



Dyslexia: A Four-Part Professional Development

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Module Two

Dyslexia: Formal Evaluation, Testing and Diagnosis

In the first module we defined dyslexia, heard from students themselves about its learning and emotional challenges, and reviewed the signs and signals to watch for in the classroom. That's important because Response to Intervention models provide accommodations and interventions that can be provided to struggling students prior to a formal referral for testing.

"I think a lot of educators might be a little bit reluctant to refer right away for testing when they are seeing a problem, so a lot of times there's been kind of wait and see mentality that gets put in place. But, in fact, if I could say to every educator, as soon as you see those red flags or your gut feeling is telling you that something is off with this child, that's when you make the referral. Because the earlier we can get the roadmap laid out, the easier it's going to be for the child and the rest of the educators."

– Dr. Leslie Stuart, Psychologist

If you are concerned that a student may be showing signs of dyslexia, here are some steps to take:

Develop a Modification Plan – consult with other professionals about ways to help your student.

Inform the Student's Parents – Discuss their perspectives, inform them of interventions, find out what is happening at home.

Measure Outcomes – Select an observable or recordable metric to record improvement, like an increase in reading fluency. Include the dates of intervention, record progress notes, and project a reasonable time frame for progress.

Intervention and Documentation – collect documentation about your interventions, accommodations, and modifications for the student, including dates and details. Keep a record of those correspondences you have with parents and relevant school personnel.

If you have exhausted your own resources and your student is not making measurable progress (on the metric you selected) with the interventions you have tried, then you have some evidence that your student may **require a formal evaluation to determine the possible presence of a disability. Students with disabilities may be served either through 504 accommodations plans and services, or through special education programming, based on the type and severity of need.**

“The teachers are...they are on the front line. I think they are probably the most vital component of the team... they are the ones that are essentially responsible for putting in place those strategies or accommodations or different instructional methods. But a good team is made up of a number of people including maybe a learning specialist or special education teacher, the classroom teacher, maybe if there are some private tutors on hand, they would be involved, the psychologist who did the testing and you know perhaps there might be a psychiatrist involved as well if there is medication that’s warranted.”

– Dr. Leslie Stuart, Psychologist

A referral can legally be made by anyone involved in the child’s education. While teachers will often refer a child who is exhibiting signs of academic disabilities, it is a multi-disciplinary evaluation team that generally gathers data as part of the evaluation. That evaluation may include screening and testing.

Students diagnosed with dyslexia may qualify for accommodations through a 504 Plan; however, not every student diagnosed with dyslexia will qualify for special education services or an Individual Education Program (IEP).

The multi-disciplinary evaluation team is key to the process, especially because diagnosis can be particularly challenging. It can be easy, at times, for students to cover up their challenges. In fact, some experts call dyslexia the invisible disability.

“It’s not the kind of thing that’s terribly apparent and when you take kids outside of the school setting, a lot of times you are going to find that the kids that have academic disabilities (reading, writing, math) are sometimes your leaders in other areas. There are the kids who are great on the soccer field... kids who are very creative when it comes to their musical talent or they are wonderful dancers or have wonderful interpersonal skills. Sometimes one of the ways we sort of get tripped up in identifying kids early is that they are so good at using their peers in doing what I call the look-around strategy...I’m not sure what the teacher said but I’m going to look here and I’m going to look ...oohhhh I think I know what she wants and I do it well enough that she had no idea that I really had to rely on others to figure out what it is I was supposed to do. Some of these kids have, you know, very adept social skills. The volume of the work and the complexity of the work get greater and greater as you move into fourth and fifth and sixth grade. That’s when those kids tend to be identified.”

– Karen Walsh, Psychologist

And, as we can see, early intervention is crucial, as we can see in this family’s story.

Derrick didn’t understand some of the words. The spelling was confusing. Some of the sentences didn’t make sense. By late last year, 7-year-old Derrick was beginning to hate books.

“And when he did read to me, he’d get frustrated. And he didn’t want to read.”

– Marna Collins, Mother

How did Derrick feel? In a word...

“Sad.”

– Derrick, age 7

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“That creates angst in children when they know they can’t do things that their peers are able to do.”

– Jill Isbell Rhodes, *Reading Recovery, Long Beach Unified School District*

In the classroom, on the playgrounds, those peers are quick to remind struggling readers what they “can’t do.”

“Like they were teasing me that I couldn’t do and they could.”

– Tela, Age 7

“And then their self-esteem is easier to turn around before they really feel like failures.”

– Kathy Brown, *Reading Recovery, Long Beach Unified School District*

Already at this early age, it is a race against time.

“Because every day they fall behind, their peers are moving ahead and so it’s like chasing a moving target.”

