Dyslexia Resource Guide
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Arkansas Department of Education

Division of Learning Services

www.arkansased.org

For questions or concerns please email: *ADE.Dyslexia@arkansas.gov.*

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Acknowledgements

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Purpose of the
Arkansas Dyslexia Resource Guide

The purpose of the Arkansas Dyslexia Resource Guide is to provide school districts, public schools, and teachers with guidance to meet Ark. Code Ann. § 6-41-601 *et seq*. This guide will clarify the Arkansas Department of Education Rules Governing How to Meet the Needs of Children with Dyslexia related to the assessment, identification, and services for these students. It will be updated and maintained by the Arkansas Department of Education.

Since Arkansas is a local control state, school districts have considerable autonomy in making decisions regarding the diagnostic tools and instructional programs to use. However, the department is charged with approving the training and certification of individuals who will provide dyslexia therapy. Information in this regard is included in this guide.

Introduction

Dyslexia refers to a learning disability that affects reading and writing. What dyslexia is, what causes it, and what can be done about it are commonly misunderstood topics. For example, a commonly held belief is that dyslexia results from seeing things reversed. When in fact, dyslexia is not due to a problem with vision, but rather a problem within language.

Although much remains to be learned about dyslexia, remarkable progress has been made in our understanding as a result of decades of research. The goal of this guide is to provide information about dyslexia that is intended to be helpful to educators, parents, and students.

Section I

Defining Dyslexia

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 in Ark. Code Ann. § 6-41-602 as a learning disability that is neurological in origin, characterized by difficulties with accurate and fluent word recognition, poor spelling and decoding abilities that typically result from the phonological component of language. These characteristics are often unexpected in relation to other cognitive abilities. This definition is borrowed from the most widely accepted current definition of dyslexia that is used by the 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 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.

It is useful to consider each of the elements of this definition:

Dyslexia is a specific learning disability that is neurological in origin.

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), and the Arkansas special education rules and regulations, 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.

The statement that dyslexia is neurological in origin implies that the problem is not simply one of poor instruction or effort on the part of the student. We know that individuals with dyslexia struggle to read well despite adequate instruction and effort. We know that dyslexia tends to run in families. A child from a family with a history of dyslexia will not necessarily have dyslexia but

inherits a greater risk for reading problems than does a child from a family without a family history of dyslexia. Brain imaging studies show differences in brain activity when individuals with dyslexia are given reading-related tasks compared to the brain activity shown by normal readers. However, although it is tempting to view differences in brain activity as the cause of dyslexia, these differences are just as likely or even more likely to be a consequence of the reading problem rather than the cause of it. The reason for saying this is that when individuals with dyslexia respond positively to intervention, their brain activity "normalizes" and becomes comparable to that of normal readers.

Dyslexia is characterized by difficulties with accurate and / or fluent word recognition and by poor spelling and decoding abilities. A common feature of dyslexia is difficulty with accurate and / or fluent word recognition and by poor spelling and decoding abilities. Although students with dyslexia can show a variety of subtle or not-so-subtle language problems prior to entry in school (Catts & Kahmi, 2005), their problems become very noticeable once they begin learning to read. They have extreme difficulties acquiring accurate and fluent phonemic decoding skills (phonics), and this interferes with their ability to read text accurately or to read independently. Students with dyslexia struggle to acquire both knowledge of letter-sound correspondences and skill in using this knowledge to "decode" unfamiliar words in text. In first grade, their difficulties with accurate word identification quickly begin to interfere with the development of text reading fluency. Difficulties decoding unfamiliar words in text interfere with the development of fluency because, to become a fluent reader in the

primary grades, students must learn to recognize large numbers of words automatically, or at a single glance. Students learn to recognize individual words "by sight" only after they accurately read them several times (Ehri, 2002). Thus, the initial difficulties that students with dyslexia have in becoming accurate and independent readers interfere with the development of their "sight word vocabularies," and they quickly fall behind their peers in the development of reading fluency.

