



CASP Position Paper Dyslexia and Assembly Bill 1369

INTRODUCTION

In October 2015, Governor Jerry Brown signed into law Assembly Bill 1369. This bill requires “the Superintendent of Public Instruction to develop... program guidelines for dyslexia to be used to assist regular education teachers, special education teachers and parents to identify and assess pupils with dyslexia and to plan, provide, evaluate and improve educational services ... to pupils with dyslexia.” This issue has been addressed previously: AB 3040, which was signed into law in 1990, required the Superintendent to “develop program guidelines for use in providing educational services to pupils with dyslexia and related disorders” and to “disseminate these guidelines and provide technical assistance.” Response to Instruction and Intervention (RtI²) models, now incorporated into Multi-Tiered Systems of Support or MTSS, grew out of efforts to more adequately address early reading difficulties (California Department of Education Definition of MTSS (<http://www.cde.ca.gov/ci/cr/ri/mtsscomprti2.asp>)).

CASP acknowledges the importance of addressing the needs of students with dyslexia. The consequences of reading failure are significant: children who are poor readers in third grade are four times less likely to complete high school on time than proficient fourth grade readers (Hernandez, 2012); children with poor reading in first grade are 72% less likely to attain higher education than their proficient reading peers (McLaughlin, Speirs, Shennassa, 2012). Early intervention is critical to addressing the needs of these students, as it is virtually impossible to “catch up” if intervention is not provided within the early years (Catts, Hogan & Fey, 2003). As school psychologists, we are aware of the educational toll of poor reading as reading problems constitute 80% of all special education referrals (Lyon et. al, 2001).

The needs of students with dyslexia have been and will continue to be addressed through special education for those students who meet criteria under the federal Individuals with Disabilities Education Act amended in 2004 (IDEA), and who need Specialized Academic Instruction as currently outlined in Section 56337.5 of CA Education Code, or through an Americans with Disabilities Act (ADA) Section 504 Plan when their needs can be met in the general education setting. AB 1369 does not change the eligibility criteria for special education services or accommodations through a 504 Plan. As stated in U.S. Department of Education guidance letter dated October 23, 2015:

... Schools identify students at risk for poor learning outcomes, including those who may have dyslexia, dyscalculia, or dysgraphia; monitor their progress; provide evidence-based interventions; and adjust the intensity and nature of those interventions depending on a student’s responsiveness. Children who do not, or minimally, respond to interventions must be referred for an evaluation to determine if they are eligible for special education and related services (34 CFR §300.309(c)(1)); and those children who simply need intense short-term interventions may continue to receive those interventions.

It is hoped that efforts associated with AB 1369 will highlight the importance of monitoring the early reading progress of all students and providing appropriate early interventions within

general education. Monitoring students' reading progress and providing remediation within general education are critical to ensuring reading success for all students as well as helping to identify students with dyslexia. In responding to AB 1369, CASP sees its primary goal as helping to reduce reading failure for all students.

In this position paper we identify those aspects of identification and intervention for students with dyslexia that we believe are essential in meeting the mandate of AB 1369. The principles put forth in this document derive from the common elements of definitions of dyslexia (see attached definitions) best practices in assessment and intervention, and from education law.

EARLY INSTRUCTION AND INTERVENTION

Research suggests that systematic, explicit instruction is most effective in teaching and improving reading skills (Gersten, et al., 2009; Joseph, 2015; International Dyslexia Association; National Reading Panel, 2000). Strong classroom reading instruction is critical to children gaining the necessary foundational reading skills: prevention is the first line of intervention. In a Response to Instruction and Intervention (RtI²) model, all students receive core instruction using Universal Design for Learning (Tier 1) Instruction. Those students who do not meet the Tier 1 benchmark assessment criteria may receive additional Tier 1 instruction or may be referred for a different instructional program or intervention (Tier 2). Districts must ensure that they provide high-quality, evidenced-based reading instruction to all students (Tier 1) with differentiated instruction as needed. All reading instruction should be continuously monitored for fidelity of implementation and effectiveness for each child across every classroom within the school (Cortiella & Horowitz, 2014). If issues with fidelity of implementation are found within Tier 1 reading instruction, e.g. not following the steps and sequence of the program, not giving the student the proscribed number of minutes of instruction and practice each day, or not implementing the program for the length of time needed to produce change, those issues should be resolved first before moving to the next level of intervention designed for struggling readers. Sound reading programs focus on the BIG IDEAS in early literacy: Phonemic awareness, alphabetic principle, accuracy and fluency with text, vocabulary, and comprehension (National Reading Panel, 2000).