– Jill Isbell Rhodes, *Reading Recovery, Long Beach Unified School District*

And most kids will never catch up. In fact, according to a study published in the *Journal of Education Psychology*, out of every group of eight first graders who are behind... only one will ever read at the grade level of his peers.

Children are masters of disguising how poorly they read. But at home and at school, there is one sure-fire way to find the truth: Have them read aloud. You may hear problems with individual words. You can also pick up problems with comprehension.

“If they’re reading word-by-word and they sound like a robot... they’re not understanding what they’re reading.”

– Jill Isbell Rhodes, *Reading Recovery, Long Beach Unified School District*

Find the child who is struggling, that’s the key. Derrick Bailey, for example. What saved him was a phone call 12 months ago.

“He was reading like a robot and the teacher called me for a conference and she told me that Derrick might be put behind if he didn’t get to the grade level he should be.”

– Marna Collins, mother

That teacher, that phone call has made all of the difference. Derrick got the help he needed.

“He comes home and he runs to me and he brings all his books out and he was like, ‘momma I can read all these. Momma, today when I read to Miss Brown, Miss Brown stood up and she jumped up and she was like ‘yes, Derrick, yes’. And you know, it makes me feel extremely like, just excited... to see my child running and he enjoys reading now.”

– Marna Collins, mother

Derrick says he didn’t used to “feel” like a reader... but now he does. And thanks to this class, Tela feels a lot smarter.

“It feels kind of happy now, that I know how to read. Real happy, and all those friends ain’t teasing me no more.”

– Tela, Age 7

But, experts say, for thousands of other kids there is no phone call. No message from the parents to the school. No call from the teacher to the parents at home. And some kids get to high school and they can barely read.

A dyslexia psychological **evaluation** includes a number of **components**: **IQ testing**, extensive **academic testing** to evaluate functioning in specific subject areas, and **tests that evaluate auditory and visual processing skills, learning and memory, attention, concentration and social and emotional functioning**.

“What I look at is the whole learning profile, it’s puzzle pieces and you put the puzzle pieces together and they paint a picture for us. So for example we need to know what an individual is capable of, to then know whether their academic processing skills are relatively weak. So sometimes for example if we have a child that is performing in the superior range in terms of intellect but they are performing in the average range academically and on a processing level even though that’s average, that’s still a red flag. So it’s important to look at all these different components together again in painting that picture.

“When I do a psychological evaluation, I look at what the individual is capable of so that’s using the IQ test and then I do pretty extensive academic testing so we can really see the functioning in specific subject areas. I look at auditory and visual processing skills, learning and memory, attention and concentration and social emotional functioning.”

– Dr. Leslie Stuart, Psychologist

But before referral and throughout the entire testing and evaluation process, experts remind us that involving parents is key. We know that moms and dads want the best for their children, often see signs of trouble and are searching for support.

“I love to read and I tried not to take to heart that he wasn’t willing to read himself as much.”

– Nancy Harris, Mother

“For me I think it’s just love. You know you want to see your kids succeed, and want to see them do better than you did, or just really be able to have a place in society.”

– Wendy Smith, Mother

Parents often offer the best perspective on behaviors and attitudes outside of the classroom environment – which is critically important as well. Struggling to find words, using lots of fillers like umm, like. Asking for directions over and over. All are signs of struggling a little bit with language processing that often a parent will pick up even before a teacher sees it.

“For example they might describe that their child struggles to find their words. So that when they speak they use a lot of fillers like umm, umm, like, like...you know things like that. Umm when I in fact what they are probably describing are problems with word retrieval skills. Sometimes I might hear that a child needs clarification of directions or repetition. And sometimes that can be a red flag that they are struggling a little bit with language processing. So it relies so much on what that parent is seeing. I always tell parents and teachers, as well, that it’s important to listen to the gut feeling. That so often even if you can’t put your finger on something being off or

wrong, there's a gut feeling that sometimes results where you just know this child is not learning at the pace that you would like them to."

– Dr. Leslie Stuart, Psychologist

After the proper evaluation, the team will identify interventions to try, either inside or outside the classroom. An action plan is developed, outlining just who is accountable for the intervention and for tracking the results. When a dyslexia diagnosis is made, we must remember to make sure to include in our communication strategies the individual who is truly the most crucial member of the team: the student.

"It can be a really essential for the child to have an understanding of, you know, the way they learn. You know whether it's putting a label on their learning difference or just really helping them understand how they learn. Because that child is the one that's eventually going to be responsible for being their own advocate. So for them to have that good understanding is essential. So often we would talk about how bright a child is but yet their brain might be working a little bit differently that makes a certain area more challenging like reading or like spelling."

– Dr. Leslie Stuart, Psychologist

In this second module we've reviewed both Response to Intervention and more formal referral and evaluation protocol for the diagnosis of dyslexia. In the next module, we will review an array of accommodations that experts deem reasonable to ask of teachers in all classroom settings.