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. The discovery that students with dyslexia experience difficulties processing the phonological features of language was important in establishing the foundations of the current scientific understanding of dyslexia (Liberman, Shankweiler, & Liberman, 1989). The phonological processing problems of students with dyslexia are usually not severe enough to interfere with the acquisition of speech, but they sometimes produce delays in language development, and they significantly interfere with the development of phonemic awareness and phonics skills for reading. Spoken words are composed of strings of phonemes, with a phoneme being the smallest unit of sound in a word that makes a difference to its meaning. Thus, the word *cat* has three phonemes, /c/-/a/-/t/. If the first phoneme is changed to /b/, it makes the word *bat*, or if the second phoneme is changed to /i/, it makes the word *bit*. When students first begin to learn to read, they must become aware of these individual bits of sound within syllables so they can learn

how our writing system represents words in print. The letters in printed words correspond roughly to the phonemes in spoken words. Once a child understands this fact, and begins to learn some of the more common letter/sound correspondences, he/she becomes able to "sound out" simple unfamiliar words in print. Skill in using phonemic analysis to identify words that have not been seen before in print (and beginning readers encounter these words in their reading almost every day) is one of the foundational skills required in learning to read text independently (Share & Stanovich, 1995). Because of their phonological processing difficulties, students with dyslexia experience difficulties acquiring phonemic awareness, which is followed by the difficulties learning letter sounds and phonemic decoding skills that have already been described. Phonological processing skills are only moderately correlated with general intelligence, so it is possible to have average, or above average general intellectual ability and still experience the kind of reading difficulties observed in students with dyslexia. A student can also have below average general intellectual skills and have the same kind of phonological processing disabilities. Dyslexia is *not caused* by low general intellectual ability, but rather by special difficulties processing the phonological features of language, that can co-exist with above average, average, or below average general intellectual ability. Phonological processing abilities required for acquisition of early reading skills are normally distributed in the population, just like musical talent, athletic ability, or most other human abilities. It is possible to have extremely weak phonological processing skills, or to be only mildly impaired in this area. It is also possible to have above average

skills in the phonological domain. If students have extreme phonological

processing weaknesses, it is very difficult for them to acquire early reading skills,

while students with mild difficulties in this area often require only a moderate

amount of extra instruction to become good readers (Wagner & Torgesen, 1987).

Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge. One of the most serious

consequences of early difficulties becoming an accurate, confident, fluent, and

independent reader is that students read less. For example, a study from 1988

indicated that students reading at the 50th percentile (average) in 5th grade read

about 600,000 words in and out of school during the school year. In contrast,

students reading at the 10th percentile read about 50,000 words during the same

period of time (Anderson, Wilson, & Fielding, 1988). Large differences in reading

practice emerge as early as the beginning of first grade (Allington, 1984). In

addition to directly affecting the development of reading fluency, these practice

differences have a significant impact on the development of other cognitive skills

and knowledge, such as vocabulary, reading comprehension strategies, and

conceptual knowledge (Cunningham & Stanovich, 1998). This latter type of

knowledge and skill, in turn, is important for comprehension of texts in upper

elementary, middle, and high school (Rand, 2002). Of course, other "secondary

consequences" to the child's self-esteem and interest in school can be just as

important as the effect on intellectual skills in determining ultimate school

success.

Section II

Indicators of Students with Dyslexia

Indicators of students with dyslexia follow from how it is defined. Students with dyslexia are likely to perform poorly on measures of phonological processing, decoding nonwords, 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 nonword 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.

Turning to reading, difficulty in learning the names and sounds of letters is an early indicator of dyslexia. Perhaps the most central indicators of dyslexia are problems in word-level reading. Difficulties are found in both accuracy and speed or efficiency at decoding nonwords 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 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 poor children, 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 pre-school 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 poor children 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 III

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.

The most common implementation of RTI is through a three-tiered coordinated system of screening, effective classroom instruction, intervention supports, data-based decision making, and identification of students with specialized needs, including students with dyslexia. Within each tier, students receive instruction using scientifically based reading research. Students who make insufficient progress in initial tiers of instruction are provided more intensive and specific intervention to better meet their needs. Referral for a Level 2: Dyslexia Evaluation should occur whenever RTI indicates insufficient progress and the characteristics of dyslexia are present (Ark. Code Ann. § 6-41-603).

Tier I: Core Instruction

Tier I 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 appropriately 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.

Effective Tier I instruction is the first line of defense. It is critical that classroom teachers build skills in effective, research-based reading instruction that includes the five essential components (phonemic awareness, phonics, comprehension, fluency, and vocabulary) and provides differentiated instruction

to meet the needs of all students. If at any time students continue to struggle with one or more of these components, schools should follow their school RTI plan.

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 intense, 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 the 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.

Many students identified for Tier II may need an AIP/IRI. See Arkansas Department of Education Rules Governing the Arkansas Comprehensive

Testing, Assessment and Accountability Program and the Academic Distress

Program, August 2014, Section 7.0 Student Accountability regarding Academic

Improvement Plans (AIPs) and Intensive Reading Improvement (IRI) plans for

additional regulations regarding intervention programs for students exhibiting

substantial reading difficulty. AIPs and IRI plans require parental notification and

written consent.

