

STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

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STATE SUPERINTENDENT OF EDUCATION



The South Carolina Dyslexia Handbook
A Guide to Early Literacy Development & Reading

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Dear Educators and Families:

A child's ability to read is a critical predictor of educational and lifelong success. A student who still needs time to master reading must have every opportunity to strengthen and gain this skill — to better ensure a successful future.

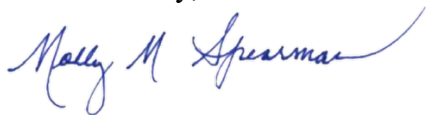
At the South Carolina Department of Education (SCDE), we are committed to promoting literacy statewide with the goal of ensuring every South Carolina graduate is college and career ready. Since the passage of the Read to Succeed Act in 2014, the SCDE has focused on supporting educators in providing high-quality literacy instruction and student access to print and literacy-rich classrooms. Recently, the SCDE launched the Palmetto Literacy Project, an initiative centered on supporting young learners beginning the journey of learning to read. Additionally, we have convened an advisory group of educators and literacy experts to guide our work.

The South Carolina Dyslexia Handbook is a key next step in our state's commitment to literacy. In the spring of 2020, the SCDE brought together a group of experts from the education and medical fields to develop a guiding document for South Carolina educators to use when supporting students with reading difficulties, including dyslexia. This handbook addresses how to systematically improve reading instruction, how to screen for reading difficulties and progress monitor, and how educators can best support students with dyslexia. It also provides resources for teachers and parents of children with reading difficulties.

We hope this handbook will spur a renewed focus on educating students with dyslexia, and will offer teachers across South Carolina a guide for implementing effective literacy instruction and interventions. This handbook is just one piece in our state's support of students with reading difficulties; we will continue to promote the strategies and research referenced in this guide through professional development, school-level support, and family outreach.

I am grateful for the educators, medical professionals, advocacy organizations, researchers, and parents who contributed to the development of this handbook and continue to work on behalf of South Carolina's students.

Most sincerely,



Molly M. Spearman
State Superintendent of Education

Section 1: Purpose

The purpose of *The South Carolina Dyslexia Handbook: A Guide to Early Literacy Development & Reading* is to provide information to educators, students, families, and community members about the core elements of effective evidence-based reading instruction, early literacy development, reading difficulties, dyslexia, and the best practices for identification, instruction, and accommodation of students who have reading difficulties. The initiative to provide a comprehensive guide was requested by the South Carolina Learning Disorders Task Force. The Learning Disorders Task Force was created under South Carolina Act 213 for the purpose of working with the South Carolina Department of Education (SCDE) in matters relating to reading disorders to include, but not be limited to dyslexia. This handbook is meant to provide introductory information on effective reading instruction and best practices for identification and support for children with dyslexia.

With this purpose in mind, the intent of this document is to:

- a. Build an understanding of the essential components of effective reading instruction for all students, including those at risk for or identified with dyslexia;
- b. Serve as guidance to educators, parents, and community members in the prevention of reading difficulties through the use of assessment and effective reading instruction;
- c. Assist educators and parents to understand the processes schools should use to identify students with reading difficulties and those students at risk for dyslexia; and
- d. Offer educators and clinical professionals a process for providing evidence-based interventions to students who struggle with reading, including those with dyslexia.

What is Dyslexia?

Dyslexia is a learning disorder that affects an individual's ability to read, write, and spell. Although the exact cause of the disorder is not completely clear, it is a life-long disorder with a neurobiological basis. These difficulties in reading have no connection to overall intelligence. In fact, dyslexia is an unexpected difficulty in reading in an individual who has average or above average intelligence. These children or adults can be fast and creative thinkers with strong reasoning abilities. Dyslexia exists on a continuum of severity from low to high. Students with more serious cases of dyslexia may qualify for special education services under the category of specific learning disabilities in the Individuals with Disabilities Education Act (IDEA).

Dyslexia is...

Neurobiological: Dyslexia is neurological in origin and is a lifelong learning disability. Students with dyslexia develop a less efficient pathway in the brain for word recognition, which causes the student to process written text differently. Due to these neurobiological differences, decoding is inefficient, fluency is compromised, and meaning can be lost (Shaywitz, 2003).

Phonological component of language: Dyslexia is believed to be caused by problems in the phonological component of language. Individuals with dyslexia often have difficulty remembering, reflecting on, and manipulating the sounds in spoken words. These problems in phonological awareness and phonological memory make it difficult to connect sounds in spoken language with the letters that represent them in written language. Difficulties with phonological

awareness through the advanced levels of phonemic awareness impair a child's ability to connect words in their spoken language to how they are represented in written language.

Unexpected: Dyslexia is unexpected relative to the student's cognitive abilities and the type of instruction that has been provided. Strengths such as problem solving, critical thinking, vocabulary and background knowledge can help students develop compensatory strategies which can then mask their difficulty with decoding.

Secondary consequences: Because of difficulties with word reading and spelling, students can also struggle with reading comprehension and writing composition. Students can also experience social and emotional impacts, such as lack of motivation in reading and writing, anxiety, depression and/or a pattern of avoiding reading or writing tasks.

Section 2: Effective Reading Instruction

"Dyslexia is more common than you can imagine. You are not alone. And while you will have this the rest of your life, you can dart between the raindrops to get where you want to go and it will not hold you back." Steven Spielberg, Director

The [South Carolina MTSS Framework](#) supports a common vision of success for all students that begins with high-quality classroom instruction delivered by an effective and well-prepared educator. High-quality instruction means engaging students in learning and problem-solving while meeting the diverse needs of all students. Good instruction is evidence-based, creative, and motivating, yet is carefully crafted with the culture, interests, and abilities of the students in mind.

The use of evidence-based literacy instruction is essential for all students and is especially critical for students identified with dyslexia. High-quality core classroom reading instruction can give students identified with dyslexia a foundation upon which specially designed instruction can have a more significant impact.

Core reading instruction should include instruction in the five essential components of reading:

- phonological awareness,
- phonics,
- vocabulary,
- fluency, and
- comprehension.

Instruction in oral language, writing, spelling, and handwriting are also essential. These components should be addressed in a comprehensive manner.

High-quality reading instruction includes explicit and systematic strategies (described below), consistent routines, and ample opportunity for practice with appropriate student support materials, cumulative review, and alignment to the *South Carolina English Language Arts College- and Career-Ready Standards* for each grade level. Effective instructional design integrates the components of reading rather than isolate each skill.

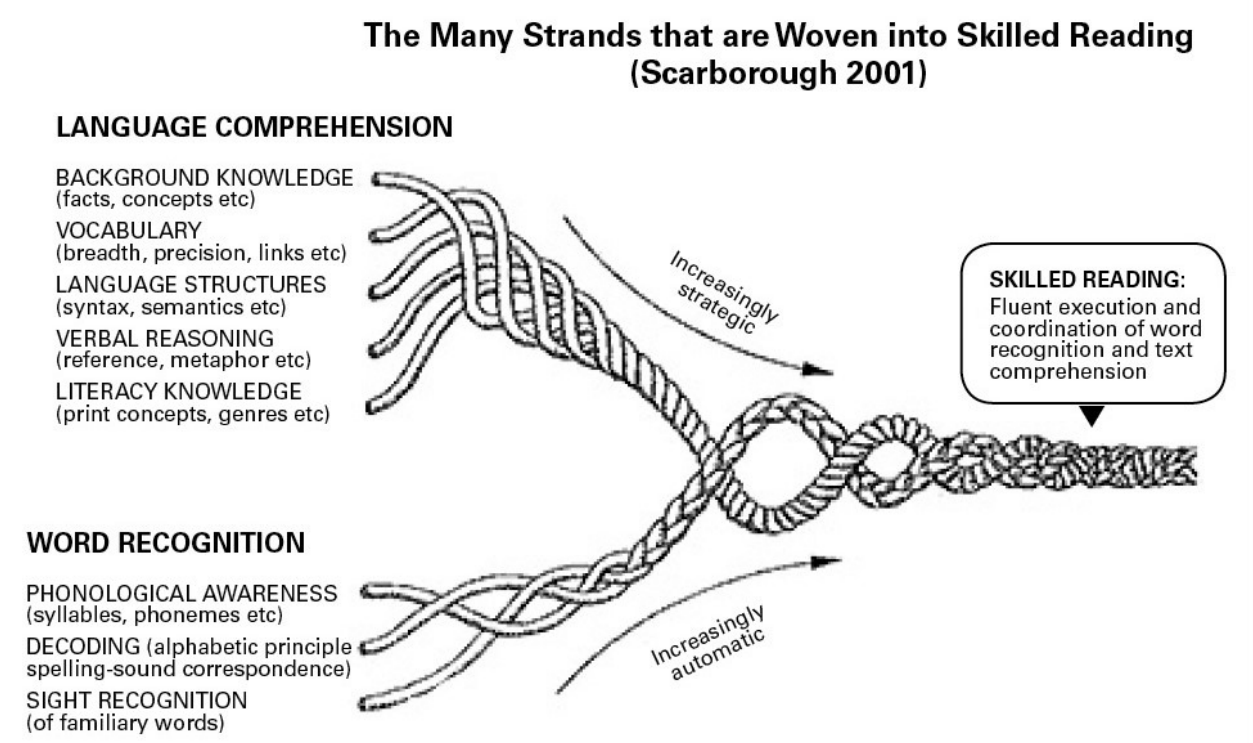
It is important that students receive reading instruction that is both systematic and explicit. Systematic instruction means that phonemes, phonics and morphology are taught in a logical order beginning with more simple concepts and skills and moving to more complex ones. More predictable letter-sound correspondences are introduced first, and as instruction progresses, less predictable correspondences are taught.

Explicit instruction is a structured and systematic means of teaching not only reading, but other academic skills as well. Steps in providing explicit instruction include establishing clear objectives for learning that the student understands, providing unambiguous explanations and demonstrations of the skill that is to be learned, facilitating opportunities for the student to practice with feedback from the teacher, and providing opportunities for independent practice until the student demonstrates mastery. The teacher provides supports and scaffolds as needed throughout the teaching process.

The Simple View of Reading by Gough and Tunmer (1986), is supported by a significant amount of research. It provides a useful framework for understanding the development of reading skills across time. It also helps explain necessary elements for providing instructional support. The ultimate goal of reading is drawing out and constructing meaning from text for a purpose. To be successful, the reader needs skills in both word decoding and language comprehension. Weakness in either area will reduce reading ability. Decoding skills and language comprehension make independent contributions to reading comprehension across diverse populations of readers.

Hollis Scarborough (2001) expanded upon The Simple View of Reading noting that reading is a multifaceted skill that is gradually acquired through years of instruction and practice. Scarborough compared skilled reading to the many strands of a rope with each strand representing a separate skill. When combined, these skills create a strong, proficient reader. However, when any one strand (skill) is not acquired or is poorly developed, it weakens the strength of the rope.

Figure 1: The Many Strands that are Woven into Skilled Reading



Source: International Dyslexia Association (2018). “Scarborough’s Reading Rope: A Groundbreaking Infographic.” <https://dyslexiaida.org/scarboroughs-reading-rope-a-groundbreaking-infographic/>.

The SCDE recommends providing evidence-based reading instruction to all students. Parents and educators should work to build oral language in children beginning in early childhood. This contributes to success in reading development as students begin preschool and kindergarten. Teaching phonology, including the ability to hear distinct sounds in words, leads to sound-symbol association, which builds the foundation of early reading. Syllable instruction is the next stepping stone to building strong readers. Instruction in phonics leads to the ability to decode words and increases fluency and automaticity. Robust vocabulary instruction, including the study of word parts, or morphology, is another important component of early reading instruction. Teaching foundational reading skills builds student reading comprehension. In order to increase comprehension, teachers should work to build background knowledge and motivation. As students become fluent readers, it is also important to focus on syntax, or the structure of language, and semantics, or the structure of meaning. There is a strong connection between student reading and writing ability, so it is also important for teachers to provide direct instruction in spelling and the writing process.

These elements are drawn from the National Reading Panel Report (2000) and other respected research. The [IDA Effective Reading Instruction for Students with Dyslexia fact sheet](#) calls this Structured Literacy, which prepares students to decode words in an explicit and systematic way (Rosenberg, Pankowski, & Wilson, n.d.).

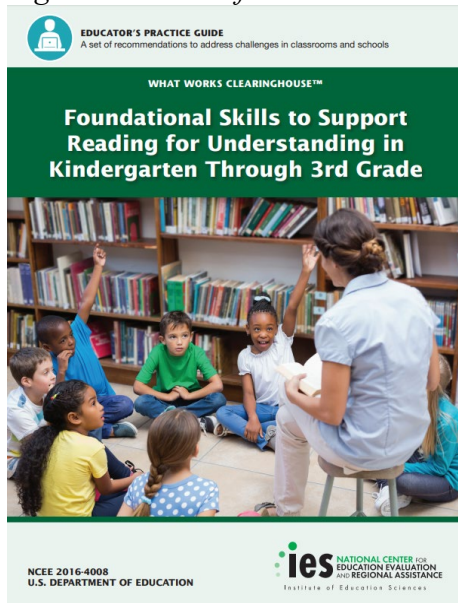
"The strengths are as important to find and address as the deficits... All too often we focus on the deficit and not the asset, and we really need to focus on that as well." E. Emmerson Dickman, J. D., Former President of International Dyslexia Association (IDA)

The [*Foundational Skills to Support Reading for Understanding in Kindergarten Through 3rd Grade*](#) practice guide was developed by the What Works Clearinghouse at the Institute of Education Sciences in 2016 to support the implementation of these evidence-based practices. This practice guide provides four recommendations for teaching foundational reading skills to students in kindergarten through 3rd grade. Each recommendation includes implementation steps and solutions for common obstacles. The recommendations also summarize and rate supporting evidence. This guide is geared towards teachers, administrators, and other educators who want to improve their students' foundational reading skills. The four recommendations are:

- Teach students academic language skills, including the use of inferential and narrative language, and vocabulary knowledge.
- Develop awareness of the segments of sounds in speech and how they link to letters.
- Teach students to decode words, analyze word parts, and write and recognize words.
- Ensure that each student reads connected text every day to support reading accuracy, fluency, and comprehension.

This guide is a companion to the practice guide also developed by What Works Clearinghouse, [*Improving Reading Comprehension in Kindergarten Through 3rd Grade*](#) (2010).

Figure 2: Cover of Foundations Skills Guide



Source: Institute of Education Sciences (2016). *Foundational Skills to Support Reading for Understanding in Kindergarten through 3rd Grade*.

https://ies.ed.gov/ncee/wwc/Docs/PracticeGuide/wwc_foundationalreading_040717.pdf.

English-Language Learners

“Children who are learning English are just as likely to have dyslexia as their native-English-speaking counterparts. Dyslexia might appear in the native language quite as vividly as it will when they attempt to learn English... Educators must determine if dyslexia is a possibility, so the students’ ability to verbally manipulate the sounds in their native languages, otherwise known as phonemic awareness, must be assessed. Brown (2008) suggested that students with below-average phonemic awareness in their native languages will have difficulty learning a new language. Identification of dyslexia in an English language learner (ELL) is a complicated procedure. Many factors need to be ruled out. For example, the lack of opportunity to learn in native languages or the lack of home support in learning English needs to be investigated. Ortiz et al (2002) reported that ELL students who are struggling to learn English and have some foundation in reading in their native language should receive direct instruction that includes speech perception, phoneme awareness, and sound-symbol connections.” (Hurley, 2014).

Gifted Students

Children can be both gifted and challenged. Twice-exceptional or 2e is a term used to describe students who are both intellectually gifted and learning disabled, which includes students with dyslexia. To succeed, both their giftedness and their learning challenges need to be addressed. They need to be challenged in areas in which they demonstrate giftedness. Gifted children can use their strengths to compensate for the special need, and in the process mask their learning problems. Or the special needs can mask the giftedness. In some cases, neither the disability nor the giftedness is recognized. Not having both talents and disabilities identified can have emotional and behavioral consequences for children. Students who have both gifts and learning disabilities including dyslexia, require a program that nurtures gifts and talents while providing appropriate instruction, accommodations, and other services for treating learning differences.

