DYSLEXIA AND RELATED DISORDERS;
Guidelines for Screening – Grades 1-12

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DEFINITIONS AND CHARACTERISTICS OF DYSLEXIA


The student who struggles with reading and spelling often puzzles teachers and parents. The student displays average ability to learn in the absence of print and receives the same classroom instruction that benefits most children; however, the student continues to struggle with some or all of the many facets of reading and spelling. This student may be a student with dyslexia.

As defined in TEC §38.003:

(1) Dyslexia means a disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and sociocultural opportunity.

(2) Related disorders includes disorders similar to or related to dyslexia such as developmental auditory imperception, dysphasia, specific developmental dyslexia, developmental dysgraphia, and developmental spelling disability.

The current definition from the International Dyslexia Association states:

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 growth of vocabulary and background knowledge (Adopted by the International Dyslexia Association Board of Directors, November 12, 2002).

The primary difficulties of a student identified as having dyslexia occur in phonematic awareness and manipulation, single-word decoding, reading fluency, and spelling. Secondary consequences of dyslexia may include difficulties in reading comprehension and/or written expression. These difficulties are unexpected for the student’s age, educational level, or cognitive abilities. Additionally, there is often a family history of similar difficulties.

The following are the primary reading/spelling characteristics of dyslexia:

• Difficulty reading real words in isolation;
• Difficulty accurately decoding nonsense words;
• Slow, inaccurate, or labored oral reading; (lack of reading fluency);
• Difficulty with learning to spell.
The reading/spelling characteristics are the result of difficulty with the following:

- The development of phonological awareness, including segmenting, blending, and manipulating sounds in words;
- Learning the names of letters and their associated sounds;
- Phonological memory (holding information about sounds and words in memory);
- Rapid naming of familiar objects, colors, or letters of the alphabet.

Secondary consequences of dyslexia may include the following:

- Variable difficulty with aspects of reading comprehension;
- Variable difficulty with aspects of written composition;
- A limited amount of time spent in reading activities.

Common Signs of Dyslexia:
The following signs may be associated with dyslexia if they are unexpected for the individual’s age, educational level, or cognitive abilities.

**Pre-school:**
- May talk later than most children;
- May have difficulty with rhyming;
- May have difficulty pronouncing words (i.e., busgetti for spaghetti, mawn lower for lawn mower);
- May have poor auditory memory for nursery rhymes and chants;
- May be slow to add new vocabulary words;
- May be unable to recall the right word;
- May have trouble learning numbers, days of the week, colors, shapes, and how to spell and write his or her name.

**Kindergarten through third grade:**
- Fails to understand that words come apart; for example, that snowman can be pulled apart into snow and man and, later on, that the word man can be broken down still further and sounded out as: /m/ /a/ /n/;
- Has difficulty learning the letter names and their corresponding sounds;
- Has difficulty decoding single words (reading single words in isolation)—lacks a strategy;
- Has difficulty spelling phonetically;
- Relies on context to recognize a word.

**Fourth grade through high school:**
- Has a history of reading and spelling difficulties;
- Avoids reading aloud;
- Reads most materials slowly; oral reading is labored, not fluent;
- Avoids reading for pleasure;
- May have an inadequate vocabulary;
• Has difficulty spelling; may resort to using less complicated words in writing that are easier to spell.

Sources for Common Signs of Dyslexia was compiled from the following:


GUIDELINES FOR SCREENING AND INSTRUCTION FOR DYSLEXIA AND RELATED DISORDERS

The state legislature under Texas Education Code, 38.003 (May 1995), passed a bill requiring school districts to implement programs for the screening and treatment of dyslexia and related disorders.

“Dyslexia,” as described in this code, means a disorder of constitutional origin manifested by difficulty in learning to read, write or spell, despite conventional instruction, adequate intelligence, and socio-cultural opportunities.

“Related disorders” include disorders similar to or related to dyslexia, such as developmental auditory imperception, dysphasia, specific developmental dyslexia, and developmental spelling disability.

Section 74.28 of the Texas Administrative Code and the TEA publication entitled The Dyslexia Handbook, Revised 2007, Procedures Concerning Dyslexia and Related Disorders provide guidelines for approved strategies for screening and techniques for treating dyslexia and related disorders.

In summary, districts are required to follow TEA’s procedures concerning dyslexia and related disorders by:

- identifying students with characteristics of dyslexia.
- providing access to appropriate instructional services on each campus.
- offering training for teachers in screening and instruction.
- making available early identification, appropriate intervention and support for students with dyslexia and related disorders.

School districts are also encouraged to provide a parent education program that includes:

- awareness of characteristics of dyslexia and related disorders.
- information on testing and diagnosis of dyslexia.
- information on effective strategies for teaching dyslexic students. Awareness of information on modification of classroom instruction and standardized testing.

In addition to the state law that specifically addresses dyslexia, there are two federal laws that may impact school services to students with dyslexia.

- Individuals with Disabilities Education Act (IDEA)

Further information may be obtained by referring to TEC 28.006 and 7.08(b), as explained in TEA Dyslexia Handbook 2007
To determine whether or not the academic difficulty a student is experiencing could be attributed to dyslexia or related disorders, Alamo Heights ISD employs the four phases described below:

**PHASE ONE – TEACHER DATA GATHERING**

For a student experiencing academic difficulty resulting in below grade level performance and/or exhibiting characteristics of dyslexia or related disorders, the first step is data gathering. At the elementary level, the referring classroom teacher will coordinate the gathering of appropriate information. At the secondary level, a classroom teacher will coordinate with the counselor and campus dyslexia coordinator to collect information.

