well as stating it orally. When using written directions, be sure that students are able to read and understand the words as well as comprehend the meaning of sentences.
- **Maintain daily routines.** Many students with learning problems need the structure of daily routines to know and do what is expected.
- **Provide a copy of lesson notes.** The teacher can give a copy of lesson notes to students who have difficulty taking notes during presentations.
- **Provide students with a graphic organizer.** An outline, chart, or blank web can be given to students to fill in during presentations. This helps students listen for key information and see the relationships among concepts and related information.
- **Use step-by-step instruction.** New or difficult information can be presented in small sequential steps. This helps learners with limited prior knowledge who need explicit or part-to-whole instruction.
- **Simultaneously combine verbal and visual information.** Verbal information can be provided with visual displays (e.g., on an overhead or handout).
- **Write key points or words on the chalkboard/whiteboard.** Prior to a presentation, the teacher can write new vocabulary words and key points on the chalkboard/whiteboard.
- **Use balanced presentations and activities.** An effort should be made to balance oral presentations with visual information and participatory activities. Also, there should be a balance between large group, small group, and individual activities.
- **Use mnemonic instruction.** Mnemonic devices can be used to help students remember key information or steps in a learning strategy.
- **Emphasize daily review.** Daily review of previous learning or lessons can help students connect new information with prior knowledge.

Accommodations Involving Student Performance

Students vary significantly in their ability to respond in different modes. For example, students vary in their ability to give oral presentations; participate in discussions; write letters and numbers; write paragraphs; draw objects; spell; work in noisy or cluttered settings; and read, write, or speak at a fast pace. Moreover, students vary in their ability to process information presented in visual or auditory formats. The following accommodation involving mode of reception and expression can be used to enhance students' performance:

- **Change response mode.** For students who have difficulty with fine motor responses (such as handwriting), the response mode can be changed to underlining, selecting from multiple choices, sorting, or marking. Students with fine motor problems can be given extra space for writing answers on worksheets or can be allowed to respond on individual chalkboards/whiteboards.

- **Provide an outline of the lesson.** An outline enables some students to follow the lesson successfully and make appropriate notes. Moreover, an outline helps students to see the organization of the material and ask timely questions.
- **Encourage use of graphic organizers.** A graphic organizer involves organizing material into a visual format. To develop a graphic organizer, the student can list the topic on the first line, collect and divide information into major headings, list all information relating to major headings on index cards, organize information into major areas, place information under appropriate subheadings, and place information into the organizer format.
- **Place students close to the teacher.** Students with attention problems can be seated close to the teacher, chalkboard/whiteboard, or work area and away from distracting sounds, materials, or objects.
- **Encourage use of assignment books or calendars.** Students can use calendars to record assignment due dates, list school related activities, record test dates, and schedule timelines for schoolwork. Students should set aside a special section in an assignment book or calendar for recording homework assignments.
- **Have students turn lined paper vertically for math.** Lined paper can be turned vertically to help students keep numbers in appropriate columns while computing math problems.
- **Use cues to denote important items.** Asterisks or bullets can denote questions or activities that count heavily in evaluation. This helps students spend time appropriately during tests or assignments.
- **Design hierarchical worksheets.** The teacher can design worksheets with problems arranged from easiest to hardest. Early success helps students begin to work.
- **Allow use of instructional aids.** Students can be provided with letter and number strips to help them write correctly. Number lines, counters, calculators, and other assistive technology can help students compute once they understand the mathematical operations.
- **Display work samples.** Samples of completed assignments can be displayed to help students realize expectations and plan accordingly.
- **Use peer-mediated learning.** The teacher can pair peers of different ability levels to review their notes, study for a test, read aloud to each other, write stories, or conduct laboratory experiments. Also, a partner can read math problems for students with reading problems to solve.
- **Use flexible work times.** Students who work slowly can be given additional time to complete written assignments.
- **Provide additional practice.** Students require different amounts of practice to master skills or content. Many students with learning problems need additional practice to learn at a fluency level.
- **Use assignment substitutions or adjustments.** Students can be allowed to complete projects instead of oral reports or vice versa. Also, tests can be given in oral or written format.