Section 3: Addressing Reading Instruction in General Education

“Creativity is the key for any child with dyslexia - or for anyone, for that matter. Then you can think outside of the box. Teach them anything is attainable. Let them run with what you see is whatever they need to run with.” –Orlando Bloom

During the 2017–18 school year, 41.2 percent of South Carolina students in grades 3–8 scored meet or exceed expectations in reading on the annual SC READY assessment, which indicates that a majority of students are not currently on track to graduate college and career ready. Act 284, otherwise known as the Read to Succeed Act, addresses interventions and supports that are provided to improve core instruction and student outcomes. Act 213 builds on that legislation by introducing a multi-tiered system of supports (MTSS) for students statewide, including conducting universal screeners in reading for kindergartners, first graders, and other at-risk students, as well as screenings for social-emotional concerns for students. MTSS is not a special education initiative; rather, it prompts schools to use a problem-solving model to create a strong core instructional foundation and provide supports to all students to meet their academic and social-emotional needs.

The MTSS framework addresses the needs of the whole child – academically, behaviorally, socially, and emotionally through a holistic and personalized system of learning that incorporates academics and social-emotional behaviors into one framework. This approach recognizes the

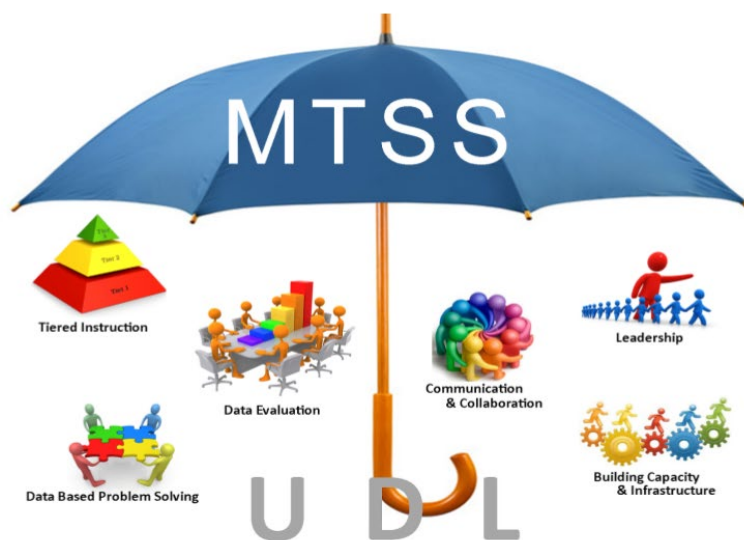
connection between academics and behavior and addresses both areas simultaneously; such an approach enables educators and support professionals to use data to drive their instructional interventions with students, allowing students the most growth potential. This process uses interventions that match the skill that needs to be addressed, which is identified through data-driven decision making and progress monitoring to increase the student's potential for success and graduating high school college and career ready. This SCMTSS framework is proactive rather than reactive because it is a system that challenges educators and support professionals to be lifelong learners by analyzing current systems and making decisions that will improve instructional approaches.

The goal of using an MTSS framework is to deliver early intervention for every student who struggles to attain or maintain grade-level performance by effectively utilizing best instructional practices within an evidence-based instructional model. An ongoing, systematic process of using student data to guide instructional and intervention decisions is required.

SCMTSS is founded on six core principles that are essential for students and educators to succeed:

- Leadership,
- Building Capacity and Infrastructure,
- Communication and Collaboration,
- Data-Based Problem-Solving,
- Tiered Instruction, and
- Data Evaluation.

Figure 3: SCMTSS Core Principles



Source: SCDE, SCMTSS Internal Stakeholders Workgroup.

The [SCMTSS](#) Framework helps districts and schools personalize student learning plans through intensive academic and/or social-emotional supports as well as identify at-risk students and provide the appropriate supports. This framework includes a Guidance Document, which supports educators in making instructional decisions to help students move between the tiers and

receive interventions within the classroom walls. This document can serve as a facilitator's guide to equip educators with the tools they need to address student needs within their classroom as well as how to access more supports when a student requires those services. SCMTSS allows districts and schools to better identify students who are at risk or who require more instructional time, which will allow for more accurate identification of students with disabilities and/or dyslexia.

The SCDE is committed to ensuring that all students succeed and graduate college and career ready. The SCDE is also committed to using a common language, framework, problem-solving model, coaching model, and professional learning opportunities (PLOs) for districts and schools.

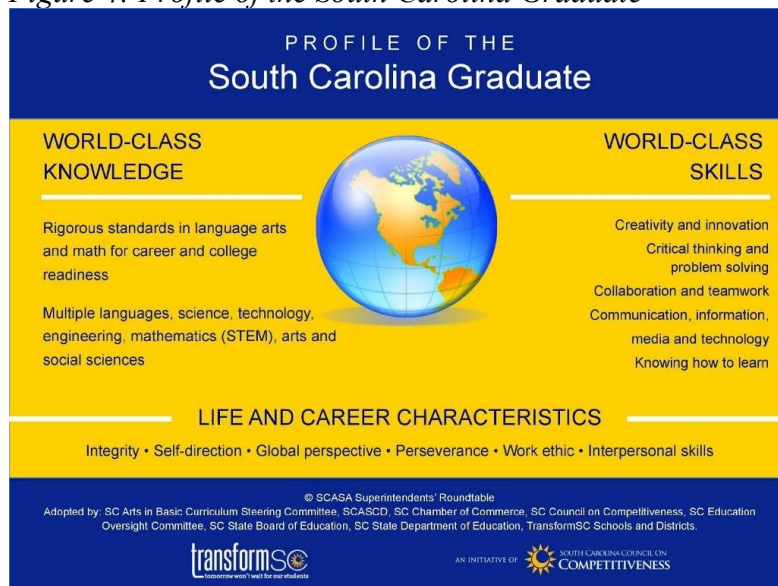
Mission

The mission of the SCDE is to provide leadership and support so that all public education students graduate prepared for success.

Vision

Every South Carolina local educational agency and state-operated program will implement and sustain the components of an MTSS framework so that all students will achieve the *Profile of the South Carolina Graduate*.

Figure 4: Profile of the South Carolina Graduate



The *Profile of the South Carolina Graduate* represents the SCDE's vision for student learning in the state and has been adopted by a wide body of stakeholders and the state's General Assembly.

Source: SCDE. (2017). Retrieved from <http://ed.sc.gov/newsroom/profile-of-the-south-carolina-graduate/>

Non-Negotiables

- We believe working in partnership with parents, families, and communities maximizes student performance on the world-class knowledge, skills, and characteristics outlined in the *Profile of the South Carolina Graduate*.

- We believe high-quality differentiated instruction that encompasses academic, social-emotional, and behavioral supports is the key to student success, and we can effectively teach all students.
- We believe implementing evidence-based instruction and interventions benefit all students.
- We believe the use of multiple sources of data and the monitoring of student progress inform instruction and will be used to improve educational policies and practices.

MTSS and Reading Instruction

SCMTSS is a systems change approach to support schools in focusing on a strong core instruction, which promotes a high-quality education system where all students can succeed. Tier I instruction refers to high-quality, evidence-based core instruction provided to all students. In Tier I, teachers provide evidence-based, differentiated instruction with fidelity (e.g., an evidence-based program is implemented exactly as intended by the researchers who developed the intervention). Universal screening, which is conducted at regular intervals, is used to identify students who may be failing to benefit from instruction. Universal screening also documents the progress of all students, helps guide instruction, and indicates if further diagnostic testing is needed to pinpoint the skill deficit that should be addressed through intervention. This data should always be used in conjunction with other relevant data such as office referrals, tardies, absenteeism, diagnostic results when appropriate and available, progress monitoring data, etc. Educators with a diverse skill set regarding instructional best practices should review and analyze the screening data to craft a plan to meet student needs. If a significant number of students are not successful in the core instructional model, all variables (e.g. attendance, class size, behavior observations, instructional fidelity, professional learning opportunities, and curricular choices) should be examined to determine how to strengthen Tier I instruction. Tier I instruction is expected to meet the needs of 80–90 percent of students in reaching grade-level proficiency toward meeting grade-level standards. Tier I instruction must be critically evaluated using universal screening data so that the vast majority of students succeed. Powerful classroom instruction requires that effective teachers differentiate instruction, based on data, in order to meet the needs of all students.

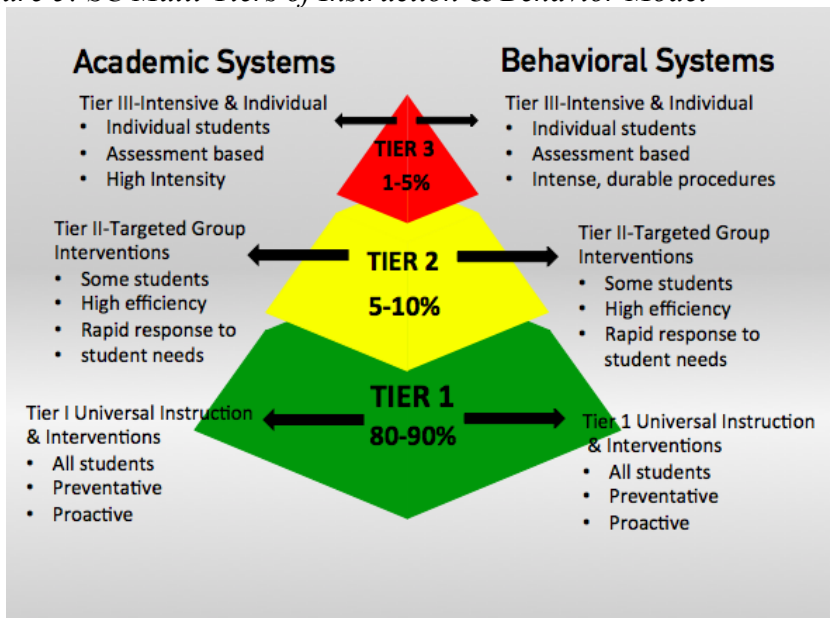
Even very effective Tier I programs will not meet the needs of every student in the school. Students not succeeding in evidence-based Tier I instruction may require more intensive evidence-based instruction at the second tier of instruction, Tier II. Tier II consists of evidence-based small group or one-on-one instruction for students who are failing to meet grade-level academic or behavioral expectations. Tier II is provided in addition to the 90-minute block of core academic instructional time all students receive, can occur within the classroom, and is most often provided as an additional 30 minutes of direct, targeted academic instruction. Regardless of the model or approach used, Tier II interventions are provided by an effective, well-prepared teacher.

Approximately 15 percent of students may need Tier II instruction in addition to core instruction. Hallmarks of Tier II instruction include immediate response to student needs through more frequent progress monitoring (at least monthly), more intensive instruction that targets students' needs, and increased collaboration among families, reading coaches, interventionists, classroom teachers, and other stakeholders.

When progress monitoring indicates a student is not responding to Tier II interventions, Tier III provides evidence-based, individualized, intensive instruction and/or intervention. Approximately five percent of students may need Tier III intervention in addition to Tier I and/or Tier II instruction. Due to the level of specialized services needed in Tier III, collaboration, co-teaching, and support among educators increase. In all models of delivery, the Tier III provider and the classroom teacher(s) must frequently and regularly collaborate regarding the student's specific instruction so that a system of supports exists for the student in the general education classroom environment. Tier III interventions are intensive interventions, however, tier III is not necessarily special education services provided under the IDEA. It is important to note the students with disabilities can receive services in any of the three tiers of support. When it is suspected that a student may have a disability, families are informed of their rights and a referral is initiated to determine if the student meets 504 or special education eligibility under the IDEA.

All students may receive services in any tier given their academic and behavioral needs. It is possible for a student to be in a specific tier for one academic area but not in another. Similarly, a student may receive additional supports for social-emotional and/or behavioral needs and not in academics. Students are not placed permanently in a tier of instruction and may move between tiers as needed. A student with a disability or with other identified special considerations may be served at any tier in the process based on individual needs.

Figure 5: SC Multi-Tiers of Instruction & Behavior Model



Source: SCDE, Office of Special Education Services. Created in 2018. Adapted from: OSEP Technical Assistance Center (2018). Multi-Tiered System of Support (MTSS) & PBIS Model.

Section 4: Assessment within a Comprehensive Literacy Program

Assessment is a process used to gather information about students' learning. An assessment may be a screening, progress monitoring, a diagnostic assessment, or an outcome measure. While the primary purpose of assessment is to gather data, it is important to remember that the data will be used to plan and adjust classroom literacy instruction and any subsequent intervention. All assessment practices should be evidence-based and embedded in an MTSS framework. Assessment is an integral part of any literacy program. Assessment practices should be comprehensive, systemic, and should range from universal screening to identify students who are at risk of reading difficulties to specific diagnostic assessments for reading difficulties, including dyslexia. The varied types of assessments used within a comprehensive approach to literacy programming each have a specific purpose:

- Universal screening is used to determine if a student is at risk for developing reading difficulties and the need for intervention and to evaluate the effectiveness of core curriculum as an outcome measure. Universal screening is conducted with all students.
- Progress monitoring is used to determine whether a student is making satisfactory progress during instruction. Analysis of data is used to determine if the instruction is adequate or whether more intensive or different intervention is required.
- Diagnostic assessment is used to identify a student's learning strengths and weaknesses and the underlying root cause of any academic difficulties. The information from this type of assessment can be used to further refine an intervention. In some instances, a comprehensive diagnostic evaluation is essential in determining whether the profile fits the definition of a learning disorder and can provide a diagnosis or the identification of a specific disability.
- Summative (Outcome) Assessment looks at instructional outcomes and often provides a "big picture" of instruction. Summative and outcome measures can help in identifying positive and concerning trends about how the comprehensive or systemic approach to literacy instruction is meeting the needs of all students, as well as specific subsets of students with identified risk.

The SCMTSS Framework Guidance Document describes the four types of assessment. Each has a distinct purpose for data-based decision making to identify what a student needs and match that need with the intervention and/or acceleration. The table below provides a quick overview of each type of assessment:

Table 1: Four Types of Assessments

| Assessment Type | Description |
|---------------------|---|
| Universal Screeners | <ul style="list-style-type: none">• Brief and quick to grade• Standardized• Identifies students that are at, above, or below benchmark• All students• Three times a year• Guides who may need additional support or further diagnostic testing |

| Assessment Type | Description |
|------------------------|--|
| | <ul style="list-style-type: none"> • Benchmarks are used to predict later reading success |
| Diagnostic Assessments | <ul style="list-style-type: none"> • Dive deeply into one area • More extensive than a universal screener • Only students who do not score at benchmark will be given a diagnostic assessment • Deficit skills are pinpointed and groups are formed using this data to drive the instructional support grouping (intervention) • One-on-one assessment • Skills are from simplest to more complex (ex. short vowel, long vowel, vowel teams, r-controlled vowels) • Mastery is generally defined as 80 percent • Take more time to administer |
| Progress Monitoring | <ul style="list-style-type: none"> • Require a cycle of teaching, testing, regrouping, teaching, assessing.... • Progress monitor only the skill the support was provided in • Answers the questions: Did it work? How do we know? Can we move to the next skill? • Given between benchmarks to make sure students are progressing in the specific skill • Used to plan support instruction • Of given by the same teacher/individual who offers the intervention/support • Many schools use the same assessment for progress monitoring as they do for a universal screener, which is acceptable if that screener measures the skill that is being supported • It is recommended if this is done to use an alternate form of the assessment that was used as a universal screener |
| Outcome Assessments | <ul style="list-style-type: none"> • Most common type of assessment • Usually state-mandated assessment and aligned to standards • Norm referenced and standardized |

| Assessment Type | Description |
|-----------------|---|
| | <ul style="list-style-type: none"> • Gives the ability to compare schools and districts across a state • Provides limited data on student strengths and weaknesses • Summative and not useful for making instructional adjustments |

Source: SCDE, Response to Intervention Guide, 2016.