A districtwide universal screening process specifically designed to measure reading skills is a key element to determining the needs of the students. The results from the universal screening should be analyzed for the purposes of informing and guiding instruction and intervention within schools. Universal screening can provide both student data (who needs intensive instruction and intervention) and instructional data (what needs to be taught, e.g. phonemic awareness, vocabulary). Some students – roughly 15% -- will require small group instruction (Tier 2) in up to three of the foundational reading skills, 3-5 days per week, 20-40 minutes per session intervention is in addition to the core curriculum/instruction (National Association of Elementary School Principals, 2011). A smaller percentage of students – roughly 5% -- will require intensive instruction (Tier 3) that focuses on fewer skills and provides extended daily sessions.

When implementing Tier 2 and Tier 3 interventions to assist struggling readers, school districts are obligated to use evidence-based interventions that have been shown through research to be effective for specific groups of students with specific learning problems. Data gathered on individual students through classroom and district assessments help to provide the necessary information to select appropriate interventions. There are several intervention programs available, but it is important to select one that is both evidenced-based and addresses the needs of the students as revealed by data.

NEED FOR COMPREHENSIVE EVALUATION

A student who fails to make expected progress following Tier 2 evidence-based interventions implemented with fidelity, may be referred for an evaluation to determine the child's need for special education and related services. Special education law, both the federal Individuals with Disabilities Education Act or IDEA (2004) and California Title 5 Code of Regulations (2014) have a "child find" mandate (<http://www.wrightslaw.com/info/child.find.mandate.htm>). This mandate requires school personnel to locate, identify, and evaluate all children from birth through age 21 with disabilities and those who may need special education services. When a child is evaluated for special education, the assessment must be completed by a multidisciplinary team. In most cases, members of the multidisciplinary team include the teacher, special education teacher, school nurse or health professional, and a professional with special knowledge of the area of suspected disability, such as the school psychologist or speech and language specialist. Parents are also members of the multidisciplinary team, since they know their child better than anyone else. Providing parents/caregivers with greater knowledge regarding dyslexia, as is the intent of AB 1369, will foster their understanding of the assessment process. The evaluation covers multiple domains, including health; hearing and vision; developmental and educational history; cognitive functioning; academic or pre-academic skills; and specific cognitive processes such as memory, attention, and phonemic awareness; observations in the school setting; and other areas that may be relevant to the pupil's learning. When a child is suspected of having dyslexia, it is essential to have a health professional test the pupil's hearing and vision, and to refer and correct any problems with hearing or vision that may impact the student's learning. Oral language screening by a speech and language specialist may also be recommended to assess listening, receptive understanding, expressive language, auditory discrimination, and vocabulary. A family history, especially if other family members had or have reading or learning problems, provides important information. The child's health and developmental history may uncover past or current illnesses or injuries that could affect learning.

If parents suspect their child may have difficulty learning to read, they should talk with the child's teacher, principal, or school team about their concerns. Parents can inquire about methods or interventions being used to help the student learn to read. When early interventions have been tried with fidelity but the child is still struggling to learn to recognize or sound out letters and words, or is not reading fluently, a referral for a comprehensive evaluation may be needed. While CASP strongly believes in the importance of early intervention and data gathering within general education it is important to note that the use of an MTSS or RtI model "may not be used to delay or deny a full and individual evaluation of a child suspected of having a disability (OSERS, 2015)."