Progress monitoring data is used to determine when a student is or is not

responding to intervention. Until a student maintains scores above the cut-point

for two consecutive cycles, progress monitoring is recommended at least every

two weeks. When a student is not making sufficient progress through two

consecutive cycles of progress monitoring, 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 RTI committee may consider further evaluation to determine the

nature of the reading problem and the severity of the reading difficulty (Ark. Code

Ann. § 6-41-604). This evaluation may include a Level 2: Dyslexia Evaluation,

Level 3: Comprehensive Dyslexia Evaluation, (and/or) evaluation for special education services. Before these specialized evaluations take place, the school should obtain written parental consent.

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 while participating in Tier II intervention may result in a referral for participation in an appropriate Tier III intervention. A school-based decision-making team typically recommends entry into any Tier III reading intervention based on evaluation results. Parents should be notified and included in this decision.

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. Students receiving Tier III intervention also receive frequent and ongoing progress monitoring.

Students exhibiting the characteristics of dyslexia will be evaluated for dyslexia. If it is determined that characteristics of dyslexia do exist, then the student shall be provided dyslexia therapeutic services (Ark. Code Ann. § 6-41-603). The students may remain the responsibility of general education. Referral

for Special Education may occur if a student fails to make progress. In Tier III,
teachers continue to track student learning, establish goals, plan instruction, and
make appropriate adjustments to instruction based on student progress to enable
students to achieve state achievement standards.

Section IV

Level 1: Universal Screening

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). Universal screening is the first step in identifying the students who are at risk for learning difficulties.

Universal screening measures consist of efficient assessments given to all students to identify those at risk for not meeting grade-level standards. The results should be used to evaluate the effectiveness of the core instructional program and to determine which students need additional assessments and/or interventions. While results of the universal screening will identify struggling learners, they will not provide all of the information needed to develop an instructional plan, including appropriate interventions. Teachers will need to administer additional diagnostic tools to pinpoint areas of basic early reading skills that need acceleration.

Who should be screened? According to Ark. Code Ann. § 6-41-603, a school district shall screen

1) Each student in kindergarten through grade two (K-2);
2) Kindergarten through grade 2 (K-2) students who transfer to a new school and have not been screened;
3) Kindergarten through grade 2 (K-2) students who transfer from another state and cannot present documentation that the student has had similar screening;
4) A student in grade three or higher experiencing difficulty, as noted by a classroom teacher.

Exemptions:

    1. Students with an existing dyslexia diagnosis.
    2. Students with a sensory impairment.

The screening components may not be appropriate for students with severe cognitive limitations. It is recommended that school staff work closely with district administrators to determine if the screening is appropriate for each student. Careful consideration must be given to any decision to exclude a student from screening.

The screening of students shall be performed with fidelity and include without limitation (Ark. Code Ann. § 6-41-603):

1) Phonological and phonemic awareness;

2) Sound symbol recognition;

3) Alphabet knowledge;

4) Decoding skills;

5) Rapid naming; and

6) Encoding skills.

Ark. Code Ann. § 6-41-603 designates the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) as the screening tool. However, additional screening assessments will need to be administered to measure components that are not measured by DIBELS.

All students enrolled in kindergarten through 2nd grade should be screened using selected subtests from the Dynamic Indicators of Basic Early Literacy Skills

(DIBELS) or the Dynamic Indicators of Basic Early Literacy Skills Next (DIBELS Next). DIBELS and DIBELS Next are a set of standardized, individually administered measures of early literacy development. They are used to screen students and identify those that might be at risk for reading difficulties.

The DIBELS cut-points for risk indicate the student is unlikely to achieve reading goals without receiving additional targeted intensive support. Intensive support refers to interventions that include something more or something different from the core curriculum or supplemental support.

Personnel administering the screener should be trained in the various screening tools. School resources and enrollment will influence individual district decisions about who is trained to give and score the screening tools. Because the data will be used to help guide instruction, classroom teachers should participate in screening and progress monitoring.

If the universal screening indicates a student has deficit areas, Response to Intervention (RTI) shall be used to address the needs of the student.

Universal screening is not required for all students in grades three and higher. However, Ark. Code Ann. § 6-41-603 states that a student in grade three 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.

Kindergarten

The measures at this level assess student development of phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, and decoding skills.

Kindergarten Administration: Recommended Mid-Year	
DIBELS Subtest	Required Component
Phoneme Segmentation Fluency (PSF)	Phonemic Awareness
Letter Naming Fluency (LNF)	Alphabet Knowledge
Nonsense Word Fluency (NWF)	Sound Symbol Recognition/Decoding Skills

In addition, all kindergarten students should be administered assessments to identify rapid naming and encoding skills.