Universal Screening

According to the U.S. Department of Education, “[u]niversal screening is a critical first step in identifying students who are at risk for experiencing reading difficulties and who might need more time in instruction or different instruction altogether” (U.S. Department of Education, 2017). Screening is conducted to identify or predict students who may be at risk for poor learning outcomes. Screening measures are brief assessments that provide information about a later outcome. Screening can be a time- and cost-efficient way to identify individuals that need further support or evaluation. Screenings can be administered by a variety of individuals with appropriate training, whereas diagnostic evaluations require specific expertise. For example, in medicine, a single blood test can be used to screen for diabetes. Other risk factors for diabetes include obesity and family history. When an individual is identified as at risk for diabetes, a doctor will encourage health changes that include improving diet and exercise. If the risk is not diminished by the recommended changes, the patient may require more extensive evaluation to diagnose diabetes and rule out other potential conditions. Universal screening can be used for all academic subjects and for social and behavior assessment. (U.S. Department of Education, 2017).

Purpose of Universal Screening for Literacy

Achieving high levels of literacy requires explicit, systematic instruction and sufficient reading practice. When risk factors for reading difficulties including dyslexia are identified early, instructional supports can be put in place to promote positive outcomes. Reading difficulties that are not remediated by first grade are more likely to be severe and persist through adulthood (Stanovich, 1986). Risk factors for dyslexia and other reading problems can be assessed beginning in preschool (Gaab, 2017), but the accuracy of screening measures for predicting reading outcomes improves considerably after children have received formal reading instruction (Catts et al., 2009). The purpose of universal screening is to “identify the instructional needs of struggling students as soon as possible” ([International Dyslexia Association](#), n.d., para. 3) in order to “catch them before they fall” (Torgesen, 1998, as cited in International Dyslexia Association, n.d., para. 3). Early identification increases the chances of reading success and helps to prevent or minimize the psychological effects of reading problems.

Elements of Universal Screening for Literacy

Universal screening for reading typically involves consideration of multiple risk factors (e.g., difficulties with phonological awareness, rapid automatized naming, verbal working memory, or letter knowledge, or a family history of language or learning disabilities). Importantly, the presence of any single risk factor does not guarantee that a child will struggle to read. However, risk is cumulative, and the more risk factors that are present, the more likely a child is to struggle

(Catts et al., 2017; Catts & Petscher, 2020; Haft et al., 2016; Yu et al., 2018). On the other hand, protective factors can offset risk and promote positive outcomes. Examples of protective factors include high-quality, evidence-based reading instruction, strong oral language skills, a growth mindset, and a supportive home environment.

To inform instructional decisions, it is important that reading screening measures specific skills that are correlated with broader measures of reading achievement. Universal screening tools should have the following characteristics:

- Quick and targeted assessments of discrete skills that indicate whether students are meeting expected benchmarks.
- Alternate equivalent forms so they can be re-administered multiple times within a year.
- Standardized directions for administration and scoring.
- Meets appropriate reliability standards (i.e., similar scores obtained when screening is administered or scored by different individuals or at different times).
- Accurately classifies children who are at risk *and* children who are not at risk.

[The SCMTSS Framework and Guidance Document](#) outlines expectations for school districts. Following the SCMTSS framework, school districts must conduct universal reading screening for all kindergarten, first-grade and as needed for second-grade students at various points in the beginning, middle, and end of the school year, regardless of the student's performance in the classroom. Within the SCMTSS process, universal screening results should identify those students potentially "at-risk" for future reading failure, including those with developmental reading disabilities, and provides districts with information regarding the effectiveness of their core instructional program.

Universal screening is used for the following purposes:

- to identify students in need of instructional adjustments and/or intervention as early as possible;
- to identify each student's level of risk and use this information to adjust instructional delivery;
- to assist in goal setting for students, teachers, grade levels, schools, and districts; and
- to indicate whether the Tier I or core instructional model is effective.

Data-based decision-making adjustments to core instruction programs, instructional differentiation, and intervention planning begins by screening every student in order to identify those who are and are not reaching grade-level benchmarks. Universal screening is a school-wide assessment and review process conducted at regular intervals (e.g. fall, winter, spring). The rationale for screening three times a year is to ensure that students stay on the trajectory for reading success and to give educators time to respond to the student's needs earlier and more accurately.

Screening Measures for Literacy

The SC Learning Disorders Task Force has developed a list of approved universal screeners. The selected universal screeners contain the following core characteristics:

1. The screener must be brief;

2. The screener must contain normative data for cut points;
3. The screener must screen for dyslexia and have the ability to progress monitor the abilities/skills mentioned below; and
4. The screener must measure all of the following abilities/skills:

Table 2: Universal Literacy Screening Skills from Learning Disorders Task Force

| Grade | Abilities/Skills |
|--------------|--|
| Kindergarten | <ol style="list-style-type: none"> 1. Alphabetic Principle (Letter-Sound Relationships) 2. Alphabet Knowledge (Letter-Naming) 3. Phonological Awareness |
| First Grade | <ol style="list-style-type: none"> 1. Alphabetic Principle (Letter-Sound Relationships) 2. Alphabet Knowledge (Letter-Naming) 3. Phonological Awareness 4. Fluency |

Source: SCDE (2019). <https://ed.sc.gov/instruction/early-learning-and-literacy/multi-tiered-system-of-supports-mtss/>.

When reporting to the SCDE, the assessment cut points are to be used, not the district selected cut points. All students determined by the screener to be ‘at risk’ and ‘critically at risk’ will be reported in two separate categories. A list of approved screening measures can be accessed on the Learning Disorders task force webpage at <https://ed.sc.gov/instruction/early-learning-and-literacy/learning-disorders-task-force/>.

Data-based Decision Making with Universal Screeners for Literacy

Data from universal screenings should be used to make informed decisions about evidence-based instruction and interventions. Instructional adjustments and/or interventions should address the needs of students, as identified by the screening process.

School teams will analyze universal screening data to determine if the core instructional model is effective for each grade level and class. By examining class-level data and student characteristics within each class, school teams can make data-based decisions to modify instructional delivery to ensure high-quality instruction for all students. In addition to classroom level instructional adjustments, interventions should be provided to students who have multiple risk factors, including poor performance on universal screening.

When students are at or above the benchmark on the universal screening assessment, teachers can assume that they are responding to the core instruction. Good instruction includes ongoing curriculum-based assessment and re-teaching for all students who are experiencing difficulty in the core reading program. Additional assessment is not necessary unless students continue to struggle in reading. When a student continues to struggle in reading, the teacher and team will want to determine the reason the student is not responding to the core instruction through a diagnostic assessment.

Diagnostic Assessment

One of the definitions of diagnostic is “serving to distinguish or identify” according to Merriam Webster’s Dictionary. Good instruction uses diagnostic assessment for three purposes during the instructional cycle. First, diagnostic pre-assessment can be used to identify students’ knowledge of a subject and strengths and weaknesses to inform teachers’ instructional planning. Second, diagnostic assessment is also used after instruction to identify potential causes of a student’s academic or behavioral difficulties. Third, effective teachers use diagnostic assessment informally to determine what to reteach. When students do not respond to good core instruction despite re-teaching or intervention, it will be essential to use more in-depth diagnostic data to develop a hypothesis about the possible cause of the learning struggles in order to select an appropriate intervention.

Types of Diagnostic Assessment

Diagnostic data can be collected through formal and informal measures. The [National Center for Intensive Intervention](#) provides [resources](#) on diagnostic assessment. These measures can be used by a teacher or problem-solving team to identify the strengths of the student and to identify where more support is needed.

Informal measures are easy to administer and part of a good instructional cycle. Informal measures for literacy can include:

- error analysis of a universal screening or progress monitoring probe,
- curriculum-based assessment,
- word list or phonics checklist,
- an early indicator checklist (See Addendum 2),
- direct observation, and
- information from parents and family about reading.

For example, an error analysis could be done on a universal screener probe for oral reading fluency. If the student was accurate with the words and appeared to be able to decode the words, but not fluent or automatic, the student might be placed in an intervention for fluency. However, if the student was not accurate, the team would need to place the student in an intervention that provides intervention for explicit phonics instruction. The interventionist or teacher might then conduct additional assessments to identify the strengths and weaknesses to plan for intervention. Informal measures are preferred as they take less time to administer and provide more time for instruction which promotes student engagement and learning.

Formal diagnostic assessments are standardized and require training to administer. These might be necessary when a student is not responding to intervention and the team is seeking more information. More formal assessments might be administered to a student when the team is considering eligibility for special education. Some examples of formal measures are:

- Informal Reading Inventory (Roe and Burns);
- Primary Spelling Inventory;
- [iReading Assessment for Reading](#);
- [Measure of Academic Progress Reading Comprehension, Language Usage, Vocabulary](#);
- [Star Reading](#); and
- [Fastbridge Reading](#).

For example, a student may be reading fluently, but not scoring well on the comprehension component of a universal screener. The Informal Reading Inventory could be given to gain more information about the student's reading and comprehension skills to choose the intervention.

Diagnostic assessment is a critical assessment for school teams when selecting interventions. If the intervention does not address the need of the student then it will not be effective. The more areas of need a student has, the more intense the intervention will need to be to assure students are reading at grade level. Once interventions have been selected and put in place, teams will want to monitor the interventions for effectiveness.

Progress Monitoring

Progress Monitoring is the systematic collection of data to document student movement toward grade-level standards and expectations. It is a scientifically based practice used to assess students' academic performance and behavior and to evaluate the effectiveness of instruction.

Progress monitoring requires that trained school personnel repeatedly collect student performance data. It is an assessment of students' academic and behavioral performance on a regular basis in order to determine whether children are benefiting from instruction and to build more effective programs for those who are not.

Purpose of Progress Monitoring

The purpose of progress monitoring is to inform the effectiveness of instructional interventions and to establish a valid and reliable data collection process to use in data-based decision making. Progress monitoring for these purposes must include clear benchmarks for performance and reliable, easy to administer measures such as curriculum-based measurement (CBM). Progress monitoring can be used for the following purposes:

- to watch certain targeted students in Tier I and to determine the adequacy of their progress,
- to evaluate the effectiveness of Tier II and/or Tier III interventions for students needing additional instruction, and
- to design additional, more effective interventions for students who are not responding to instruction and/or intervention.

Elements of Progress Monitoring for Literacy

Curriculum-based measurement is a valid, reliable, and evidence-based method for assessing literacy competence and determining the effectiveness of interventions. Many of the universal screening assessments approved by the SC Learning Disorders task force also contain tools for progress monitoring. Curriculum-based measurement has the following characteristics:

- sensitive to small increments of growth,
- contain direct assessments of skills in academic standards and behavior,
- easily administered, scored, and interpreted,
- efficient for repeated administrations over short periods of time,
- comparable to benchmark assessment measures,
- brief and quantifiable,
- standardized in administration and scoring, and
- either norm- or criterion-referenced.

While schools choose progress monitoring measures for their strong reliability and validity, the data are not interpreted in isolation. Rather, these results should be supplemented with information from additional sources, such as teacher observations, school-level assessments, district-level assessments, etc. An effective Response to Intervention (RTI) system relies on all available sources of data to track student performance as accurately as possible.

Progress Monitoring Practices

The MTSS team in each building will need to set up a system for monitoring the progress of students in the building. The [Progress Monitoring | Center on Response to Intervention](#) provides teams with guidance and training on establishing a progress monitoring system. The following components will need to be in place for successful implementation.

1. Select the age-appropriate, reliable, and valid progress monitoring tool to be used at each grade level: As teams are reviewing the tools, the [Hexagon: An Exploration Tool](#) can serve as a guide to aid in selecting the tool to fit the district or school context.
2. Create a schedule for administering progress monitoring assessments for the year: Students identified as needing intervention or where there is concern about progress should be monitored frequently to determine the student's response to the chosen intervention and rate of improvement. The IES Practice Guide, [Assisting Students Struggling with Reading: Response to Intervention \(RTI\) and Multi-Tier Intervention in the Primary Grades](#) recommends that student progress should be monitored weekly, but definitely be monitored no less than once per month. It is recommended that students who are receiving additional intervention be monitored more frequently for decision-making purposes (Gersten et al., 2008).
3. Set a schedule and a data-based decision-making process for MTSS teams to meet and evaluate the progress monitoring data.
4. Establish clear decision rules that guide the data-based decision-making process: After teams collect progress monitoring data, the data must be analyzed sufficiently to determine whether changes in instruction are required for the student to meet the performance benchmark. This analysis is enhanced when data are graphed. Trend lines, graphic indications of a student's overall slope of progress, are necessary to determine whether progress is sufficient to meet the goal. The slope determines whether students are responding to instruction and trend lines show the likelihood of students reaching goals. This guides the instructional practices for Tiered Intervention. Most commercial universal screening and progress monitoring assessments will calculate the slope automatically and provide a trend line. [RTI Implementer Series: Module 2: Progress Monitoring](#) provides directions on how to calculate the slope and provides examples of data-based decision making. Teams will need to make decision rules when using progress monitoring data to make determinations regarding instructional interventions.
5. Establish practices to ensure fidelity of the progress monitoring process.

When schools implement a system to progress monitor with fidelity and tailor the interventions to meet the needs of students, this data is used to measure the students' RTI. When students do not respond to evidence-based intervention implemented with fidelity, teams will intensify the interventions within the tiered delivery system.

Outcome Assessments

Outcome assessments in literacy are summative measures that are used to assess a system. The measures are generally norm-referenced, standardized assessments. Outcome assessments are used in the evaluation process to measure the impact of implementation. According to Gibbons et al. (2019, p. 171) outcome assessments enable district and school teams to answer three questions:

1. What percentage of students who met benchmarks in the fall continued to meet benchmarks in the spring?
2. Were at least 80 percent of students at each grade level successful on district wide high stakes assessment without additional intervention?
3. Were any changes seen in subgroup gaps?

Outcome assessments are often used as part of state accountability systems and are used to measure school and teacher performance. Some examples of outcome measures in South Carolina are:

- South Carolina College- and Career-Ready Assessment (SC READY); and
- End of Course Examination Program.

Section 5: Implementing Tiered Interventions

Within a MTSS framework, all students receive Tier I evidence-based core instruction as the foundation of learning. Supplemental support is then provided to students at risk of not reaching grade-level proficiency based on their performance on screening assessments. This first layer of additional support, Tier II, occurs in addition to the time dedicated to core instruction, ideally occurs in groups of not more than five students, and focuses primarily on providing increased opportunities to support children's literacy acquisition (Baker, Fien, & Baker, 2010; Vaughn, Wanzek, Woodruff, & Linan-Thompson, 2007). When Tier II is insufficient to meet a student's needs, they receive Tier III interventions. Compared to Tier II, Tier III is more intense, is provided at a higher frequency, and is individualized to meet each student's needs.

Research has shown that the rapid growth of the brain and its response to instruction in the primary years make the time from birth to age eight a critical period for literacy development. (Nevills & Wolfe, 2009) Ninety percent of children with reading difficulties will achieve grade level in reading if they receive help by the first grade. Seventy-five percent of children whose help is delayed to age nine or later continue to struggle throughout their school career (Vellutino, Scanlon, Sipay, Small, Pratt, Chen and Denckla, 1996). Universal screening and early intervention are key to reading success.