Parents and the child's teacher are vital members of the multidisciplinary assessment team. Critical to any assessment of dyslexia is a professional with specialized knowledge of brain functions, learning, and learning disorders, such as a school psychologist, as a member of the team. School psychologists have advanced training in individual administration of standardized tests of learning and cognitive functions. They understand test construction and measurement, validity, and reliability; knowledge that helps them to interpret an individual student's performance across various domains of functioning. In assessing for dyslexia, the school psychologist and other team members will use a variety of observations and tools to measure the abilities that underlie reading. The psychologist will also examine and identify or rule out other possible contributors to reading disorders such as problems with visual discrimination, memory, or attention. Further, school psychologists will consider such factors as language status and educational background in their assessments. School psychologists have the

education and training to consider all aspects of the child's functioning and the multiple factors that can impact reading.

Key assessment areas in the evaluation of dyslexia are the group of abilities commonly known as "phonological processing." Phonological processing refers to the child's use of speech sounds and patterns to make meaning from spoken and written words. These skills include phonological (speech sound) awareness, phoneme identification, phonological memory, rhyming, blending, sound deletion and segmentation. Speed of lexical access and speed of naming are also strong predictors of reading disorders (Joseph, 2015). Orthographic (recognizing, remembering and writing letters and words) factors are evaluated in an assessment for dyslexia, as reading and writing are highly correlated.

INTENSIVE INSTRUCTION AND INTERVENTIONS

Students who have been identified with dyslexia may be offered a continuum of services based upon their identified needs: special education, a 504 Plan, or general education. The level of service is based on the intensity of need. Assessment teams will define student needs, which in turn will determine the appropriate program. A student with severe dyslexia who needs specialized instruction in order to access the general education curriculum will likely require special education services. A student with dyslexia who is able to participate adequately within the general education curriculum when provided with appropriate accommodations and services (e.g. more time on tests, books on tape) would likely be served by a 504 Plan. Other students who have dyslexia may function adequately without specialized instruction or accommodations. Interventions provided within special education differ from those provided in general education as part of a multi-tiered system of supports (or RTI²). Intensity is increased through frequency of instruction, increased time on specific skills, lower student to teacher ratio and specialized instruction. It is important to balance the need and value of these intensive services with the academic benefits of participating in the general education classroom.

"Experiencing most academic instruction within general education is typically associated with better outcomes for students with disabilities. It also reflects a core requirement of IDEA, known as "least restrictive environment," specifying that students with disabilities – to the maximum extent possible – must be educated with their peers who do not have disabilities" (Cortiella & Horowitz, 2014, p.16).

For those students needing specialized instruction, such as those qualifying as having a specific learning disability (e.g. dyslexia), there are clear guidelines on the characteristics of appropriate interventions:

First, IDEA stresses the importance of research-based interventions and highly qualified teachers. This means that IEP teams need to be aware of the research base regarding reading interventions. Teams should not support an intervention that lacks any research-based support, even if parents may feel it is the best option for their child (NASP, 2009). No Child Left Behind, the predecessor to the newly released Every Student Succeeds Act (2015), required evidence-based instruction for all students. It is important that the intervention provided has a high chance of success, and it would be ethically wrong to support an intervention that did not.

Second, because children who qualify for special education need to have every educational minute count, it is critical that the intervention used be appropriate for the identified needs of the child. The first choice should be an intervention with a proven record of success (evidence-based). The second choice would be an intervention that is research-based, meaning that it has

been developed based on principles that have been shown to be effective. Unlike evidence-based interventions, research-based programs may not yet have adequate data to meet standards for being evidence-based but show promise. It is important that all educators are aware of how to access information on reading interventions and assess the effectiveness for any given student. CASP encourages educators to be aware of resources for information regarding reading interventions and effectiveness. Examples of such resources include the What Works Clearinghouse (funded by U.S. Department of Education) and the Best Evidence Encyclopedia (<http://ies.ed.gov/ncee/wwc/>; <http://www.bestevidence.org/>). These two resources provide information regarding research evidence on effectiveness. The IRIS Center also provides excellent training modules on choosing evidence-based interventions and on monitoring progress for students receiving interventions (<http://iris.peabody.vanderbilt.edu/>).