Kindergarten Administration: Recommended Mid-Year	
Recommended Assessment	Required Component
**Arkansas Rapid Naming Screener	Rapid Naming Skills
*Developmental Spelling Analysis (DSA)	Encoding Skills

*Recommended screener for required testing area
** The Arkansas Rapid Naming Screener can be located on the ADE website.

First Grade

The measures at this level assess student development of phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, and decoding skills.

First Grade Administration: Recommended Beginning-Year	
DIBELS Subtest	Required Component
Phoneme Segmentation Fluency (PSF)	Phonemic Awareness
Letter Naming Fluency (LNF)	Alphabet Knowledge
Nonsense Word Fluency (NWF)	Sound Symbol Recognition/Decoding Skills

In addition, all first grade students should be administered assessments to identify rapid naming and encoding skills.

First Grade Administration: Recommended Beginning-Year	
Recommended Assessment	**Required Component**
**Arkansas Rapid Naming Screener	Rapid Naming Skills
*Developmental Spelling Analysis (DSA)	Encoding Skills

*Recommended screener for required testing area
** The Arkansas Rapid Naming Screener can be located on the ADE website.

Second Grade

The measures at this level assess student development of sound symbol recognition, decoding skills, and reading fluency.

Second Grade Administration: Recommended Beginning-Year	
DIBELS Subtest	**Required Component**
Nonsense Word Fluency (NWF)	Sound Symbol Recognition/Blending/Decoding Skills
Oral Reading Fluency (ORF)	Decoding Skills/Fluency

In addition, all second grade students should be administered assessments to identify phonemic awareness, alphabet knowledge, rapid naming and encoding skills. Districts may use DIBELS subtests and cut-points to screen phonemic awareness and alphabet knowledge or select another appropriate screener.

3rd – 12th Grade

Screening measures should be administered when a student in grades three or higher has difficulty, in phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, decoding skills, rapid naming, or encoding skills, as noted by a classroom teacher.

The DIBELS has an Oral Reading Fluency measure at third through 6th grade that assesses student development of decoding skills and reading fluency.

Third – Sixth Grade Administration: (As needed)	
DIBELS Subtest	**Required Component**
Oral Reading Fluency (ORF)	Decoding Skills/Fluency

In addition, third grade through sixth grade students should be administered informal assessments to identify weaknesses in phonemic awareness, alphabet knowledge, rapid naming and encoding skills.

At this time, DIBELS and DIBELS Next do not include measures for students 7th -12th grade. Therefore, teachers should use grade-appropriate informal inventories for phonological processing skills, reading, and spelling to determine a student's difficulty. The components to be assessed are

1) Phonological and phonemic awareness,

2) Sound symbol recognition,

3) Alphabet knowledge,

4) Decoding skills,

5) Rapid naming, and

6) Encoding skills.

Students in grades 7-12 who exhibit difficulties in two or more of these reading and spelling components, as noted by a classroom teacher, should be referred for a Level 2: Dyslexia Evaluation to determine if therapeutic services are warranted.

Section V

Level 2: Dyslexia Evaluation

Once it is determined that the universal screener indicates a student is at-risk for reading failure and a student does not adequately respond to Response to Intervention, additional screening by a trained professional using norm-referenced tests (Ark. Code Ann. § 6-41-603) is justified to determine if characteristics of dyslexia are present.

School districts should develop a process for referring students through the various tiers of the identification process. Once a student enters the RTI process, a school-based decision-making team should meet to review student records and progress, inform parents of concerns, and obtain parental consent when additional assessments are needed to determine if characteristics of dyslexia exist.

Implementing a process for identifying a pattern of strengths and weaknesses often found in dyslexia, can lead to effective identification of students with markers of dyslexia. Students exhibiting characteristics of dyslexia can receive therapeutic services using a multisensory, systematic, and explicit reading curriculum developed for dyslexia.

When considering a referral for Level 2: Dyslexia Evaluation, the school-based decision-making 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.

Norm-referenced, diagnostic assessments designed to measure the underlying cause, characteristics, and outcomes should be administered to identify the characteristics of dyslexia. The specific skills to be tested 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 sub-skill. For example, consider the Elision and the Blending subtest scores on the CTOPP-2 rather than the Phonological Awareness composite score.