Universal screening procedures, if designed properly and implemented with fidelity, will include the assessment of the skills that are the most predictive of later reading success or failure. Current research into the early identification of dyslexia suggests that children at risk for dyslexia can be identified early when intensive interventions are the most effective. Children at risk for reading failure can be readily identified as they enter kindergarten. "Deficits in phonological awareness, automatized naming, verbal working memory and letter knowledge have been shown to be robust precursors of dyslexia in children as young as age three" according to Dr. Nadine Gaab, a leading researcher of the identification of early reading risk. Dr. Gaab, an associate professor at Boston Children's Hospital and Harvard Medical School, recently

described early screening with a medical analogy:

The general idea here is not to diagnose children in preschool but to identify children “at-risk” to develop reading impairments (not just dyslexia). I often use an analogy from medicine for the argumentation: We are screening people for high cholesterol, which would be an increased risk to develop heart disease. We are not trying to diagnose people who present with high cholesterol with heart disease. If someone has high cholesterol and therefore is at-risk to develop heart disease we then provide ‘evidence-based response to screening’ which, in this case, would be prescribed exercise, dietary changes, maybe medication. The goal here is to prevent heart disease and not to diagnose earlier. It is hoped that fewer people then end up with a diagnosis of heart disease or if they do, it will be less severe since they already changed their diet, started exercising, taking medications, etc. We want to move “from a deficit-model to a preventive model.” It’s the same with reading impairments. We want to identify preschoolers at risk but not diagnose them with dyslexia in preschool. Then you put great ‘evidence-based response to screening’ in place so that their risk to develop dyslexia decreases OR if they develop reading problems, it will be less severe since they already had remediation/intervention since preschool. — Retrieved from email communication via Spelltalk listserv (January 15, 2019)

Data for Decision Making and Selection of Tiered Level of Support

Educators need to be well versed in the evidence-based methods that identify the risk for reading difficulty, and they need to make good decisions that provide appropriate educational interventions for their students who may be struggling. Educators led by the MTSS team will need access to data reports that are easily accessible to determine the effectiveness of overall core instruction. There are several types of data reports needed to inform the effectiveness of instruction and identify the needs as part of data based decision making:

- District-Level Data: A district will want to examine universal screening assessment by school to evaluate the effectiveness of core instruction at each school (see Figure 6).
- School-Level Data: School level MTSS teams will utilize grade level reporting to determine the effectiveness of instruction and determine needs by grade level (see Figure 7).
- Classroom-Level Data: Teachers will utilize a classroom report to inform their instruction and identify students who may need additional support (see Figure 8).
- Student-Level Data: Teachers will utilize individual student reports to identify specific student needs (see Figure 9).

Figure 6: District-Level Data Report Example

Summary of Effectiveness by District - DIBELS 8th Edition

District: Example District 2

School: All Schools

Date: 2018-2019

Step: Beginning of 1st Grade to End of 1st Grade



| Beginning of First Grade Benchmark Status on NWF to End of First Grade Benchmark Status on ORF | Intensive Support at Beginning of Year to | | | Strategic Support at Beginning of Year to | | | Core Support at Beginning of Year to | | | Benchmark Status on ORF in End of 1st (Totals) |
|--|---|-----------------------------|------------------------|---|-----------------------------|------------------------|---|-----------------------------|------------------------|--|
| | End of Year Intensive | End of Year Strategic | End of Year Core | End of Year Intensive | End of Year Strategic | End of Year Core | End of Year Intensive | End of Year Strategic | End of Year Core | |
| Example District 2 | 139 Students Intensive at Beginning of 1st 19.4% of Total Students | | | 133 Students Strategic at Beginning of 1st 18.6% of Total Students | | | 444 Students Core at Beginning of 1st 62% of Total Students | | | N=716 |
| Count | 62 | 19 | 58 | 41 | 92 | 0 | 0 | 93 | 351 | Intensive 14.4% |
| % of Benchmark Status on NWF | 44.6% | 13.7% | 41.7% | 30.8% | 69.2% | 0% | 0% | 20.9% | 79.1% | Strategic 28.5% |
| % of Total | 8.7% | 2.7% | 8.3% | 5.7% | 12.8% | 0% | 0% | 13% | 49% | Core 57.1% |
| School 1 | 28 Students Intensive at Beginning of 1st 28% of Total Students | | | 18 Students Strategic at Beginning of 1st 18% of Total Students | | | 54 Students Core at Beginning of 1st 54% of Total Students | | | N=100 |
| Count | 15 | 4 | 9 | 9 | 9 | 0 | 0 | 12 | 42 | Intensive 24% |
| % of Benchmark Status on NWF | 53.6% | 14.3% | 32.1% | 50% | 50% | 0% | 0% | 22.2% | 77.8% | Strategic 25% |
| % of Total | 15% | 4% | 9% | 9% | 9% | 0% | 0% | 12% | 42% | Core 51% |
| School 2 | 23 Students Intensive at Beginning of 1st 22.1% of Total Students | | | 27 Students Strategic at Beginning of 1st 26% of Total Students | | | 54 Students Core at Beginning of 1st 51.9% of Total Students | | | N=104 |
| Count | 8 | 4 | 11 | 13 | 14 | 0 | 0 | 11 | 43 | Intensive 20.2% |
| % of Benchmark Status on NWF | 34.8% | 17.4% | 47.8% | 48.1% | 51.9% | 0% | 0% | 20.4% | 79.6% | Strategic 27.9% |
| % of Total | 7.7% | 3.8% | 10.6% | 12.5% | 13.5% | 0% | 0% | 10.6% | 41.3% | Core 51.9% |
| School 3 | 17 Students Intensive at Beginning of 1st 16.5% of Total Students | | | 22 Students Strategic at Beginning of 1st 21.4% of Total Students | | | 64 Students Core at Beginning of 1st 62.1% of Total Students | | | N=103 |
| Count | 7 | 1 | 9 | 4 | 18 | 0 | 0 | 9 | 55 | Intensive 10.7% |
| % of Benchmark Status on NWF | 41.2% | 5.9% | 52.9% | 18.2% | 81.8% | 0% | 0% | 14.1% | 85.9% | Strategic 27.2% |
| % of Total | 6.8% | 1% | 8.7% | 3.9% | 17.5% | 0% | 0% | 8.7% | 53.4% | Core 62.1% |
| School 4 | 15 Students Intensive at Beginning of 1st 14.7% of Total Students | | | 18 Students Strategic at Beginning of 1st 17.6% of Total Students | | | 69 Students Core at Beginning of 1st 67.6% of Total Students | | | N=102 |
| Count | 6 | 2 | 7 | 0 | 18 | 0 | 0 | 10 | 59 | Intensive 5.9% |
| % of Benchmark Status on NWF | 40% | 13.3% | 46.7% | 0% | 100% | 0% | 0% | 14.5% | 85.5% | Strategic 29.4% |
| % of Total | 5.9% | 2% | 6.9% | 0% | 17.6% | 0% | 0% | 9.8% | 57.8% | Core 64.7% |
| School 5 | 17 Students Intensive at Beginning of 1st 16.2% of Total Students | | | 15 Students Strategic at Beginning of 1st 14.3% of Total Students | | | 73 Students Core at Beginning of 1st 69.5% of Total Students | | | N=105 |
| Count | 7 | 2 | 8 | 1 | 14 | 0 | 0 | 15 | 58 | Intensive 7.6% |
| % of Benchmark Status on NWF | 41.2% | 11.8% | 47.1% | 6.7% | 93.3% | 0% | 0% | 20.5% | 79.5% | Strategic 29.5% |
| % of Total | 6.7% | 1.9% | 7.6% | 1% | 13.3% | 0% | 0% | 14.3% | 55.2% | Core 62.9% |
| School 6 | 18 Students Intensive at Beginning of 1st 18.2% of Total Students | | | 15 Students Strategic at Beginning of 1st 15.2% of Total Students | | | 66 Students Core at Beginning of 1st 66.7% of Total Students | | | N=99 |
| Count | 8 | 3 | 7 | 6 | 9 | 0 | 0 | 18 | 48 | Intensive 14.1% |
| % of Benchmark Status on NWF | 44.4% | 16.7% | 38.9% | 40% | 60% | 0% | 0% | 27.3% | 72.7% | Strategic 30.3% |
| % of Total | 8.1% | 3% | 7.1% | 6.1% | 9.1% | 0% | 0% | 18.2% | 48.5% | Core 55.6% |

Source: Center on Teaching & Learning, University of Oregon (2020). *District Level Data Example from DIBELS 8th Edition*. <https://dibels.uoregon.edu/report>.

Figure 7: School-Level Data Report Example

2018-2019 All Grades Status - DIBELS 8th Edition
District: Example District 2



| Grade | Beginning | Middle | End |
|-------|---|---|--|
| K | n=705 135 208 362 (19%) (30%) (51%) | n=722 64 136 522 (9%) (19%) (72%) | n=704 62 127 515 (9%) (18%) (73%) |
| 1st | n=729 188 279 262 (26%) (38%) (36%) | n=730 164 227 339 (22%) (31%) (46%) | n=723 104 207 412 (14%) (29%) (57%) |
| 2nd | n=703 211 222 270 (30%) (32%) (38%) | n=726 206 290 230 (28%) (40%) (32%) | n=726 61 140 525 (8%) (19%) (72%) |
| 3rd | n=757 157 154 446 (21%) (20%) (59%) | n=746 208 286 252 (28%) (38%) (34%) | n=745 212 311 222 (28%) (42%) (30%) |
| 4th | n=752 268 221 263 (36%) (29%) (35%) | n=751 257 259 235 (34%) (34%) (31%) | n=759 181 204 374 (24%) (27%) (49%) |
| 5th | n=741 270 157 314 (36%) (21%) (42%) | n=736 209 207 320 (28%) (28%) (43%) | n=734 68 194 472 (9%) (26%) (64%) |
| 6th | n=543 256 37 250 (47%) (7%) (46%) | n=539 235 100 204 (44%) (19%) (38%) | n=524 53 103 368 (10%) (20%) (70%) |
| 7th | n=545 277 0 268 (51%) (0%) (49%) | n=547 136 196 215 (25%) (36%) (39%) | n=508 126 228 154 (25%) (45%) (30%) |
| 8th | n=545 208 90 247 (38%) (17%) (45%) | n=551 48 168 335 (9%) (30%) (61%) | n=513 48 96 369 (9%) (19%) (72%) |
| All | n=6020 1970 1368 2682 (33%) (23%) (45%) | n=6048 1527 1869 2652 (25%) (31%) (44%) | n=5936 915 1610 3411 (15%) (27%) (57%) |

Legend n = Number of Students ■ Intensive Support ■ Strategic Support ■ Core Support

Results Based On K-Beginning: LNF K-Middle - 1st-Beginning: NWF-CLS 1st-Middle - 8th-End: ORF-Words Correct

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1 / 1

Source: Center on Teaching & Learning, University of Oregon (2020). *School Level Data Example from DIBELS 8th Edition*. <https://dibels.uoregon.edu/report>.

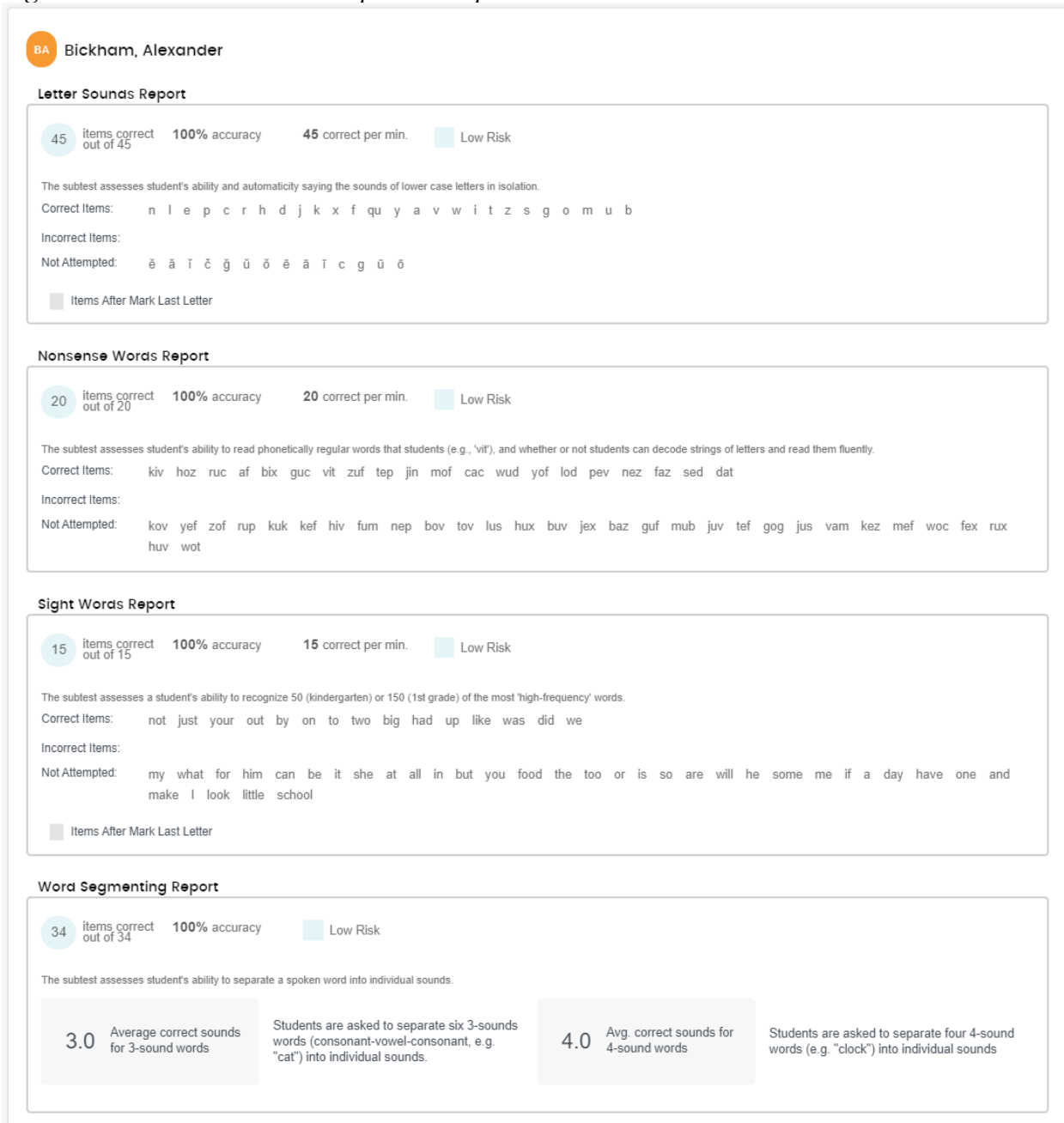
Figure 8: Classroom-Level Data Report Example



Source: AIMSwebPlus (2020). *Sample Reports*.

<https://images.pearsonassessments.com/images/Assets/aimswebPlus/aimswebPlus-SampleReports.pdf>

Figure 9: Student-Level Data Report Example

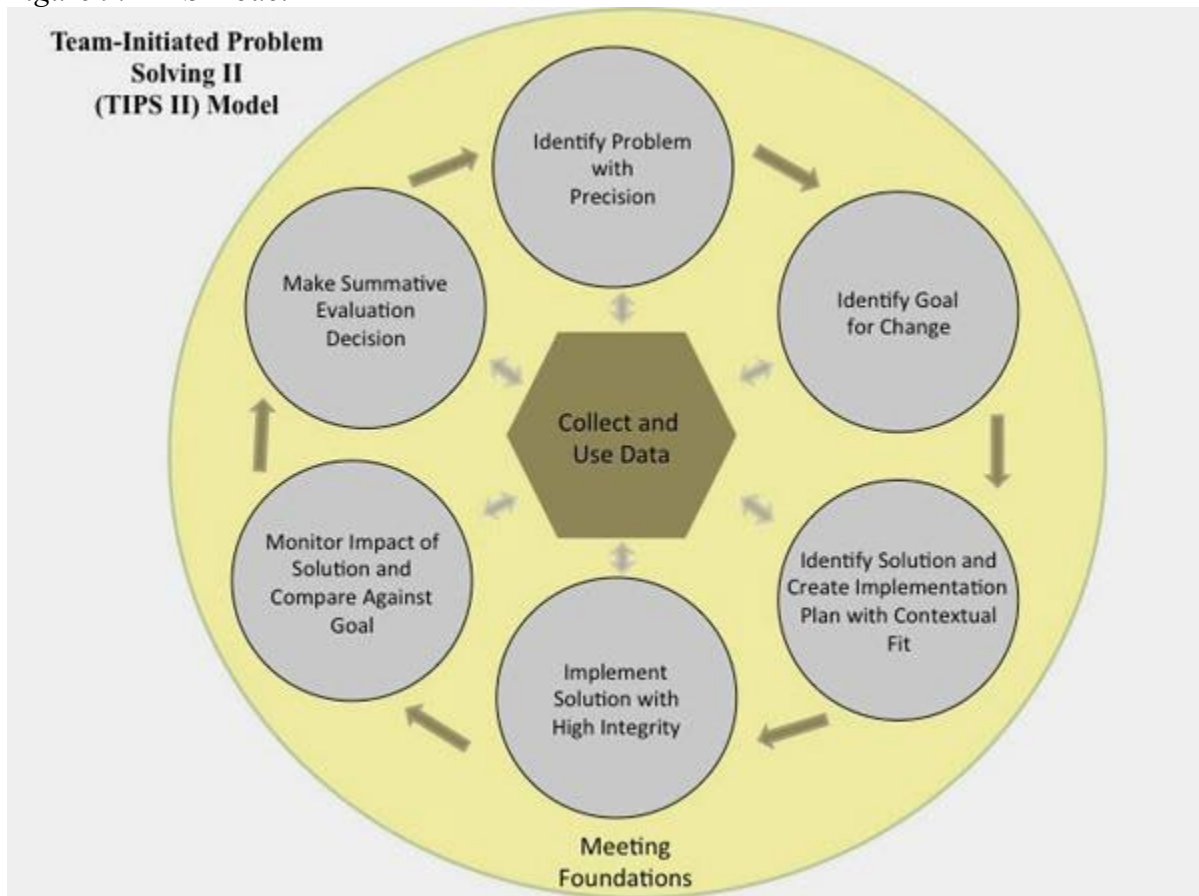


Source: Fastbridge (2020). *Understanding Student Growth*. <https://www.fastbridge.org/understanding-student-growth-data/download-understanding-student-growth-data/>.