Third, when choosing an intervention, it is important to consider the student characteristics as well as the setting in which the intervention will be provided. Not only must the intervention itself have a strong likelihood of success, but it also must have a likelihood of success with students resembling the student needing the intervention.

Fourth, there are certain agreed-upon characteristics that are important to interventions for students with dyslexia. The National Reading Panel (2000) listed five components of reading instruction that are relevant to both general education instruction and intervention: phonemic awareness, phonics, fluency, vocabulary and text comprehension. Interventions for students with dyslexia should be structured, systematic, explicit and involve diagnostic teaching. Students with dyslexia need to be taught using an intervention that has a clear sequence of skills, is explicit (i.e. students are directly taught the skills they need to know) assures mastery of basic skills such as phonemic awareness and monitors progress regularly. The International Dyslexia Association recommends a *Structured Literacy* approach to teaching reading. Structured Literacy instruction consists of several components: phonology, sound-symbol association, syllable, morphology, syntax, and semantics for comprehensive dyslexia instruction (<http://eida.org/effective-reading-instruction/>).

Fifth, these students need to be taught by a teacher trained in the intervention who understands reading development, how to meet the needs of unique learners and can provide for diagnostic teaching. It is important to note that students with dyslexia may also have difficulties in other areas, thus teachers need to be capable of addressing multiple areas of need.

FURTHER CONSIDERATIONS

Reading is a multifaceted process involving word recognition, comprehension, fluency, and motivation (<http://www.readingrockets.org/article/what-reading>). Physical, sensory, cognitive, linguistic, cultural, home and health factors impact students' reading success.

Language and cultural factors. Instruction, intervention, and assessment of students who are English learners (ELs) is no simple task. Education of these students requires substantial knowledge of language acquisition processes and their implications for academic achievement. This knowledge informs educators that instructional and intervention needs of EL students differ from the needs of their monolingual English-speaking peers. Therefore, RtI² practices intended for ELs must be tailored to their linguistic needs because traditional RtI² programs alone are not sufficient to allow them to overcome the academic challenges they face when instructed in a language different from that spoken in their home and supported by their parents (Brown & Ortiz, 2014). Caution should be used in screening and assessing EL students for the purposes of identifying a reading disability such as dyslexia, especially when educational staff may not have specialized knowledge, training and practice for instruction and intervention with ELs.

Learning disorders and mental health: California Department of Education indicated that over 700,000 students received special education and related services during the 2013-2014 school year. Of those 700,000, the largest group was students identified with a Specific Learning Disability, numbering 280,000 (AB 1369). Most students with a Specific Learning Disability who received special education and related services demonstrated difficulty with reading. Life outcomes for students with learning disorders, especially reading disorders, can vary: while many experience success in school and life when they receive the appropriate educational supports, others face higher dropout rates, lower rates of postsecondary education, and poorer overall mental health (Cortiella & Horowitz, 2014). These outcomes can be improved by offering a continuum of school and community educationally related mental health supports beyond specialized academic instruction. School psychologists must work to improve school-community collaboration to provide integrated and coordinated mental health care, as well as to empower families to manage the myriad decisions and resources necessary to meet their child's needs. (Brant & Brock, 2015).

Training. Guidelines to assist teachers and parents in the assessment and intervention of students with dyslexia are also required in AB 1369. It will be important to understand how this portion of the bill will manifest itself at the school site level. Additional training for both school personnel and parents is an important part of the efforts associated with AB 1369. CASP anticipates being an active partner with parents and educators in providing training on progress monitoring, assessment, identification, and interventions for students with dyslexia. Working together as partners in understanding the assessment, intervention, and overall nature of the disorder, we hope to improve outcomes for all students that experience reading challenges.

Funding. Funding is always a concern when attempting to implement new assessment practices and programs. The California Department of Education will receive funding in the amount of \$170,000 for the initial costs to implement AB 1369, and \$110,000 for follow-up costs. This funding includes staff support to California Department of Education for regulatory reform, technical support, and the development and dissemination of guidelines. Implementing these guidelines will be the responsibility of districts and institutions of higher education. School personnel and other interested parties can work together to assure adequate funding for implementation of the efforts put forth in AB 1369.