The Luke Waites Center for Dyslexia and Learning Disorders at Texas Scottish Rite Hospital for Children created the *Characteristic Profile of Dyslexia* to aid in school-based identification of dyslexia. This profile provides five questions to consider when identifying student with characteristics of dyslexia. The 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 school-based decision making committee can answer 'yes' to all five key questions, the student can be determined eligible for therapeutic services. If it is determined that the students has functional difficulties in the academic environment due to dyslexia, the necessary accommodations or equipment for the student shall be provided under Section 504 of the Rehabilitation Act of 1973 (Ark. Code Ann. § 6-41-603).

Section VI

Level 3: Comprehensive Dyslexia Evaluation

According to Ark. Code Ann. § 6-41-604, if a student's performance on a Level 2: Dyslexia Evaluation under Ark. Code Ann. § 6-41-603 indicates the need for dyslexia therapy services, the school district may, but is not required to perform a Level 3: Comprehensive Dyslexia Evaluation in addition to the required Response to Intervention (RTI) under Ark. Code Ann. § 6-41-603. If a parent or legal guardian chooses to have an independent evaluation for the student, the school district shall consider the diagnosis from the independent evaluation and allow the student to receive direct intervention from a dyslexia therapist (Ark. Code Ann. § 6-41-604).

The purpose of the Level 3: Comprehensive Dyslexia Evaluation is diagnosis, intervention planning, and documentation. Since diagnosis is involved, this level of evaluation should be conducted by a professional with an advanced degree in administration and interpretation of diagnostic assessments. Titles of some individuals with this type of advanced degree are Licensed Psychologist, Licensed Psychological Examiner, School Psychology Specialist, and Speech Language Pathologist. 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.

There is no single test for dyslexia. Diagnosis involves data gathering and observation of areas such as expressive and receptive language skills, intellectual functioning, cognitive processing and educational achievement. A comprehensive dyslexia evaluation is used to determine if the student's learning problems are specific to reading or whether they are related to other disorders like ADHD, anxiety, depression, Central Auditory Processing Disorder, or other physical or sensory impairments.

A Level 3: Comprehensive Dyslexia Evaluation is not required for a student to receive dyslexia therapy. This is considered additional information for struggling students. If characteristics of dyslexia are documented by the Level 2: Dyslexia Evaluation conducted by a trained professional, services will be provided.

Section VII

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 includes a multisensory approach that includes ...reading, spelling, and writing as appropriate. Components of effective 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 inputs, 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.

Students with dyslexia should receive an appropriate, specialized dyslexia instructional program that:

- Is delivered by a professional who has completed training and obtained certification in dyslexia therapy from personnel with expertise in dyslexia (Ark. Code Ann. §§ 6-41-602; 6-41-605)

- Provides systematic, research-based instruction (Ark. Code Ann. § 6-41-602)

- Includes instruction that is multisensory addressing two or more sensory pathways during instruction or practice (Ark. Code Ann. § 6-41-602)

- Provides instruction in the essential components of reading in a small-group setting including phonemic awareness, graphophonemic knowledge, structure of the English language, linguistic instruction, and strategies for decoding, encoding, word recognition, fluency, and comprehension (Ark. Code Ann. § 6-41-602)

Components of Intervention

Students with dyslexia may require intervention in the following components:

- **Phonemic Awareness**: Phonemic awareness enables a student to detect, segment, blend, and manipulate sounds in spoken language

- **Graphophonemic Knowledge**: Graphophonemic knowledge refers to the letter - sound plan of English, including knowledge of the relationship between letters and sounds.

- **Structure of the English Language**: English language structure consists of morphology (understanding the meaningful roots and affixes that make up words in the language), semantics (understanding how language carries meaning), syntax (understanding the conventions and rules for

structuring meaningful sentences), and pragmatics (understanding how language conveys meaning in specific situations)

- **Linguistic Instruction**: Linguistic instruction is aimed toward improving student proficiency and fluency with the patterns of language so that words and sentences are carriers of meaning; and

- **Strategies for Decoding, Encoding, Word Recognition, Fluency, and Comprehension**: Strategy-based instruction includes step by step processes for reading and spelling words and text with accuracy, fluency, and understanding

Instructional Delivery

Therapists should provide explicit, direct, systematic and cumulative instruction that is individualized to support learning and focused on meaning. Additional intervention considerations include multisensory instruction to meet student needs.

- **Explicit, Direct Instruction** (Ark. Code Ann. § 6-41-605): Explicit, direct instruction includes the overt teaching and modeling of the steps and processes needed to learn and apply new knowledge. Explicit, direct instruction targets the specific needs of the students without presuming prior skills or knowledge.