The MTSS team will use a problem solving model process for data based decision making. The Team Initiated Problem Solving (TIPS) Model suggested in the *SCMTSS Framework and Guidance Document* is a solution focused model for use at a state, district, school, classroom, or individual problem solving for both academic and behavioral concerns. Teams can identify problems with precision, set a goal for improvement, determine effective interventions, implement with fidelity, evaluate for effectiveness, and determine the next steps. The chart

below explains the TIPS model.

Figure 9: TIPS Model



Source: Horner, R. H., Newton, J. S., Todd, A. W., Algozzine, B., Algozzine, K., Cusumano, D. L., & Preston, A. I. (2015). *The Team-Initiated Problem Solving (TIPS II) Training Materials*. Retrieved from: https://assets-global.website-files.com/5d3725188825e071f1670246/5d702dc2ea51483cd62d3aaa_tips%20policy%20brief.pdf

Progress Monitoring and Intervention

The universal screening process is used to identify students who may be considered “at risk.” As a guideline, educators should look at students scoring below the 25th percentile compared to national norms on a skills-based screener, corroborating their performance with additional sources of information (e.g., standards-based assessments, grades, formative assessments, summative assessments, classroom performance, teacher observations, etc.), to determine those who are “at-risk” including those who may be at risk for dyslexia. For schools with a large percentage of students below the 25th percentile, they will want to look at school-based norms as well while considering the implications of their core instruction. Students who are considered “at-risk” should receive appropriately aligned skills-based interventions in addition to Tier I instruction.

Data from universal screenings should be used to make informed decisions about evidence-based interventions and the progress monitoring that should follow. Interventions should address the

needs of the student, as identified by the screening process. Progress monitoring is then done to determine whether progress is adequate or whether different or more intensive intervention is required.

Teachers should show knowledge and evidence of setting goals for each child. Expected growth can be determined by using measures provided by the progress-monitoring instrument. It should be related to each specific area of need. Teachers must show how students are progressing toward these goals using rate of improvement (ROI) to determine adequate progress. Teachers must use the data from progress monitoring to make instructional decisions. Educators can find information about setting and monitoring goals at [Progress Monitoring Brief 2](#).

A student's ROI on progress monitoring is the number of units of measure (e.g., words read correctly, correct responses, correct digits) a child has made per week since the beginning of the intervention. To discover this rate, teachers should divide the total number of units gained by the number of weeks that have elapsed. The ROI is compared to the ROI of a typical peer and is one of the factors considered in determining whether a student has made adequate progress. The at-risk student's rate of improvement must be greater than the rate of improvement of a typical student in order to "close the gap" and return to grade level functioning. Many intervention materials and/or progress monitoring materials/assessments calculate the rate of improvement.

School MTSS teams will meet to analyze data, measure the effectiveness of interventions, and check student progress toward goals. A plan will be in place for when students are and are not making adequate progress within Tier II. If students are not making adequate progress in Tier II, the team may need to consider if the intervention may need to be changed, the intensity needs to be increased, or changes such as the time of day the intervention is delivered may need to be considered. The following is an example of a Tier II intervention analysis.

Table 3: Sample Tier II Intervention Group Analysis

| Student Name | Fall Benchmark Score | Progress Monitoring (PM 1) | PM 2 | PM 3 | PM 4 |
|--------------|----------------------|----------------------------|------|------|------|
| AJ | 12 | 11 | 10 | 13 | 12 |
| BR | 12 | 17 | 20 | 25 | 27 |
| SN | 10 | 15 | 23 | 26 | 32 |
| LS | 11 | 16 | 20 | 27 | 30 |
| PF | 10 | 16 | 21 | 24 | 28 |

The student 'AJ' demonstrated little to no progress; whereas his peers in his same Tier II group demonstrated expected progress. Even though AJ has not made sufficient progress, the following factors should be considered through consultation before initiating Tier III procedures or a referral for a comprehensive evaluation: attendance, behavior/attention, motivation, home factors, linguistic or cultural differences, etc.

Students with very significant skill delays determined by the universal screening may go directly into a more significant Tier III intervention if the MTSS team deems appropriate to help bridge the gap. Students who are not responding in Tier II or are responding but not making enough progress to bridge the skill gap within a reasonable time frame may be moved into Tier III interventions.

Tiered Interventions

Description of Tiers

Tier II interventions address the needs of struggling students. Tier II is in addition to Tier I. Those students who require additional assistance beyond the usual time allotted for the core instruction (Tier I) should receive additional skill-based group intervention based on diagnostic data in the specific area of deficit. Tier II intervention is explicit and systematic. Tier II requires high-quality evidence-based intervention matched to students' needs and provided by highly trained personnel. School teams and teachers can use [Literacy Strategies to Support Intensifying Interventions | National Center on Intensive Intervention](#) to assist in the selection of skill-based literacy intervention strategies. In addition, the [Academic Intervention Tools Chart](#) will provide school teams with evidence of commercial interventions.

Tier III addresses 3-5 percent of students who have received Tier I instruction and Tier II interventions and continue to show marked difficulty in acquiring necessary reading, mathematics, and writing skill(s). It could also include students who are 1.5 to 2 years behind or are below the 10th percentile and require the most intensive interventions immediately. Students at this level should receive daily, intensive, small group, or individual intervention targeting specific area(s) of deficit, which are more intense than interventions received in Tier II. Intensity can be increased through length, frequency, and duration of implementation.

Tier III interventions will be systematic, research-based interventions that target the student's identified area of deficit (e.g. basic reading skill(s), reading fluency, reading comprehension, mathematics calculation, mathematics problem solving, or written expression). Interventions will be developed based on the unique needs of students. Interventions that have been researched to have the greatest chance of addressing the area of need should be selected. There will be evidence that interventions are more intense than Tier II. As with Tier II, progress should be monitored toward goals using an ROI to determine adequate progress. School teams will need to utilize data-based individualization to guide implementation. The [National Center on Intensive Intervention](#) provides [guidance on data-based individualization](#) for intensive intervention.

Intervention Adaptation

Students receiving intervention must have access to all Tier I Supports as described earlier. Teams will want it to utilize the *Taxonomy of Intervention Intensity* to guide the decision-making

process. The National Center for Intensive Intervention provides guidance on how to intensify intervention for literacy at [Taxonomy of Interventions](#). The Taxonomy serves as a tool to advise teams on intervention intensity for students in need of more support. The following is a brief overview of each area and a description of use for intensifying academic interventions (Fuch, et.al., 2017).

Strength

The strength of an intervention is when a match is determined between the intervention and the needs of the student. For example, if a student lacks reading fluency, the intervention would be one that has evidence that a student will increase fluency using a standard protocol of practice. The strength of an intervention is determined by the effect size. The team will need to look at the research and determine the effect size of the intervention as it applies to the needs of the student. A guideline for determining effect sizes follows:

Table 4: Guidelines for Determining Effect Sizes

| Effect Size | Outcomes |
|-----------------------|--|
| Greater than 0.25 | Intervention has a possibility of improving outcomes |
| Between 0.35 and 0.40 | Intervention has moderate possibility of improving outcomes |
| Greater than 0.50 | Intervention has a large possibility for improving outcomes. |
| 1.00 or higher | Intervention is strong |

A tools chart to assist teams in reviewing the effectiveness of interventions can be found at <https://charts.intensiveintervention.org/aintervention>.

Dosage

The broad definition of dosage for intervention generally refers to the number of opportunities a student has to respond and receive corrective feedback. Giving students frequent opportunities to respond results in increased student engagement and decreased display of inappropriate student behavior ([MO SW-PBS TEACHER TOOL MULTIPLE OPPORTUNITIES TO RESPOND](#)). Academic intervention dosage is usually considered to be the size of the instructional group, the number of minutes of instruction, and the frequency of instructional periods. When examining dosage, the team will want to consider the number of times each student can respond with feedback. The smaller the group, the more opportunities there are for the student to respond with feedback.

Alignment

Alignment is the extent to which the intervention targets the student's deficits, does not address skills the student has mastered, and focuses on grade appropriate standards. The team must use diagnostic data to determine the curriculum needed for the student. Narrowing the focus of intervention is crucial when intensifying support. The team may have to prioritize skills based on the needs of the individual student. When selecting alignment for literacy the team will need to select intervention that addresses all the deficit areas where the student needs to improve in order to access the grade level standards. The following is an example of aligned instruction for phonological awareness within an MTSS system from the National Center for Intensive Intervention [Planning Standards Alignment](#). Another focus of alignment is to ensure that all areas are addressed. Many commercial interventions may not incorporate the entire set of skills needed by the student. For example, a reading intervention program may only address fluency while the student also has a deficit in language development. It will be important for the team to address both when intensifying the intervention.

Transfer

Transfer refers to the way in which an intervention is designed so that students can learn to use the skills in other formats and contexts. It also provides explicit instruction on the relationship of the skills learned during intervention to previously learned material and the connection to future learning. For students to benefit from small group intensive literacy intervention, educators must teach transfer of the skills for classroom use. For example, in a literacy intervention where students are being taught a specific "sound out" strategy to identify unknown words, the interventionists will need to ensure that the teacher also knows the strategy to utilize in the classroom and to prompt and correct the student with the intervention strategy. It is important that teachers have time to work with the interventionists to ensure that everyone knows the interventions being utilized.

Comprehensiveness

The comprehensiveness of the intervention refers to the number of explicit instructional principles that are incorporated into the program. The principles of explicit instruction are (a) providing instruction with clear, consistent language, (b) modeling for students to ensure errorless learning, (c) ensuring students have the needed pre-requisite skills to perform the task, (d) fading support as students master the content, (e) providing opportunities for students to practice correctly to gain mastery, and (f) providing consistent review to maintain the skill (Fuchs, et al., 2017). As teams and teachers select intervention material it will be important to see how many of the explicit principles are incorporated into the program. In order to intensify the intervention, the team may have to adapt the curriculum to provide a comprehensive program. For example, if a program provides no modeling for students, the interventionists will need to adapt the curriculum and provide an explicit model.

Fidelity of Implementation

An effective intervention is implemented by highly-trained personnel, implemented with fidelity and confirmed with measurement, and progress monitored to ensure outcomes are being met.

The [National Center for Intensive Intervention](#) (NCII) defines fidelity as:

1. Adherence – Did the teacher stick to the plan/curriculum/assessment? Was the intervention implemented the way it was intended to be implemented based on the

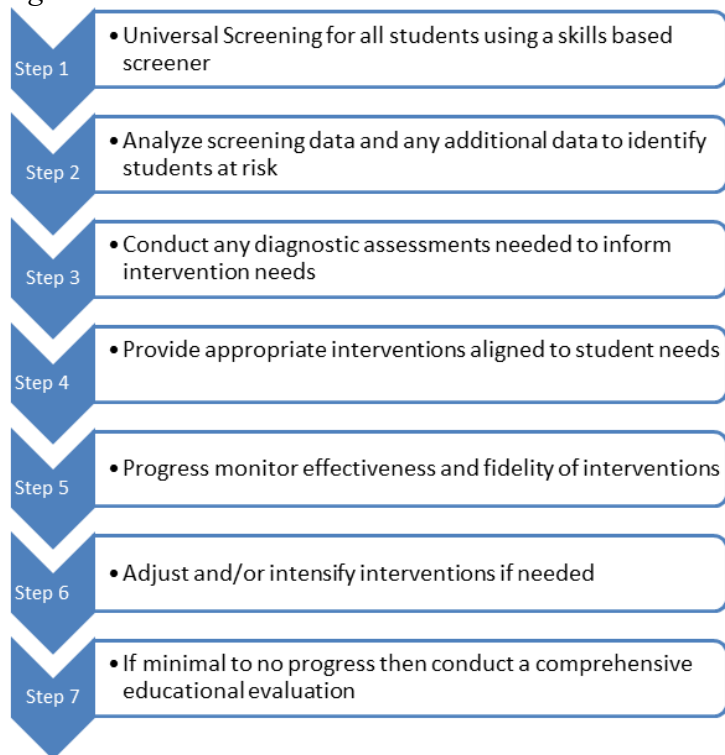
research? This does not mean following a script word for word. However, it does mean covering the content with appropriate pacing and relevant language and techniques.

2. Duration/Exposure – Does the duration/exposure being used with a student match the recommendation by the author/publisher of the curriculum? (e.g. 60 minutes 3 times per week)
3. Quality of Delivery – Are good teaching practices being used? Are teachers engaged in what they are teaching, animated in their delivery, not simply reading from a script?
4. Program Specificity – Is the intervention a good match for the student's needs?
5. Student Engagement – Are the students engaged and involved in the intervention or activity?

The Response to Intervention Process

Utilizing universal screening to identify students at risk, implementing evidence-based interventions with fidelity, and progress monitoring student's response is the RTI process. This process is used to determine the need for identification of students with dyslexia and other reading disorders. The chart below provides the steps in the process:

Figure 10: The RTI Process



Section 6: Assessment and Identification of Dyslexia within a Comprehensive Literacy Program

“...a learning disability is not technically a “disability” unless it is allowed to become a disability! The greatest good is found by preventing need, not by postponing help.” --Emerson Dickman, Past President, IDA

Referral for a Comprehensive Educational Evaluation

A referral for special education for a specific learning disability (SLD) including dyslexia is typically determined when the data indicate that Tier III is ineffective. Information obtained from any screenings completed during the intervention process may be used as part of the eligibility determination following informed written parental consent. A tiered intervention system may not be used to delay a parent’s request for a comprehensive evaluation (US Department of Education, 2015).

The purpose of a comprehensive educational evaluation is to determine whether the individual demonstrates the characteristics of dyslexia and to rule out other causes of the identified reading/writing concerns. Testing for dyslexia can verify the presence of a specific learning disability/dyslexia, can aid in determining the severity of dyslexia, and can provide the needed documentation for eligibility for specially designed instruction (special education) and accommodations throughout an individual’s educational career from elementary school through college and postgraduate education.

If Tier III interventions have been provided and a gap analysis indicates that a student's progress is not sufficient for making adequate growth with the current interventions, then the team may obtain Notice and Consent for Initial Evaluation under the Individuals with Disability Education Act. The team must complete all evaluations and establish the student's eligibility for special education services within the initial evaluation timeline. The student will remain in intervention and will continue to be monitored while the requested evaluations are being completed. All information collected including the student's responsiveness to intervention will be a part of the student's eligibility determination.