SUMMARY

Reading is a complex process involving numerous cognitive functions. A deficit in one or more of these underlying processes can seriously affect a child's ability to read. The incidence of reading disorders, including dyslexia, varies. Estimates range from 5% to 11.8% (Katusic, Colligan, Barbaresi, Schaid, & Jacobsen, 2001) and 17% to 20% (Shaywitz, 2005), depending upon the definition used. Research on dyslexia and other learning disabilities continues to advance. Diagnostic tools are being improved, but no test exists today whose scores alone can diagnose dyslexia. CASP recognizes the importance of monitoring the early reading progress of all students and providing appropriate early interventions within the general education setting. Monitoring students' reading progress and providing remediation within general education are critical to ensuring reading success for all students as well as helping to identify students with dyslexia. CASP is committed to working with parents, educators, institutions of higher learning, and the California Department of Education to implement AB 1369 through education, training, research and dissemination of best practices in assessment and intervention to better identify and help students overcome dyslexia.

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DEFINITIONS OF DYSLEXIA

International Dyslexia Association, National Institute of Child Health and Human Development:
Dyslexia is a specific learning disability that is neurobiological 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 IDA Board of Directors, Nov. 12, 2002.

National Institutes of Neurological Disorders and Stroke:
Dyslexia is a brain-based type of learning disability that specifically impairs a person's ability to read. These individuals typically read at levels significantly lower than expected despite having normal intelligence. Although the disorder varies from person to person, common characteristics among people with dyslexia are difficulty with spelling, phonological processing (the manipulation of sounds), and/or rapid visual-verbal responding. In adults, dyslexia usually occurs after a brain injury or in the context of dementia. It can also be inherited

in some families, and recent studies have identified a number of genes that may predispose an individual to developing dyslexia.

ICD 10 Specific Reading Disorder (applicable to dyslexia)

<http://www.icd10data.com/ICD10CM/Codes/F01-F99/F80-F89/F81-/F81.0>

- *A cognitive disorder characterized by an impaired ability to comprehend written and printed words or phrases despite intact vision. This condition may be developmental or acquired. Developmental dyslexia is marked by reading achievement that falls substantially below that expected given the individual's chronological age, measured intelligence, and age-appropriate education. The disturbance in reading significantly interferes with academic achievement or with activities of daily living that require reading skills. (from dsm-iv)*
- *A learning disorder characterized by an impairment in processing written words. Reading difficulties can include distortions, omissions or substitutions of characters. Oral and silent reading difficulties can include faulty and slow comprehension.*
- *A learning disorder marked by impairment of the ability to recognize and comprehend written words.*
- *Condition characterized by deficiencies of comprehension or expression of written forms of language.*
- *Inability or difficulty reading, spelling, or writing words despite the ability to see and recognize letters; a familial disorder with autosomal dominant inheritance that occurs more frequently in males.*
- *Reading disorder involving an inability to understand what is read. Less severe than alexia*

The World Health Organization (WHO)

A disorder manifested by difficulty learning to read, despite conventional instruction, adequate intelligence and sociocultural opportunity. It is dependent upon fundamental cognitive disabilities which are frequently of constitutional origin". ICD-10, The International Statistical Classification of Diseases and Related Health Problems, tenth revision ICIDH-2, The International Classification of Impairments, Activities, and Participation

Diagnostic and Statistical Manual – 5

DSM-5: Specific learning disorder is a neurodevelopmental disorder with a biological origin that is the basis for abnormalities at a cognitive level that are associated with the behavioral signs of the disorder. The biological origin includes an interaction of genetic, epigenetic, and environmental factors, which affect the brain's ability to perceive or process verbal or nonverbal information efficiently and accurately.

NOTE: *Dyslexia* is an alternative term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities. If dyslexia is used to specify this particular pattern of difficulties, it is important also to specify any additional difficulties that are present, such as difficulties with reading comprehension or math reasoning.

Difficulties learning to map letters with the sounds of one's language – to read printed words (often called dyslexia) – is one of the most common manifestations of specific learning disorder.

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