- **Systematic Instruction** (Ark. Code Ann. § 6-41-605): Systematic instruction is sequential, cumulative instruction that follows a logical plan and progresses from easiest to most complex with careful pacing to ensure students successfully master each step in the process. Systematic

instruction includes scaffolded support for accomplishing each learning

step by breaking down complex skills into manageable learning steps and

providing temporary supports to control the level of difficulty as students

gain mastery

- **Individualized Instruction** (Ark. Code Ann. § 6-41-605): Individualized

  instruction is designed to meet the specific needs of the student in a small

  group setting. Individualized instruction is intensive and highly

  concentrated instruction that focuses on the student's area(s) of primary

  difficulty and the instructional delivery necessary to assist students in

  accelerating their learning, maximizing student engagement in the process

  of learning.

- **Meaning-based Instruction** (Ark. Code Ann. § 6-41-605): Meaning-

  based instruction includes instructional activities that are directed at

  purposeful reading and writing tasks with an emphasis on comprehension

  and composition.

- **Multisensory Instruction** (Ark. Code Ann. § 6-41-605): Multisensory

  instruction incorporates the simultaneous use of two or more sensory

  pathways during teacher presentations and student practice.

*Note: Arkansas law related to instructional approaches for dyslexia is directly

matched in wording to Texas law for dyslexia. As a result, this section of the

Arkansas Dyslexia Resource Guide matches the wording of the Texas Dyslexia*

Resource Guide whenever the mandated items in the Arkansas law are

referenced or quoted.

Section VIII

Dyslexia Therapist Training and Approved Programs

Dyslexia therapy is defined as an appropriate specialized dyslexia instructional program that is delivered by a dyslexia therapist. These programs are often referred to as *multisensory structured language programs*. The principles of instruction and content of a multisensory structured language program are outlined in Section VII: Instructional Approaches for Students with Dyslexia.

A dyslexia therapist is defined in the law as a professional who has completed training and obtained certification in dyslexia therapy from a dyslexia therapist training program (Ark. Code Ann. § 6-41-602). A school district shall have individuals serving as dyslexia interventionists at the therapeutic level, no later than the 2015-2016 school year (Ark. Code Ann. § 6-41-607).

The ADE approves *dyslexia therapy programs* that meet the following criteria:

1. A dyslexia therapy training program must be nationally accredited and have a certification exam, administered by a national certifying professional organization.

2. If not accredited, a training course must be aligned with the International Multisensory Structured Language Education Council (IMSLEC) or International Dyslexia Association (IDA) accreditation standards. In addition, the course must qualify participants to take a certification exam, administered by a national certifying professional organization.

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The ADE approves *dyslexia therapy programs* that are nationally accredited by International Dyslexia Association (IDA) or International Multisensory Language Education Council (IMSLEC).

Participants who successfully complete an IMSLEC accredited course are eligible to take the Alliance Registration Exam for Multisensory Structured Language Education administered by the Academic Language Therapy Association (ALTA). Participants passing the Alliance Registration Exam earn the title of Certified Academic Language Therapist (CALT). This certification allows an individual to provide therapeutic services to students with characteristics of dyslexia.

IDA accredits university teacher training programs and independent teacher training programs that demonstrate meeting IDA's Knowledge and Practice Standards for Teachers of Reading (http://www.interdys.org/standards.htm). As a non-profit, scientific, educational organization, IDA is dedicated to the study and treatment of dyslexia and other related language-based learning disorders. Individual certification based on IDA's Knowledge and Practice Standards for Teachers of Reading is currently under development.

Until there is a sufficient number of graduates from a dyslexia therapy program established at the university level in Arkansas or another state that is approved by the Arkansas Department of Education, the department shall allow dyslexia therapy to be provided by individuals who have received training and certification from a program approved by the ADE (Ark. Code Ann. § 6-41-605).

Arkansas Department of Education
August 2014

If the school district determines the following five (5) criteria are met within a dyslexia program, that program is considered approved and may be used for dyslexia. No application is required.

1. The training course is delivered by a certified trainer in the selected dyslexia program;

2. The training and program is systematic and researched based;

3. Instruction is multisensory;

4. Provides small group instruction in the essential components of reading including phonemic awareness, graphophonemic knowledge, and structure of the English language, linguistic instruction and strategies for decoding, encoding word recognition, fluency and comprehension; and

5. The program is approved by another state department of education as an approved dyslexia program.

If the program meets criteria 1-4 but is not recognized as an approved program by another state department of education, the district must submit the Dyslexia Program Approval Form to ade.dyslexia@arkansas.gov.