Comprehensive Evaluation for Dyslexia

A comprehensive evaluation used to determine eligibility will include (at a minimum):

- Parent input to include any pertinent familial information, family/student medical history, etc.;
- Teacher input to include an indirect observation, work samples, documentation of differentiated instruction, etc.;
- Documentation of the problem to include classroom-based performance assessments, standardized testing results, and other relevant assessment data;
- A detailed description of the intervention process to include interventions used, attendance, frequency of implementation, duration of implementation, and fidelity monitoring;
- Progress monitoring data indicating a lack of responsiveness to intervention; and
- Components of a special education evaluation/re-evaluation which may include the following areas:

- Expressive and Receptive Vocabulary — words the student uses when speaking and words the student understands when listening;
- Listening Comprehension — what the student understands when listening to oral language at the sentence and passage level. Listening comprehension is often used as a gauge of the student’s potential for reading comprehension when limited/inaccurate decoding does not impair comprehension of print;
- Phonological/Phonemic Awareness — the student’s awareness of and access to the sounds structure of his/her oral language;
- Rapid Automatized Naming — speed of naming common objects, letters, colors and/or digits;
- Verbal Memory Skills — including phonological memory and the ability to recall sounds, syllables, and words;
- Alphabetic Principle and Phonics Skills — understanding that letter symbols represent specific sounds, and appreciating combinations and patterns of letters and their relationship to speech sound;
- Decoding and Word Recognition — ability to use sound-symbol association to identify words and pseudo-words (nonsense words);
- Oral Reading Fluency — the student’s ability to read single words and passages accurately, with appropriate phrasing and at a pace that supports comprehension;
- Reading Comprehension — the ability to make meaning from print, including both oral and silent reading passages;
- Spelling — the student’s ability to accurately encode words from dictation; and
- Written Expression — the student’s ability to formulate sentences and passages using basic conventions of English (e.g., capitalization, punctuation, and grammar).

Additional information can be found at the [South Carolina Department of Education Special Education Services](#).

Clinical Diagnosis vs. School Identification

There is frequent confusion regarding the difference between the clinical diagnosis of dyslexia and the school-based identification of dyslexia as a specific learning disability. The diagnostic term “dyslexia” can be used by clinicians working in a private clinical setting and by evaluation teams found within a public school setting. The use of dyslexia as a descriptor of a specific type of reading disorder (and a specific type of learning disability) is not limited to those working in a medical setting. Rather, its use is only limited by the training and assessment experience of those who would use the term. In South Carolina, there is no statute or regulation that would prohibit the use of the word dyslexia in a school setting or within school-generated documents. Likewise, there are no federal rules that prohibit the use of the term “dyslexia” when identifying a phonological-based, word-level reading disorder in a school-based setting. In using the descriptor “dyslexia,” the person or persons using the term have a responsibility to thoroughly understand typical reading development, what dyslexia is and is not, the key features of dyslexia, how it is assessed, and their obligation to use valid and reliable measurement tools and sound diagnostic judgment when making such a diagnosis.

Doctors and clinicians “diagnose” conditions such as dyslexia and Attention Deficit Hyperactive

Disorder (ADHD). School districts working under the IDEA “identify” learning differences and then determine if a student is eligible for special education services. Schools identify conditions based on IDEA. IDEA covers 13 categories of disability. Dyslexia falls under the category SLD.

An evaluation team might consider any clinical information that has been made available when it is determining if a child is eligible for special education. That includes a clinical diagnosis. A diagnosis alone does not satisfy IDEA requirements for eligibility as a student with a disability and the evaluation team may request additional information to satisfy those requirements and provide the team with the appropriate information to make informed decisions.

Section 7: Family Engagement

Creating engaging environments for families and the community is crucial for providing needed tiered support for students who struggle with reading. Family engagement aligns with the collaborative communication within the MTSS system. The SCDE has developed a framework for family engagement in kindergarten through grade 12, <https://ed.sc.gov/districts-schools/family-community-engagement/family-and-community-engagement/school-information/scde-family-engagement-k-12-framework/>.

Parents as MTSS Team Members

Parents should be invited to participate as team members in the planning of any literacy interventions and progress on the student’s RTI should be provided regularly. It is important for all team members to remember that if at any time the parent or school staff suspects that their child has a disability, the student should be referred to the Evaluation Planning Team to consider an evaluation for eligibility for special education services. See policy letter from the SCDE Office of Special Education Programs at <https://www2.ed.gov/policy/speced/guid/idea/memosdcrltrs/osep11-07rtimemo.pdf> for more information.

Resources for Parents and Families

As school teams and parents work together, having a collection of resources to support the understanding of effective reading instruction, MTSS, RTI, and dyslexia is crucial. The following websites are suggested resources for families:

Table 5: Resources for Families

| Resources for Families |
|--|
| <ul style="list-style-type: none">• International Dyslexia Association - ...until everyone can read! The International Dyslexia Association resources for parents including a dyslexia handbook conferences and workshops. |
| <ul style="list-style-type: none">• For Families: LD online provides resources to families on learning disabilities including dyslexia. |
| <ul style="list-style-type: none">• Family Resources Center on Response to Intervention: This website provides resources on the MTSS process, assessment, and RTI. |

Resources for Families

- [For Parents](#): Reading Rockets provides resources for parents about literacy including summer activities, dyslexia, and tips for working with children at home.

Section 8: Preservice, In-Service and Professional Learning Opportunities

“Effective classroom instruction delivered by a knowledgeable teacher, especially in the early grades, can prevent or at least effectively address and limit the severity of reading and writing problems.” — Knowledge and Practice Standards for Teachers of Reading (IDA, 2018, p.3)

The mission of the SCDE is to provide leadership and support so that all public education students graduate from high school prepared for success. Our goal is to provide professional support and guidance to South Carolina local educational agencies and state-operated programs so they will be able to implement and sustain all of the components of the South Carolina MTSS framework so that all students will achieve the Profile of the South Carolina Graduate. This includes how to implement universal screening procedures, developing a school-based team to analyze screening data and progress monitoring data, and assisting teachers in planning and implementing appropriate and targeted instruction. This also includes assisting teachers in planning for and implementing evidence-based interventions for all students who, based on the screening, are at risk of experiencing academic difficulties, including those students who exhibit the characteristics of dyslexia. Educators and related service providers should be prepared to meet the needs of students with dyslexia. This preparation should be provided both at the pre-service and in-service levels. There needs to be a commitment on the part of university teacher preparation and educational credentialing programs to prepare individuals to directly address the needs of students with dyslexia in the classroom.

Effective, evidence-based literacy instruction is essential for all students and is especially critical for students identified with reading difficulties and dyslexia. High-quality core classroom reading instruction can give all students, including students identified with dyslexia, a foundation upon which intervention instruction will have a more significant effect. Teachers should have a basic knowledge of evidence-based reading instruction, the SCMTSS Framework, progress-monitoring, and reading difficulties, including dyslexia, so they can identify and properly support these readers and writers in the classroom. With early intervention and the use of systematic, evidence-based supports, individuals with dyslexia can become successful readers. “Teachers, in particular, have a large role to play in leveling the playing field by understanding the root causes of dyslexia... When teachers acquire new knowledge and refine their pedagogical skills, they will be more adept in designing learning environments that are dynamic, flexible, and fertile for student growth” (Greene, 2017, para. 6).

“Early intervention using an evidence-based literacy approach is the key to overcoming the effects of dyslexia on reading. Intensified instruction from an early age in areas such as phonological awareness and phonics is crucial. With early intervention and the use of systematic, evidence-based supports and progress-monitoring individuals with dyslexia can become successful readers. Teachers need in-depth knowledge of the structure of the sound and meaning aspects of the language. They need a deep understanding of what phonology is and how it is taught. They must be experts at isolating individual speech sounds, counting speech sounds in

words, and understanding the developmental progression of phonological awareness in early childhood. They need to demonstrate competence in English spelling and how speech sounds are mapped onto specific letters or letter combinations. Teachers will need a solid grasp of morphology and how to determine the meaningful part of words. This is just a shortlist of what effective teachers of reading must know before they can begin to teach these concepts to children. Teaching language, reading, and writing effectively, especially to students experiencing difficulty, requires considerable knowledge and skill. Although dyslexia and related reading and language problems may originate with neurobiological differences, they are mainly treated with skilled teaching. Effective classroom instruction delivered by a knowledgeable teacher, especially in the early grades, can prevent or at least effectively address and limit the severity of reading and writing problems.” (IDA, 2018)

To support teaching professionals and provide them with an understanding of the South Carolina MTSS framework and the needs of students with dyslexia, the SCDE will develop ongoing professional learning opportunities for educators. State-wide professional learning opportunities will be designed to promote promising practices for teaching literacy and reading that benefit all students and those students with dyslexia. Professional learning opportunities will be updated regularly and posted on the SCDE website.

Table 6: Professional Learning Resources

| Professional Learning Resources |
|---|
| <ul style="list-style-type: none"> • Read to Succeed : Instructional Practices Understanding Dyslexia to Support Struggling Learners K-12 - course offered by VirtualSC PD |
| <ul style="list-style-type: none"> • American Speech-Language-Hearing Association (ASHA) |
| <ul style="list-style-type: none"> • The Center for Effective Reading Instruction (CERI) |
| <ul style="list-style-type: none"> • Dyslexia Help Success Starts Here (University of Michigan) |
| <ul style="list-style-type: none"> • The Dyslexia Resource |
| <ul style="list-style-type: none"> • Dyslexia Training Institute |
| <ul style="list-style-type: none"> • S.C. Dyslexia Training Modules |
| <ul style="list-style-type: none"> • Dyslexia Training Modules – Virginia Department of Education |
| <ul style="list-style-type: none"> • edWeb |
| <ul style="list-style-type: none"> • Institute for Multi-Sensory Education |
| <ul style="list-style-type: none"> • International Multisensory Structured Language Education Council (IMSLE) |

| Professional Learning Resources |
|---|
| <ul style="list-style-type: none"> • Language Essentials for Teachers of Reading and Spelling (LETRS) • Overview of LETRS |
| <ul style="list-style-type: none"> • Microsoft Education Dyslexia Awareness Courses • Dyslexia Awareness Part 2 |
| <ul style="list-style-type: none"> • Reading Rockets |
| <ul style="list-style-type: none"> • SREB Teacher Training Resources |
| <ul style="list-style-type: none"> • International Dyslexia Association |
| <ul style="list-style-type: none"> • University Programs Accredited by IDA |
| <ul style="list-style-type: none"> • National Center on Improving Literacy |
| <ul style="list-style-type: none"> • The Teaching Foundational Reading Skills MOOC-Ed |
| <ul style="list-style-type: none"> • The Yale Center for Dyslexia and Creativity |

Section 9: Definitions

Alphabetic Principle: The alphabetic principle refers to the knowledge that letters represent sounds that come together to form words. It is critical in reading and understanding the meaning of text. In normal reading development, children use the alphabetic principle fluently and automatically, which allows them to comprehend text.

American with Disabilities Act (the ADA): A civil rights law passed in 1980 which protects persons with disabilities from discrimination in employment, state and local government, public accommodations, commercial facilities, transportation, and communication. Discrimination refers to the unequal treatment of a person with disabilities because of their disability. Title II of the ADA requires that state and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities, including education. Title III of the ADA covers businesses and nonprofit services such as private schools, theaters, and restaurants.

Data-Based Decision Making: A process in which educators examine assessment and progress monitoring data to make instructional decisions regarding a student's education.

Data-Based Individualization (DBI): DBI is a research-based process for individualizing and intensifying interventions by systematically using assessment data, evidence-based interventions, progress monitoring data, and research-based adaptation strategies. DBI is a problem-solving process problem-solving process: in which teachers frequently review student data and then make changes to their teaching based on students' responses to instruction.

Diagnostician: A diagnostician is a person who is a specialist or has expertise in making diagnoses in particular areas.

Diagnostic Assessment: Diagnostic assessment is one of the most important decisions that educators make is determining what to teach students. When students are struggling academically, the decisions about what to teach should not be based on informal notions of what to teach but on reliable and valid diagnostic assessments that provide accurate data on student performance and proficiency.

Dyslexia: Dyslexia is a learning disorder that affects an individual's ability to read, write, and spell. Although the exact cause of the disorder is not completely clear, it is a life-long disorder that seems to have a neurobiological basis. Students with more serious cases of dyslexia may qualify for special education services under the category of specific learning disabilities in the Individuals with Disabilities Education Act.

Core Reading Program: The reading curriculum used in a school district is referred to as its core reading program or curriculum. It is the primary instructional tool that teachers use to teach children to learn to read. It is very important that the core reading instruction be evidence-based. An evidence-based core reading program should address the instructional needs of the majority of students in a respective school or district. If a school district's reading program is not evidence-based, it will be difficult to determine what a child's reading problem is due to poor reading instruction or if the child has a learning problem.

Evidence-based Practices: Evidence-based practices are those procedures and strategies that are informed by research and for which there is evidence that the use of such procedures and strategies lead to improved educational outcomes if implemented correctly. It is important to monitor fidelity of implementation.

Explicit Instruction: Effective reading instruction requires the deliberate teaching of all concepts with continuous student-teacher interaction. It is not assumed that students will naturally deduce these concepts on their own. See Addendum 3 for more information on explicit instruction.

Fidelity of Implementation: Fidelity of implementation refers to the degree to which an intervention is implemented as intended or designed by researchers and designers. It is absolutely critical to the successful translation of evidence-based interventions to the classroom. It is important to monitor fidelity of implementation to ensure that evidence-based practices are being implemented correctly.

Five Big Ideas of Reading Instruction: The [National Reading Panel](#) identified five critical components in reading instruction: phonemic awareness, phonics, fluency, vocabulary, and comprehension.

Free Appropriate Public Education (FAPE): FAPE is the central principle of the Individuals with Disabilities Education Act. School districts are required to offer a FAPE to all eligible students with disabilities in its jurisdiction. A FAPE must be provided at public expense, in

conformity with a student's individualized education program, and enable a student to make progress appropriate in light of his or her circumstances. FAPE consists of specially designed instruction to meet the unique needs of a student with a disability and includes necessary related services or support services necessary to assist the student to benefit from that instruction. According to the Supreme Court in *Endrew F. v. Douglas County School District*, (2017), the specialized instruction is appropriate when it enables a student to make progress appropriate in light of his or her circumstances.

Fluency: Fluency is the ability to read with speed and accuracy. Good readers have the ability to read text fluently and automatically. Fluency is especially important because it bridges the gap between word recognition and comprehension. If readers are not fluent they spend time trying to determine what the words are rather than reading for understanding.

Graphemes: A grapheme is a written symbol that represents a sound (phoneme). Graphemes are the units, such as the letters of the alphabet, that correspond to the phonemes, the sounds of spoken language.

Individualized Education Program (IEP): An IEP is both the process of developing a program of special education and related services for students with disabilities who are eligible for services under the IDEA and a document that memorializes the student's program. A student's IEP is developed, reviewed, and revised by an IEP team, which includes his or her parents, a representative of the school districts (usually the school principal or an assistant principal) the student's special education teacher, a least one of the student's general education teachers, and a person who can explain the instructional implications of the evaluation results. The IEP is a blueprint of a student's FAPE. According to the Supreme Court in *Endrew F. v. Douglas County School District*, (2017), the essential function of the IEP is to set out a plan for pursuing academic and functional advancement. Moreover, the Supreme Court held that IEPs must be reasonably calculated to enable a student to make progress appropriate in light of their circumstance.

Individuals with Disabilities Education Act (IDEA): A federal law that requires school districts to provide a free appropriate public education to all eligible students between 3 and 21, who have one or more of 13 disability categories included under the law. Before 1990, the law was known as the Education for All Handicapped Children Act. The IDEA requires that school districts provide special education and related services designed to meet a student's unique academic and functional needs. The IDEA also governs how states provide early intervention special education services to infants and toddlers with disabilities from birth to 2 years of age.