MULTISENSORY STRUCTURED LANGUAGE TEACHING

Early identification and treatment is the key to helping individuals with dyslexia achieve in school and in life. Most people with dyslexia need help from a teacher, tutor, or therapist specially trained in using a multisensory, structured language approach. It is important for these individuals to be taught by a systematic and explicit method that involves several senses (hearing, seeing, touching, moving) at the same time. Many individuals with dyslexia need one-on-one help so that they can move forward at their own pace. In addition, students with dyslexia often need a great deal of structured practice and immediate, corrective feedback to develop automatic word recognition skills. For students with dyslexia, it is helpful if their outside academic therapists work closely with classroom teachers.

What is Multisensory Structured Language Teaching?

Effective instruction for students with dyslexia is explicit, direct, cumulative, intensive, and focused on the structure of language. This is the idea of structured language instruction.

Multisensory learning involves the use of visual, auditory, and kinesthetic-tactile pathways simultaneously to enhance memory and learning of written language. Links are consistently made between the visual (language we see), auditory (language we hear), and kinesthetic-tactile (language symbols we feel) pathways in learning to read and spell. .

Margaret Byrd Rawson, a former President of the International Dyslexia Association (IDA), said it well:

“Dyslexic students need a different approach to learning language from that employed in most classrooms. They need to be taught, slowly and thoroughly, the basic elements of their language—the sounds and the letters which represent them—and how to put these together and take them apart. They have to have lots of practice in having their writing hands, eyes, ears, and voices working together for conscious organization and retention of their learning.”

Teachers who use this approach help students perceive the speech sounds in words (phonemes) by looking in the mirror when they speak or exaggerating the movements of their mouths. Students learn to link speech sounds (phonemes) to letters or letter patterns by saying sounds for letters they see, or writing letters for sounds they hear. As students learn a new letter or pattern (such as *s* or *th*), they may repeat five to seven words that are dictated by the teacher and contain the sound of the new letter or pattern; the students discover the sound that is the same in all the words. Next, they may look at the words written on a piece of paper or the chalkboard and discover the new letter or pattern. Finally, they carefully trace, copy, and write the letter(s) while saying the corresponding sound. The sound may be dictated by the teacher, and the letter name(s) given by the student. Students then read and spell words, phrases, and sentences using these patterns to build their reading fluency. Teachers and their students rely on all three pathways for learning rather than focusing on a “whole word memory method,” a “tracing method,” or a “phonetic method” alone.

The principle of combining movement with speech and reading is applied at other levels of language learning as well. Students may learn hand gestures to help them memorize the definition of a noun. Students may manipulate word cards to create sentences or classify the words in sentences by physically moving them into categories. They might move sentences around to make paragraphs. The elements of a story may be taught with reference to a three-dimensional, tactile aid. In all, the hand, body, and/or movement are used to support comprehension or production of language.

Is there solid evidence that multisensory teaching is effective for students with dyslexia?

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.

SCREENING, EVALUATION, AND DIAGNOSIS

Early identification and intervention with students who show the warning signs of dyslexia are critically important for better outcomes later on. Researchers have identified the specific skill weaknesses that predict later reading difficulties, making early testing, identification, and remediation possible. For most children, problems can be remediated with programs at the kindergarten and first-grade levels that take about 30-45 minutes per day.

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 first grade screening tests that can identify children who need targeted intervention to improve these critical skills so these children can meet grade-level benchmarks.

How is dyslexia diagnosed?

A comprehensive evaluation typically includes intellectual and academic achievement testing, as well as an assessment of the critical underlying language skills that are closely linked to dyslexia. These include receptive (listening) and expressive language skills, phonological skills including phonemic awareness, and also a student's ability to rapidly name letters and names. A student's ability to read lists of words in isolation, as well as words in context, should also be assessed. If a profile emerges that is characteristic of readers with dyslexia, an individualized intervention plan should be developed, which should include appropriate accommodations, such as extended time. The testing can be conducted by trained school or outside specialists.

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 should a child be evaluated?

It is possible to identify potential reading problems in young children even before the problems turn into reading failure. Screenings should be used with all children in a school, beginning 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.