Section IX

Professional Awareness

Professional awareness is key to early and appropriate referrals for dyslexia evaluations. In addition, comprehensive instructional programs for students with dyslexia are dependent on informed and knowledgeable teachers, interventionists, and therapists. The law requires that no later than the 2014-2015 school year, each teacher shall receive professional awareness on:

1. The indicators of dyslexia; and

2. The science behind teaching a student who is dyslexic

(Ark. Code Ann. § 6-41-608).

The Arkansas Department of Education (ADE) has approved a course offered through ArkansasIDEAS on-line professional development portal (http://www.arkansasideas.org). This course, *Dyslexia: A Three Part Professional Development*, meets the requirements of the law.

Alternatively, the law allows for professional awareness to be provided through education service cooperatives or at another venue approved by ADE (Ark. Code Ann. § 6-41-608). The teacher should receive written documentation when completing any approved dyslexia professional awareness.

Professional development providers interested in delivering this professional awareness piece should apply for ADE approval through the Arkansas Professional Development Submission and Management System (PDSAM) at http://arpdsam.org.

Section X

Reporting By School Districts

The superintendent of a school district annually shall report the results of the school district screening required under Ark. Code Ann. § 6-41-603. School districts will report the results electronically in a format designed and distributed by the Arkansas Department of Education.

Appendix A

Glossary

Accommodation – a change that helps a student overcome or work around a disability. For example, allowing a student who has trouble writing to give his answers orally is an example of an accommodation. The student is still expected to know the same material and answer the same questions as fully as the other students, but he doesn't have to write his answers to show that he knows the information.

Comprehension – understanding the intended meaning of language.

Core Instruction – the curriculum and instructional practices that are provided to all students in the general education setting.

Cut-point – a score on the scale of a screening tool or a progress monitoring tool. Educators use the cut point to determine whether the student has demonstrated adequate response, whether to administer additional assessments, whether to make an instructional change, and whether to move the student to more or less intensive services.

Decoding – to translate words, word parts, or nonwords into their corresponding pronunciation.

Diagnostic Assessment – assessments used to measure current skills and knowledge, often for the purpose of educational planning.

Differentiated Instruction – varying educational practices to meet the needs of different students.

Dyslexia – a specific learning disability characterized by difficulties with accurate and fluent word recognition, poor spelling and decoding abilities that typically result from the phonological component of language, and are often unexpected in relation to other cognitive abilities.

Elision – the ability to identify the remaining word when a specified sound is deleted.

Encoding – to translate spoken language into print.

Evaluation – procedures used to make judgments or appraisals.

Explicit Instruction – teaching marked by stating concepts clearly and leaving no room for confusion or doubt.

Fluency – performing with speed and accuracy.

Graphophonemic Awareness – knowledge of the correspondences between the symbols of a written language and their corresponding sounds.

Individualized Instruction – adapting instructional procedures to the needs of the individual student.

Individuals with Disabilities Education Act (IDEA) – the law that outlines rights and regulations for students with disabilities in the U.S. who require special education.

Intervention – activities designed to improve or remediate performance in a given area.

Learning disabilities – a disorder in one or more of the basic psychological processes in understanding or using language, spoken or written, that may

manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

Linguistic Instruction – instruction aimed toward improving student proficiency and fluency with the patterns of language so that words and sentences are carriers of meaning.

Meaning-based Instruction – instruction that is focused on purposeful reading and writing tasks with an emphasis on comprehension and composition.

Morphological Awareness – awareness of the semantically meaningful units and structure of words.

Multisensory Instruction – instruction that incorporates the simultaneous use of two or more sensory pathways (visual, auditory, kinesthetic, and tactile) during teacher presentations and student practice.

Norm-referenced Test – an assessment that provides an estimate of the student's performance compared to other students in the population of the same age or grade.

Orthographic Knowledge – information in memory of how to represent spoken language in a written form.

Phonemic Awareness – the ability to recognize and manipulate individual sounds in spoken words.

Phonics – a systematic process for teaching sound-symbol relationships and their use in reading and spelling words.

Phonological Awareness – the ability to recognize and manipulate the sound system in spoken language; encompasses the entire continuum of skills related to the awareness of the phonological structure of language.

Progress Monitoring – efficient, frequent, dynamic assessment of targeted skills to examine student growth and examine effectiveness of instruction.

Research-based Instruction – instruction that is based on the findings of scientific research.

Response to Intervention – a multi-tiered decision-making process for providing effective instruction and intervention based on students' performance and progress.