Multi-Tiered Systems of Support (MTSS): MTSS is a team-driven comprehensive school wide framework that uses data-based problem solving to support the academic and social-emotional learning for all students. In an MTSS, multiple tiers of instruction and support are provided to meet the academic and behavioral needs of all students. All students in the school wide system receive high-quality research-based instruction in Tier I. Benchmark assessments are administered to all students throughout the year. The MTSS team utilizes this benchmark assessment data to evaluate the effectiveness of the school wide instructional program and to identify students who are at risk for academic and social-emotional struggles. Once students are

identified as needing more support a team will meet to design an effective intervention to address the needs of the students. Determining the level of support needed is based on the use of diagnostic data to determine the level of need. Students receiving intervention services are progress monitored to determine the response to the intervention. Thus, MTSS uses data-based problem solving to support the academic and social-emotional learning of all students.

Morphology: Morphology refers to the formation of words. Morphology is a critical element of successful vocabulary development and accurate decoding and involves understanding the segmenting of words into affixes (prefixes and suffixes) and roots or base words.

National Reading Panel: In 1997, the Congress of the United States directed the National Institute of Child Health and Human Development (NICHD) and the Secretary of the Department of Education to convene a national panel. Congress further directed that the panel be composed of the leading scientists in reading research, representatives of colleges of Education, reading teachers, education administrators, and parents. Their charge was to assess the status of research-based knowledge in using effective approaches to teaching children to read. The panel analyzed reading research in the following areas: (a) alphabetics, including phonemic awareness and phonics instruction; (b) fluency; and (c) comprehension, including vocabulary instruction and text comprehension instruction.

Oral Language: Oral language is the system through which we use spoken words to express our knowledge, ideas, beliefs, and feelings. Students who lack exposure to rich oral experiences will need more explicit instruction in language to help them achieve success alongside their more verbal peers. Research conducted since the [National Reading Panel Report](#) suggests that oral language is an important component of learning to read.

Orthography: Orthography is a method of representing the sounds of a language by written or printed symbols. It is a set of conventions in a written language (e.g., spelling, capitalization).

Peer-reviewed Research: The term peer-reviewed research was used by the Congressional authors of the No Child Left Behind Act (NCLB). The term peer-reviewed instruction was initially one characteristic of scientifically-based instruction under NCLB. To be based on research meant a particular procedure had been published in a peer-reviewed journal, which meant the research study had been checked and scrutinized by experts in the same field. Additionally, it could be research that was approved by an independent panel of experts (e.g., What Works Clearinghouse). In 2004, Congress required that special education and related services written into a student's IEP had to be based on peer-reviewed research, to the extent such research was available. Whereas the terms evidence-based practices and peer-reviewed research are often used interchangeably in the field of education, Congress used peer-reviewed research when addressing the content of a student's IEP.

Phonemes: Phonemes are the smallest units phonemes are the smallest units of sound that can change meaning within spoken language. The English language consists of 44 phonemes. Phonemes combine to form syllables and words. Most words consist of a blend of phonemes.

Phonics: Phonics refers to an understanding of how to use the grapheme (letters and word) and phoneme (sounds) correspondences to decode or spell words.

Phonemic Awareness: Phonemic awareness refers to a reader's ability to identify and manipulate individual sounds in spoken words. Phonemic awareness helps children learn to read because the structure of the English writing system is alphabetic, and children need to understand the alphabetic principle to become good readers. Research has clearly shown that instruction in phonemic awareness is effective in teaching children to attend to and manipulate speech sounds in words, and thus become good readers.

Phonology: Phonology is the study of speech sounds in language or a language with reference to their distribution and patterning and to rules about pronunciation.

Phonological Awareness: The ability to recognize and manipulate words, syllables, and sounds of the spoken language.

Progress Monitoring: Progress monitoring refers to scientifically-based procedures used to assess students' academic performance, to quantify a student's rate of improvement or responsiveness to instruction, and to evaluate the effectiveness of instruction. When students' progress is monitored, the performance is measured over time and new data is compared to previous data. Because performance data is collected frequently, changes in student performance can be made while programs are in effect.

Response to Intervention (RTI): Response to Intervention is a procedure used to determine if a student is eligible for services as a student with learning disabilities under the IDEA. It is a data-driven process to identify a student with learning disabilities is making progress by determining if a student when provided with evidence-based instruction and intervention. RTI also refers to a data-based multi-step approach to providing services and interventions to struggling learners at increasing levels of intensity. RTI allows for early intervention by providing academic support rather than waiting for a child to fail before offering help.

Section 504 of the Rehabilitation Act: A civil rights law, originally passed in 1973 that protects persons with disabilities from discrimination in federally funded programs. According to Section 504 "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that receives Federal financial assistance. Regulations to the law require that schools provide a commensurate education that meets the individual needs of students with disabilities as adequately as a school district meets the needs of students without disabilities.

Semantics: Semantics refers to the meaning of words or sentences.

Skills: Skills are particular areas of expertise that are needed to perform specific tasks.

Sound Symbol Correspondence: Sound symbol correspondence is the relationship between phoneme and grapheme. Accurate sound symbol correspondence is a vital aspect of the process of learning to read.

Special Education: Special Education is a set of services provided to students who experience specific learning needs. Governed by federal law (Individuals with Disabilities Education Act, IDEA), special education is defined as: “Specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability.” Special education services may be provided across a variety of educational environments to students who have an individualized education plan (IEP). Eligibility for special education services requires that students have an identified disability that impacts their ability to learn and requires additional services and resources to effectively participate in the general education curriculum to the greatest extent possible.

Specially Designed Instruction: Specially designed instruction refers to adapting the content, methods, and delivery of instruction to address the unique needs of a student resulting from his or her disability.

Specific Learning Disability (SLD): Specific learning disability is a category of students who are eligible to receive special education services under the IDEA. SLD is defined as a disorder in one or more of the basic learning processes involved in understanding or in using language, spoken or written, that may manifest in significant difficulties affecting the ability to listen, speak, read, write, spell, or do mathematical calculations. It includes conditions such as perceptual disabilities, dyslexia, and developmental aphasia.

Structured Literacy: Structured literacy instruction is an umbrella term used by the International Dyslexia Association (IDA) to unify and encompass the many evidence-based programs and approaches to teaching reading to students identified with dyslexia. The term refers to the highly explicit, systematic teaching of foundation skills such as decoding and spelling skills, as well as explicit teaching of other important components of literacy such as vocabulary, comprehension, and writing.

Syntax: Syntax is the grammatical structure of words and phrases used to create coherent sentences.

Universal Screening: In the context of an MTSS or RTI prevention model, universal screening is the first step in identifying the students who are at risk for learning difficulties. It is a mechanism for targeting students who struggle to learn when provided a scientific, evidence-based general education core curriculum. (Jenkins, Hudson, & Johnson, 2007). Universal screening of all students in a school is typically conducted three times per school year, in the fall, winter, and spring. Universal screening measures consist of brief assessments focused on target skills (e.g., phonological awareness) that are highly predictive of future outcomes (Jenkins, 2003). Universal screening data also helps determine whether core educational programs are meeting student's needs.

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Appendix A: Act 213 and Act 284

Act 213

Governor Henry McMaster signed Act 213 into law in 2018. The act provides direction on the implementation of SCMTSS and the use of approved screeners. The law's requirements are included below:

Section 59-33-520.

(A) (1) The State Department of Education shall establish and provide training and support for a statewide MTSS framework that must contain a common data-based problem-solving model, on-going student assessment, and a layered continuum of supports using evidence-based practices. As part of the assessment, a universal screening process must be used to identify students who may be at risk of experiencing academic difficulties in reading, math, or writing, and who also may be at risk of experiencing difficulties in social-emotional development.

(2) Beginning with the 2019-2020 School Year, to the extent funding is provided or that approved screening tools are available at no cost, a local school district shall use the universal screening process to screen each student in the district who is in kindergarten through first grade three times each school year and as needed in second grade as outlined in the district's universal screening procedures, and any other student as required by the department, for reading difficulties, including dyslexia, and the need for intervention.

(3) In addition to screening required by this subsection, screening also may be requested for a student by his parent or guardian, teacher, counselor, or school psychologist.

(B) The district, following the universal screening procedures it conducted, shall convene a school-based team to analyze screening data and progress monitoring data to assist teachers in planning and implementing appropriate instruction and evidence-based interventions for all students who, based on the screening, are at risk of experiencing academic difficulties, including those students who exhibit the characteristics of dyslexia, as provided by the department. Guidance may include suggestions of tiered interventions, dyslexia-specific interventions, academic and social-emotional supports, and supplemental technology as appropriate for the student's access to assistive technology.

(C) If the RTI process conducted by the district indicates that a student is at risk for experiencing academic difficulties, including dyslexia, the district shall:

- (1) notify the parent or legal guardian of the student;
- (2) provide the parent or legal guardian of the student with information and resource material so that they may assist and support learning for their child;
- (3) provide the student with tiered, evidence-based intervention as defined in Section 59-33-510; and
- (4) monitor and evaluate the effectiveness of the intervention and the student's progress.

Section 59-33-530.

The department shall provide appropriate professional development training and resources for all educators in the area of MTSS and the identification of, and evidence-based intervention

methods for, students who are at risk of experiencing academic difficulties, including students with dyslexia.

Act 284

Act 284, also known as the Read to Succeed Act, requires that, beginning with the 2017-2018 school year, a student must be retained in the third grade if the student fails to demonstrate reading proficiency at the end of third grade as indicated by scoring at the lowest achievement level on the state summative reading assessment (currently SC READY). A student may be exempt for good cause from the mandatory retention but shall continue to receive instructional support and services and reading intervention appropriate for their age and reading level. In addition, the law requires the following:

- (1) classroom teachers use evidence-based reading instruction in prekindergarten through grade twelve, to include oral language, phonological awareness, phonics, fluency, vocabulary, and comprehension; administer and interpret valid and reliable assessments; analyze data to inform reading instruction; and provide evidence-based interventions as needed so that all students develop proficiency with literacy skills and comprehension;
- (2) classroom teachers periodically reassess their curriculum and instruction to determine if they are helping each student progress as a proficient reader and make modifications as appropriate;
- (3) each student who cannot yet comprehend grade-level text is identified and served as early as possible and at all stages of his or her educational process;
- (4) each student receives targeted, effective, comprehension support from the classroom teacher and, if needed, supplemental support from a reading interventionist so that ultimately all students can comprehend grade-level texts.

Other federal legislative mandates may be found in Appendix A.

Appendix B: Resources for Parents

Addendum 1: Frequently Asked Questions

We acknowledge the following organizations for the information we have used to develop this FAQ: Florida Center for Reading Research, International Dyslexia Association (IDA), National Center on Improving Literacy, National Center on Intensive Intervention, and Oregon Reading First Center.

What is dyslexia?

Dyslexia is a language-based learning disorder, which consists of a cluster of systems. These problems may result in people having difficulties with specific language skills, particularly reading and writing. For example, students with dyslexia typically experience difficulties with both oral and written language skills, such as reading, writing, spelling, and pronouncing words. Thus, students who have dyslexia may be smart and hardworking but struggle in school because they have difficulty in recognizing and comprehending written words.

Dyslexia affects individuals throughout their lives; however, its effect can change at different stages in a person's life. It is a learning disorder because dyslexia can make it very difficult for a student to succeed without being taught using research-based strategies and procedures, which includes phonics-based reading instruction. In its more severe forms, a student with dyslexia may qualify for special education, in which case they are provided with an individualized education program (IEP) that is based on an individualized assessment and includes specially designed instruction, accommodations, and progress-monitoring.

What causes dyslexia?

The exact causes of dyslexia are not known; however, anatomical and brain imagery studies show that the brains of persons with dyslexia develop and function differently than do the brains of people without dyslexia. Dyslexia seems to be genetically based. That is, dyslexia tends to run in families. Moreover, most people with dyslexia have been found to have difficulty with identifying the separate speech sounds within a word, and/or learning how letters represent those sounds and blending sounds into words, which is a key factor with their reading and writing difficulties. Dyslexia is not due to either lack of intelligence or desire to learn. With early diagnosis, appropriate research-based reading instruction, hard work, and support from family, teachers, and friends, persons who have dyslexia can succeed in school and later as working adults.

What are the effects of dyslexia?

The effects of dyslexia are different for each person and depend on the severity of the condition and the effectiveness of instruction or remediation. The core difficulty persons with dyslexia have is with reading words, which is related to difficulty with processing and manipulating sounds. Some individuals with dyslexia manage to learn to read, write, and spell, especially with research-based instruction that is used early in their school careers. As students with dyslexia age, educational experiences often become more difficult for them because learning is more challenging and requires the use of more complex language skills.

People with dyslexia can also have problems with spoken language, even after they have been exposed to good language models in their homes and good language instruction in school. They may find it difficult to express themselves clearly or to fully comprehend what others mean when they speak. Such language problems are often difficult to recognize, but they can lead to major problems in school, in the workplace, and in relating to other people. The effects of dyslexia can reach well beyond the classroom.

Dyslexia can also affect a person's self-image. Students with dyslexia often end up feeling less intelligent and less capable than they actually are. After experiencing a great deal of stress due to academic problems, a student may become discouraged about continuing in school.

Is dyslexia a learning disability?

A learning disability or specific learning disability is a category under a federal law, the Individuals with Disabilities Education Act (IDEA). The definition of a learning disability includes dyslexia. This means that if a student is determined to be eligible for services under the IDEA in the area of learning disability, he or she may receive special education and related services under the law.

Are there other learning disorders besides dyslexia?

Dyslexia is one type of learning disorder. Other learning disabilities besides Dyslexia include the following:

- **Dyscalculia** – a mathematical disability in which a person has unusual difficulty solving arithmetic problems and grasping math concepts.
- **Dysgraphia** – a condition of impaired letter writing by hand—disabled handwriting. Impaired handwriting can interfere with learning to spell words in writing and speed of writing text. Children with dysgraphia may have only impaired handwriting, only impaired spelling (without reading problems), or both impaired handwriting and impaired spelling.
- **Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorders (ADHD)** can and do impact learning but they are not necessarily learning disabilities. An individual can have more than one learning or behavioral disability. In various studies, as many as 50 percent of those diagnosed with a learning or reading disability have also been diagnosed with ADHD. Although disabilities may co-occur, it has not been determined if one is the cause of the other.
- **Visual Processing Deficit (or Visual Processing Disorder)** – According to the National Center for Learning Disabilities, “a visual processing, or perceptual, disorder refers to a hindered ability to make sense of information taken in through the eyes. This is different from problems involving sight or sharpness of vision. Difficulties with visual processing affect how visual information is interpreted, or processed by the brain.” Common areas of difficulty that may impact success in school are visual discrimination, visual closure, visual recognition, whole part relationships, and visual motor integration. Some children with dyslexia or other reading difficulties may show problems with visual processing or perceptual disorders. These are separate from dyslexia, but they may also make reading difficult.

- **Auditory Processing Deficit (or Auditory Processing Disorder)** – Auditory processing refers to the brain’s processing of auditory information. Auditory processing disorder (also known as Central Auditory Processing Disorder) is a term used to describe a condition where individuals have normal hearing ability but show difficulty with auditory tasks such as discriminating between different tones or speech sounds, perceiving speech in noise, and recalling auditory information. Auditory processing disorder is a controversial term that is not recognized by all educational or health professionals. Importantly, non-speech auditory tasks show only weak relations to reading development and disorders. When children show difficulty understanding or recalling speech information, the higher order category of speech or language impairment may be more appropriate than (central) auditory processing disorder. A systematic review of intervention studies yielded little evidence that auditory interventions lead to reliable improvements in spoken language or reading outcomes (Fey et al., 2011).

How common are language-based learning disorders?

Approximately 15-20 percent of the population has a language-based learning disorder. Students with specific learning disabilities receiving special education services comprise 34 percent of the students receiving special education under the IDEA. Moreover, 70-80 percent of children with specific learning disabilities have deficits in reading. Additionally, another 19 percent of students served in special education have speech or language problems, which may be related to dyslexia. Dyslexia is a common cause of reading, writing, and spelling difficulties. Dyslexia affects males and females and people from different ethnic and socio-economic backgrounds nearly equally.

Can individuals who have dyslexia learn to read?