There are numerous types of screeners; one simple one we recommend is the Colorado Learning Disabilities Questionnaire – Reading Subscale (CLDQ-R) School Age Screener. If the risk factors are present, teachers should follow the protocols set-up within their school’s policies to meet with parents regarding further evaluation.

The Colorado Learning Disabilities Questionnaire – Reading Subscale (CLDQ-R) is a screening tool designed to measure risk of reading disability (i.e. dyslexia) in school-age children (Willcutt et al., 2011). Normative scores for this questionnaire were developed based on parent-reports of their 6-to-18- year- old children, as well as actual reading testing of these children. Willcutt, et al. (2011) found that the CLDQ-R is reliable and valid. It is important to note that the CLDQ-R is only a screener and does not constitute a formal evaluation or diagnosis.

School Age Dyslexia Screener – CLDQ-R

Please read each statement and decide how well it describes the child. Mark your answer by circling the appropriate number. Please do not leave any statement unmarked.

	Never/ not at all	Rarely/ a little	Sometimes	Frequently/ quite a bit	Always/ a great deal
1. Has difficulty with spelling	1	2	3	4	5
2. Has/had difficulty learning letter names	1	2	3	4	5
3. Has/had difficulty learning phonics (sounding out words)	1	2	3	4	5
4. Reads slowly	1	2	3	4	5
5. Reads below grade level	1	2	3	4	5
6. Requires extra help in school because of problems in reading and spelling	1	2	3	4	5

Scoring Instructions:

Add up the circled numbers and record that as the Total Score _____

The following cutoffs apply:

- Total Score <16 = Minimal Risk
- Total Score 16-21 = Moderate Risk
- Total Score >21 = Significant Risk

See below for details for each Risk Group.

Minimal Risk: The score indicates that there is little in the child’s developmental history to indicate that he/she is at risk for a reading disability (dyslexia). However, if there are concerns about the child’s reading progress, an evaluation with the school or a licensed child psychologist is recommended to examine the nature of these difficulties.

Moderate Risk: The score indicates that there are features of the child's developmental history (e.g. difficulty learning letters, required extra reading help) that may be consistent with a reading disability (dyslexia). Reading disability constitutes a very common learning disability, affecting approximately 5% of the United States population. Reading disability is characterized by slow or effortful reading, difficulty sounding out new words, and problems with spelling. If there are concerns about the child's reading progress, an evaluation with the school or a licensed child psychologist is recommended to examine the nature of these difficulties.

Significant Risk: The score indicates that there are several features of your child's developmental history (e.g. difficulty learning letters, required extra reading help) that are consistent with a reading disability (dyslexia). Reading disability constitutes a very common learning disability, affecting approximately 5-10% of the United States population. Reading disability is characterized by slow or effortful reading, difficulty sounding out new words, and problems with spelling. The results of this questionnaire indicate that your child may be experiencing some or all of those symptoms. A formal evaluation with the school or a licensed child psychologist is strongly recommended, so that your child can get the reading support he/she needs, if appropriate.

ADDITIONAL RESOURCES AND FURTHER INFORMATION

There are a great many resources available for a deeper understanding of dyslexia, co-morbidities, treatments as well as specific topics including neuroscience, comprehension, fluency, other learning disabilities, response to intervention and much more.

We encourage you to go to our website, www.interdys.org, and explore a variety of information including:

- IDA Fact Sheets
- FAQ's
- Interventions & Instructions
- IDA Provider Directory
- IDA Knowledge and Practice Standards for Teachers of Reading

There are numerous publications and books available, including those listed in the Recommended Reading for Professionals Fact Sheet, but here are some incredible options to get you started:

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

Moats, L., Dakin, K., & Joshi. R. M. (2012). *Expert perspectives on interventions for reading. A collection of best-practice articles from the International Dyslexia Association*. Baltimore, MD: International Dyslexia Association.

Tridas, E. (2007). *From ABC to ADHD: what parents should know about dyslexia and attention problems*. Baltimore, MD: International Dyslexia Association.

Further, there are extraordinary workshops, conferences and trainings available all over the United States and Canada hosted by IDA branches; conferences all over the world hosted by our Global Partners; and the Annual IDA Conference hosted by IDA Headquarters. Please go to www.interdys.org to find the next event near you!

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