Screening Assessment – an efficient assessment given to all students to identify students who are at risk for not meeting grade-level standards.

Sensory impairment – a vision or hearing impairment, or a combination of both, that cannot be corrected to a degree that the student can receive educational benefit from print and/or auditory information.

Strategy-based Instruction – providing instruction in the step-by-step processes needed for students to independently complete complex tasks.

Systematic Instruction – a sequential plan of instruction that progresses from simple to more complex concepts and skills.

Vocabulary – words understood and used when listening, speaking, reading, and writing.

Appendix B

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Appendix C

Definition of Dyslexia

Dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge. - Adopted by IDA: November 2002

Characteristics of Dyslexia

Underlying Cause:

Deficit in the phonological processing

Characteristics:

Difficulty reading real words in isolation

Difficulty accurately decoding nonsense or unfamiliar words

Poor reading fluency (rate, accuracy, labored)

Poor spelling

Outcomes:

Difficulty with reading comprehension

Reduced reading experience that limits vocabulary and background knowledge

Appendix D

Accommodations

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.

Reading

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

Writing

- 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

Testing

- Provide extra time
- Review directions orally
- Read tests orally
- Allow dictated responses

Homework

- Reduce reading and writing requirements
- Limit time spent on homework
- Provide extra time

Instruction

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

Classroom

- 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 E
Assembling a Test Battery for the
Level 2: Dyslexia Evaluation

UNDERLYING CAUSE

PHONOLOGICAL AWARENESS
> ***CTOPP - 2*** (Comprehensive Test of Phonological Processing) - Phonological Awareness
> Composite - Elision, Blending Words and Phoneme Isolation or Sound Matching subtests
> make up this composite
> ***PAT - 2*** (Phonological Awareness Test - 2) - first six subtests
> ***KTEA - II*** (Kaufman Test of Educational Achievement, Second Edition)**
> ***WRMT - III*** - Phonological Awareness

RAPID NAMING
> ***CTOPP - 2***- Rapid Naming Composite
> ***KTEA - II*** - Rapid Automatized Naming
> ***WRMT - III*** - Rapid Automatic Naming

Letter Knowledge
> ***PAT - 2*** - Graphemes
> ***WRMT - III*** (Woodcock Reading Mastery Test Ill) Letter Identification

CHARACTERISTICS

DECODING
> ***PAT - 2*** - Decoding
> ***KTEA - II***
> ***WIAT - III*** (Wechsler Individual Achievement Test - 2nd edition) - Pseudoword Decoding
> ***WJ - III*** (Woodcock-Johnson Tests of Achievement - 3rd edition) - Word Attack
> ***WRMT – III*** - Word Attack

WORD RECOGNITION
> ***KTEA - II***
> ***WIAT - III**** - Word Reading
> ***WJ - III*** - Letter-Word Identification
> ***WRAT - 4*** (Wide Range Achievement Test - 4th edition) - Reading
> ***WRMT - III*** - Word Identification

**Advanced examiner qualifications required

FLUENCY
Oral Reading Accuracy
      GORT - 5 (Gray Oral Reading Test - 5th edition) - Accuracy score

Oral Reading Rate
      GORT - 5 - Rate score

Oral Reading Fluency (Rate and Accuracy as a Composite only)
      *KTEA - II***
      TOWRE - 2 (Test of Word Reading Efficiency) - Sight Word Efficiency, Phonemic Decoding
      Efficiency, and Total Word Reading Efficiency WIAT-111- Oral Reading Fluency **
      WJ – III - Reading Fluency
      WRMT – III - Oral Reading Fluency

SPELLING
      *KTEA - II***
      TWS - 4 (Test of Written Spelling - 4th edition) - Spelling
      *WIAT - III*** - Spelling
      WJ – III - Spelling
      WRAT - 4 - Spelling

OUTCOMES

READING COMPREHENSION
      GATES (Gates-MacGinitie Reading Tests) - Silent reading comprehension
      GORT-5– Oral reading comprehension
      GSRT (Gray Silent Reading Tests) - Reading comprehension
      *KTEA - II***
      *W/AT - III***– Reading comprehension
      WJ - III - Passage Comprehension
      WRAT - 4– Sentence Comprehension
      WRMT - III - Passage Comprehension

Written Expression
      *KTEA - II***
      TOWL - 3 (Test of Written Language - 3rd edition) - Overall writing quotient
      *WIAT - III*** - Written Expression
      WJ - III - Writing Samples

**Advanced examiner qualifications required

Adapted from the Characteristic Profile of Dyslexia
– Revised 7/2014, Texas Scottish Rite Hospital for Children