

Clearing up some common misconceptions about dyslexia

According to the American Psychiatric Association, “An estimated 80 percent of those with learning disorders have reading disorder in particular (commonly referred to as dyslexia).”

In this article we hope to clarify a few misconceptions related to the diagnosis of dyslexia, the use of the word dyslexia by schools, and screening for signs of or risk factors related to developing dyslexia. Misinformation about these topics is an unnecessary source of conflict and frustration between families and schools.

- Schools cannot diagnose dyslexia. Just like they cannot diagnose any other neurologic condition.
- Dyslexia does not have to be diagnosed by a medical doctor. Dyslexia is most commonly diagnosed by psychologists who specialize in Psychoeducational Evaluations, sometimes called psych-ed or neuropsych evals.
- What is called “Dyslexia” by psychologists is called a “Specific Learning Disability in Reading” by schools. The terms share the same underlying risk factors and skill deficits.
- Despite popular lore among dyslexia-deniers, Dyslexia is listed in the DSM V, the diagnostic manual used by psychologists to diagnose Dyslexia.
- The terms “medical dyslexia” and “educational dyslexia” are made up. For students to receive special education services, they need to meet two conditions: (1) They must

demonstrate a disability (2) it must be demonstrated that the disability is impacting them educationally. So when schools use those terms what they are trying to say is that a diagnosis of Dyslexia does not guaranty special education services.

- Districts and schools have two choices of how to determine whether or not a student's disability is having an educational impact:
- The **Discrepancy Model**. This is also called the "Wait to Fail" model by leading reading researchers. Despite this, it is almost exclusively the choice of districts in Wyoming. To qualify for services under the Discrepancy Model, school testing must show a specified gap between the student's potential (IQ) and academic performance. Here's the hitch: for most students, this gap does not appear until about 3rd grade.
- **Response to Intervention** is the second choice. The idea here is that the beginning in Kindergarten, schools collect and analyze screening and progress monitoring data to determine if a student is "responding" to instruction. Lack of response leads to increasingly intensive and individualized intervention. Logical, no? One hypothesis about why districts do not choose this model is that most districts avoid establishing decision guidelines that include actual numbers to help them determine when and why to move students among tiers of instruction.
- While schools cannot diagnose Dyslexia, they are able to, and in Wyoming are required to, screen for signs of Dyslexia. Screening for signs of dyslexia in Pre-k and Kindergarten students may be thought of as screening for the risk of developing Dyslexia. We screen students' foundational reading skills to see if they meet benchmark levels.
- In a letter from the US Department of Education dated October 23, 2015, the Office of Special Education and Rehabilitative Services reminds districts reminds districts that, "...there is nothing in the IDEA that would prohibit the use of the terms dyslexia, dyscalculia, and dysgraphia in IDEA [Special Education] evaluation, eligibility determinations, or IEP document."

According to the Wyoming Department of Education, 33% of Wyoming students who receive special education services qualify under the category of Specific Learning Disability (SLD). According to the Yale Center for Dyslexia and Creativity, 80-90% of students who are identified by schools as having an SLD would be diagnosed with Dyslexia. 80-90% of 33% is 26-30% therefore an estimated 26-30% of all students receiving special education services in Wyoming are likely Dyslexic.

Ready for the good news?

- Risks of developing and signs of dyslexia can be identified with 90% accuracy as early as Kindergarten. With early, explicit, systematic, data-driven remediation, Dyslexia can typically be well-remediated by about 4th grade. Brain imaging techniques show physical and pathway changes to the brains of children with Dyslexia when they receive appropriate intervention!
- The best way to teach all children to read works particularly well for children with Dyslexia. The state of Arkansas was awarded a 38 million dollar Comprehensive Literacy State Development grant last year. This is how they describe their approved reading curricula, “curriculum programs that are supported by the science of reading and based on instruction that is explicit, systematic, cumulative, and diagnostic, including without limitation: (1) dyslexia programs that are evidence based and aligned or structured literacy or grounded in the Orton-Gillingham methodology, (2) evidence-based reading intervention programs, and (3) evidence-based reading programs that are grounded in the science of reading.”

Wyoming spends an average of \$18,000 per special education student. If 26-30% of those students are Dyslexic and reading research and cognitive neuroscience have shown us the most effective way to assess and teach reading to all children, isn't that research worth investigating?

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June 11, 2020 | Reprinted with permission, Wyoming Tribune Eagle

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