**First** - The referring classroom teacher in collaboration with appropriate colleagues will rule out other causes for poor progress by answering these questions:

1. Does the student come to school regularly? If not, why not?
2. Is lack of English proficiency the reason for lack of progress?
3. Has the student had adequate experiential background in the home environment?
4. Are other students in the same class making appropriate academic progress?
5. Have vision/hearing difficulties been ruled out?

**Then** – The counselor and referring classroom teacher will set up and conduct a cluster meeting with parents and other teachers of the student regarding a possible need for reading intervention. Discuss Tier 1 interventions to be administered in the regular classroom setting for a specified period of time.

**After teacher-parent-counselor cluster meeting** – The appropriate classroom teacher(s) will administer the interventions for an appropriate period of time (six to eight weeks) and document academic progress. If the reading issue persists despite Tier 1 interventions, the referring classroom teacher and counselor/campus dyslexia coordinator should proceed in a timely manner to prepare the case to present to the campus Student Intervention Team.

**PHASE TWO – REFERRAL TO STUDENT INTERVENTION TEAM**

The referring classroom teacher and the counselor will finalize paperwork to present to the campus Student Intervention Team by assembling a portfolio containing the following:

- Documentation of classroom interventions and their results
- Documentation of ongoing parent contact by way of telephone, emails, and/or conferences.
• Dyslexia Screening Forms, with anecdotal information and work samples
• Grades History (K-current grade) from Permanent Record Card and Current Report Card
• Attendance History from Permanent Record Card
• Score History from Permanent Record Card for
  ▪ TAKS reading (including lexile level equivalent), writing (if relevant), math
  ▪ Stanford reading and math totals, national percentile
  ▪ OLSAT verbal and nonverbal SAI scores
• Other universal screening, diagnostic testing or benchmarks, as available
• Record of previous and/or current services (including current accommodations) in ESL, Special Education, 504, etc.

The referring teacher and counselor/dyslexia coordinator will also set up a time to present their findings to the Student Intervention Team in order to determine whether or not dyslexia screening and evaluation should be pursued.

**PHASE THREE  --  DYSLEXIA SCREENING AND EVALUATION**

If the Student Intervention Team recommends dyslexia screening and evaluation, the following tasks will be accomplished.

**Preparation for Dyslexia Evaluation:**

**Guidance Counselor/Dyslexia Coordinator**

• Meet with parent to receive Consent for Assessment and provide Developmental History Form for parent to fill in and return.
• Distribute dyslexia screening referral forms to other academic teachers, including a stated deadline for return.
• Complete any needed items listed on the referral checklist.
• Administer ability and achievement tests if no recent scores are available.

**Classroom Teachers**

• Complete a dyslexia referral checklist, as distributed by the counselor/dyslexia coordinator and return the completed form to the counselor by the stated deadline.
• Present completed portfolio to Student Intervention Team. Convene dyslexia screening committee (including persons such as counselor, dyslexia placement coordinator, dyslexia teacher, original referring classroom teacher, and/or dyslexia consultant).

**Dyslexia Evaluation:**

When all items have been completed, the designated evaluator should complete the following:

**The Evaluator**

• Review portfolio of items provided by the referring teacher and counselor/dyslexia coordinator.
• Administer dyslexia evaluation and prepare an evaluation report.
Meet with the parent and committee of knowledgeable persons (including two or more of the following individuals: counselor, dyslexia specialist, classroom teacher) to determine the identification of dyslexia and make recommendations for classroom accommodations, placement in dyslexia program, etc.

_Dyslexia Services:_

When it has been determined that a student qualifies for dyslexia services, the following guidelines will apply.

Dyslexia service is not under the same guidelines and timeframe as special education. A brief list of appropriate classroom accommodations will be determined for each student and will be implemented immediately, along with regularly scheduled consultation between classroom and dyslexia teachers. If formal dyslexia services are in order, those services will begin as soon as possible within the parameters of the program provided below.

_At the elementary level_

- For the most efficient use of staff time, new dyslexia classes begin twice a year – one in the first semester (early September) and another in the second semester (usually in mid-January).
- Formal dyslexia classes require a block of 45 to 60 minutes of instruction, occurring daily for the duration of the course.
- In general, the optimum class size per section is no more than six students.
- Because the dyslexia program is sequential in nature, a student may only enter the program when Lesson 1 is being offered and should remain in the program for the duration.

_At the secondary level_

- Formal dyslexia classes are offered for a maximum of two years. Students whose dyslexia is identified in sixth grade will enter Reading Dyslexia I class and those identified in seventh or eighth grade will enter Reading Dyslexia II. At the completion of this sequence, students still needing reading instruction will be placed in Reading 8.
- The optimum class size per section is no more than twelve students.
- Reading Dyslexia class serves as the student’s reading class and therefore includes instruction in decoding, fluency, and comprehension, with an emphasis on the unique reading needs of a dyslexic student.
For students with a dyslexia diagnosis entering from another district

- The counseling department or other school official will contact the sending district for specific information regarding programming and services provided in that district. As soon as information has been received, dyslexia staff will be consulted to determine if (a) additional assessment is required to determine that students meets district identification criteria or (b) class placement that best meets the student’s needs. Then the student will enter the process described above.

PHASE FOUR – REFERRAL TO SPECIAL EDUCATION
If a student is still not making adequate academic progress using the approaches provided in Phase Three and/or if severe dyslexia-related disorders are suspected, a team of school professionals and the student’s parents may initiate a referral to special education.