Yes. If children who have dyslexia receive effective research-based reading instruction based on phonological awareness and phonics training in Kindergarten and 1st grade, they may have significantly fewer problems in learning to read at grade level than do children who are not identified or helped until 3rd grade. 74 percent of the children who are poor readers in 3rd grade remain poor readers in the 9th grade, many because they do not receive appropriate research-based instruction in reading and writing of the needed intensity or duration. Often they can’t read well as adults either. It is never too late for individuals with dyslexia to learn to read, process, and express information more efficiently. The implementation of research-based reading instruction can help children and adults learn to read.

Can students with dyslexia receive additional help when they are elementary and secondary school?

Yes, students with dyslexia can receive individualized special education and related services in public school when they are between 3 to 21 years of age. These special education services are provided under a federal law called the ***Individuals with Disabilities Education Act*** (see the section on special education). School districts have an affirmative obligation under the IDEA to locate children in its jurisdiction who may have a disability and need special education. After a child is located and the parents give their written permission, school districts must conduct an evaluation to determine if a student is eligible for services under the law. To be determined

eligible for special education services, a student must (a) qualify in one or more of 13 categories under the IDEA, a student with dyslexia will most frequently be eligible in the category of specific learning disabilities (SLD); (b) because of his or her disability needs special education and related services, which means that students' disabilities negatively affect their educational performance. If both parts of the definition are not met, a student will not qualify for special education services. It is possible that students with dyslexia may not qualify for special education services.

Section 504 of the Rehabilitation Act protects all students who have a mental or physical impairment that substantially limits one or more major life activities, such as learning, attending, etc., Section 504 is a civil rights law that prohibits discrimination against children, youth, and adults with disabilities in any program or activity receiving federal financial assistance. This includes public schools and many private schools. Title 11 of the **American with Disabilities Act (ADA)** extends the prohibition against discrimination to state and local governments and Title 111 of the ADA includes nurseries, elementary, secondary, undergraduate, or postgraduate private schools. Parochial schools are exempt from coverage. Additionally, the obligations of private schools are less than the obligations of public schools to students with disabilities.

School districts may be required to provide services and/or accommodations to students with dyslexia under this federal law. In the case of students with disabilities, there is a FAPE requirement of Section 504. A FAPE under Section 504 requires that school districts provide a FAPE to a student with disabilities if that student needs such services in order that he or she may receive an education equivalent to the education provided to students without disabilities. A FAPE can assist of educational services, accommodations, and or modifications. The content of these services are determined by a school's Section 504 team. To receive a FAPE a student must (a) have a mental or physical impairment that (b) impairs a major life activity.

A third law that may provide additional academic assistance to students with dyslexia is **Title 1, Part A of the Elementary and Secondary Education Act**, as amended by the **Every Student Succeeds Act** in 2015. Title 1, as it is often simply referred to, provides financial assistance to schools and school districts that have high numbers of children from low-income families. Most schools and school districts in South Carolina are Title 1 schools. This means that schools can use these funds for identifying students in need of supplemental services and then to provide those services. Students with dyslexia may receive reading help under Title 1. Most schools do not provide Title 1 academic help for students who are already receiving special education services.

What instructional programs are successful with persons with dyslexia?

The ultimate goal of all reading instruction should be to provide instruction in early grades that will enable every child to read and comprehend text and prevent reading difficulties. The most effective way to do this is to ensure that core reading instruction for all students is based on the science of reading. This means that core reading instruction, especially in early grades, stresses (a) alphabetic principle, including phonemic awareness and phonics instruction; (b) fluency development; and (c) comprehension, including vocabulary and text comprehension instruction. Additionally, school districts that implement evidence-based leadership, organizational, and classroom management practices tend to be most effective in raising early literacy levels. Such

organizational systems should include frequent assessments to identify children with reading difficulties, intensive intervention using research-based instruction for these students, and frequent and systematic data-based monitoring of student's progress.

Is help available to students with Dyslexia who attend postsecondary schools such as technical colleges and universities?

Yes, Section 504 protects all persons with disabilities, regardless of their age. Youth with disabilities are no longer eligible for services under the IDEA after they graduate from high school.

Do colleges and universities have a role to play in successfully teaching students with dyslexia?

Yes, colleges and universities prepare preservice teachers to work in preschool, elementary, secondary, special education, and higher education settings. To appropriately address the needs of children and youth with dyslexia it is crucial that colleges and universities graduate teachers, especially those who will teach in preschool, early elementary, and special education, who understand and can implement legitimate evidence-based strategies and procedures in teaching children to read.

Addendum 2: Early Indicator Checklist

The following section comes from the Arkansas Dyslexia Guide.

Family History:

- ☐ Other family members experienced learning problems Father, Mother, Sibling(s)

Oral Language:

- ☐ Difficulty understanding verbal directions
- ☐ Difficulty understanding stories read to him/her
- ☐ Difficulty correctly pronouncing phonemes or syllables of words in sequence; persistent baby talk (busgetti for spaghetti, mawn lower for lawn mower, fibe for five)
- ☐ Substitutes words with the same meaning for words in the text he/she can't pronounce, such as "car" for "automobile."
- ☐ Difficulty acquiring new vocabulary
- ☐ Difficulty finding the right words
- ☐ Unable to find the exact word; Speech that is not fluent; Pauses, hesitations when speaking; Lots of "um"s
- ☐ Imprecise language, such as vague references to "stuff" or "things" instead of the proper name of an object
- ☐ Unable to find the exact word; confusing words that sound alike: saying "tornado" instead of "volcano," substituting "lotion" for "ocean," or "humanity" for "humidity"
- ☐ Difficulty speaking in grammatically correct sentences
- ☐ Difficulty explaining ideas or elaborating on thoughts

Phonological Awareness:

- ☐ Difficulty recognizing or producing rhyming words
- ☐ Difficulty isolating sounds in the beginning, final, and/ or medial position
- ☐ Difficulty segmenting individual sounds in a word
- ☐ Difficulty blending sounds into a word

Alphabet:

- ☐ Difficulty learning or recalling the names of letters
- ☐ Difficulty learning or recalling the sounds of letters

Decoding and Word Recognition:

- ☐ Difficulty sounding out unfamiliar or nonsense words
- ☐ Difficulty reading words in isolation (lists)
- ☐ May confuse small words - at - to, said - and, does - goes

Fluency:

- ☐ Difficulty with reading accuracy in context
- ☐ Difficulty reading grade-level text at the expected rate
- ☐ Difficulty with reading with expression

Spelling:

- ☐ Difficulty memorizing words for spelling tests

- ☐ Difficulty spelling words in context, even after spelling them correctly on a spelling test
- ☐ Difficulty spelling words phonetically

Comprehension:

- ☐ Difficulty with reading comprehension, but not when read to
- ☐ Better understanding of words in context than words isolated in lists

Written Expression:

- ☐ Difficulty constructing sentences
- ☐ Difficulty organizing grade-appropriate written compositions
- ☐ Difficulty producing sufficient written output
- ☐ Written expression does not match verbal expression (Content, organization, vocabulary)

Handwriting:

- ☐ Slow with handwriting tasks
- ☐ Overall poor quality/illegible handwriting on written assignments
- ☐ Awkward, fist-like, or tight pencil grip

Cognitive/Academic Ability:

- ☐ The student appears to have intellectual ability equal to or above grade level peers.
- ☐ The student has grade-level math calculation skills.
- ☐ The student appears to have grade-level math reasoning skills
- ☐ The student has grade level listening comprehension skills.
- ☐ The student has reading difficulties that are unexpected compared to other abilities.
- ☐ The student requires many repetitions to learn something new.
- ☐ Compensates by memorizing stories or words but cannot keep up as demands increase
- ☐ Strength in thinking skills: conceptualization, reason, imagination, abstraction
- ☐ Strength in areas not dependent on reading, such as math, computers, and visual arts, or excellence in more conceptual

Social/Emotional/Behavioral:

- ☐ Shows frustration and anxiety, as he realizes he is lagging behind his peers
- ☐ Exhibits health or behavior problems, emotional difficulties or wants to avoid school
- ☐ Avoids reading aloud

Attention:

- ☐ Difficulty attending to tasks involving print.
- ☐ Difficulty organizing time and materials
- ☐ Is easily distracted
- ☐ Does many things too quickly
- ☐ Is often overactive or fidgety
- ☐ Is inconsistent with the production of classwork and homework on written assignments

Student's Academic Development:

- ☐ English is a second language.
- ☐ The student was retained in grade.

- ☐ The student has been/is in special programs. (Special Education, Tiered Interventions, etc.)

Suggested work samples to include:

- ☐ The student's most recent spelling test.
- ☐ A Sample of the student's unedited writing (journal entry, creative story, etc.)
- ☐ The student's most recent progress report or report card.
- ☐ A copy of the most recent literacy screeners.

Adapted from Teacher Questionnaire for Dyslexia, Texas Scottish Rite

Addendum 3: Effective Reading Instruction for Students with Dyslexia

We acknowledge the following organizations for the information we have used to develop this FAQ: Florida Center for Reading Research, International Dyslexia Association (IDA), National Center on Improving Literacy, and National Center on Intensive Intervention.

Effective Reading Instruction for Students with Dyslexia

The most difficult problem for students with dyslexia is learning to read. Unfortunately, popularly used reading approaches, such as Guided Reading or Balanced Literacy, have not proven to be effective for teaching struggling readers. These approaches are especially ineffective for students with dyslexia because they do not focus on the phonological awareness and decoding skills these students need to succeed in reading.

What works are approaches to reading instruction that are based on the systematic use of evidence-based strategies and procedures to teach reading. This approach provides instruction in the five components of reading identified by the [National Reading Panel](#): (a) phonological awareness, (b) phonics, (c) vocabulary, (d) fluency, and (e) comprehension. Such approaches not only help students with dyslexia, but there is substantial evidence that they are more effective methods for teaching reading to *all* readers.

Effective research-based reading instruction is marked by several elements:

Phonology

Phonology is the study of the sound structure of spoken words and is a critical element of effective reading instruction. Phonological awareness includes rhyming, counting words in spoken sentences, and clapping syllables in spoken words. An important aspect of phonological awareness is phonemic awareness or the ability to segment words into their component sounds, which are called phonemes. A phoneme is the smallest unit of sound in a given language that can be recognized as being distinct from other sounds in the language. For example, the word *cap* has three phonemes (/k/, /ă/, /p/), and the word *clasp* has five phonemes (/k/, /l/, /ă/, /s/, /p/).

Sound-Symbol Association

Once students have developed the awareness of phonemes of spoken language, they must learn how to map the phonemes to symbols or printed letters. Sound-symbol association must be taught and mastered in two directions: visual to auditory (reading) and auditory to visual (spelling). Additionally, students must master the blending of sounds and letters into words as well as the segmenting of whole words into the individual sounds. The instruction of sound-symbol associations is often referred to as phonics. Although phonics is a component of *Structured Literacy*, it is embedded within a rich and deep language context.

Syllable Instruction

A syllable is a unit of oral or written language with one vowel sound. Instruction includes the teaching of the six basic syllable types in the English language: closed, vowel-consonant-*e*, open, consonant-*le*, *r*-controlled, and vowel pair. Knowledge of syllable types is an important organizing idea. By knowing the syllable type, the reader can better determine the sound of the

vowel in the syllable. Syllable division rules heighten the reader's awareness of where a long, unfamiliar word may be divided for great accuracy in reading the word.

Morphology

Morphology is the study of rules for combining morphemes to make words. A morpheme is the smallest unit of meaning in the language. The Structured Literacy curriculum includes the study of base words, roots, prefixes, and suffixes. The word *instructor*, for example, contains the root *struct*, which means *to build*, the prefix *in*, which means *in* or *into*, and the suffix *or*, which means *one who*. An instructor is one who builds knowledge in his or her students.

Syntax

Syntax is the set of principles that dictate the sequence and function of words in a sentence in order to convey meaning. This includes grammar, sentence variation, and the mechanics of language.

Semantics

Semantics is that aspect of language concerned with meaning. The curriculum (from the beginning) must include instruction in the comprehension of written language.

Research-based reading instruction should be systematic and explicitly taught

Systematic and Cumulative

Effective reading instruction is systematic and cumulative. Systematic means that the organization of material follows the logical order of the language. The sequence must begin with the easiest and most basic concepts and elements and progress methodically to more difficult concepts and elements. Cumulative means each step must be based on concepts previously learned.

Explicit Instruction

Effective reading instruction requires the deliberate teaching of all concepts with continuous student-teacher interaction. It is not assumed that students will naturally deduce these concepts on their own.

Diagnostic Teaching

The teacher must be adept at individualized instruction. That is, instruction that meets a student's needs. The instruction is based on careful and continuous assessment, both informally (for example, observation) and formally (for example, with standardized measures and continuous progress monitoring). The content presented must be mastered to the degree of automaticity. Automaticity is critical to freeing all the student's attention and cognitive resources for comprehension and expression.

Addendum 4: Advocating for a Child with Dyslexia

We acknowledge the following organizations for the information we have used to develop this FAQ: Florida Center for Reading Research, International Dyslexia Association (IDA), National Center on Improving Literacy, and National Center on Intensive Intervention.

The South Carolina Department of Education supports districts, schools, and families through the identification and education of students with dyslexia. The following section provides information specifically for parents of children with dyslexia, including ways to advocate for your child alongside teachers and school support staff.

Advocating for a Child with Dyslexia

Raising a child with dyslexia can feel lonely and overwhelming at times. Parents may find it stressful to navigate the systems designed to support struggling students in public schools. However, uncertainty often subsides once parents gain confidence in their understanding of the laws and policies designed to support individuals with disabilities in both general and special education settings.

Preparing to Advocate for Your Child

Research has shown that early identification and intervention using evidence-based procedures is key when it comes to treating dyslexia. Therefore, parents need to request a meeting with their child's teacher as soon as they first notice an issue with the child's learning. Parents should bring samples of their child's work illustrating the issue they are observing and begin by sharing their concerns. They should ask the teacher to share any literacy screening and benchmark reports. They can ask if the teacher has any concerns about dyslexia, but they should not be surprised if the teacher is not familiar with or comfortable with using the term. Parents should focus on asking for information on their child's reading development and whether their child is progressing normally or showing signs that are atypical. This meeting and all other phone calls or face-to-face discussions should be followed up with an e-mail restating what was discussed and agreed upon for the next steps. This will establish a timeline of documentation for the child's records. Parents should also ask teachers to monitor and frequently report on their child's progress in reading. This is especially important if students are receiving special education services. Additionally, parents should demand that their child's teacher use data-based approaches. There are many teacher-friendly data-based progress monitoring tools for reading (see academic tools chart on the website of the [National Center on Intensive Intervention](#)).

Advocate for using Evidence-Based Core Reading Instruction in General Education

Classrooms. There is clear and unequivocal scientific evidence about what constitutes effective reading instruction for all students. Scientifically based reading research as identified in the [National Reading Panel](#) in 1997 consists of the following components: (a) the alphabetic principle, which includes phonemic awareness and phonics instruction; (b) fluency development; and (c) comprehension, which includes vocabulary and text comprehension. These principles, which have been confirmed by Florida Center for Reading Research, International Dyslexia Association (IDA), National Center on Improving Literacy, and the National Center on Intensive Intervention, represent the scientific basis of reading instruction. As Dr. Rod Paige, a former Secretary of the U.S. Department of Education under President George W. Bush noted, reading

instruction should be based on what really works; “no fads, no feel-good fluff, but instruction that is based upon sound scientific research” (Paige, 2002, p. 1).

Building Knowledge and Identifying Resources: It is very helpful for parents to build their own knowledge base about dyslexia and its impact on their child. The parent’s perspective and input will provide important details about how dyslexia is specifically presenting itself in the child. The more parents know about the characteristics of dyslexia, the more they will be able to express specific concerns over their child’s progress and to ask important questions about the programming decisions being made for their child at school.

There are many informative books, documentary films, and websites with online resources dedicated to helping raise awareness about dyslexia. The International Dyslexia Association (IDA) has a series of fact sheets, like this one, available for download on many topics related to dyslexia. There are also IDA branches in many states, as well as other school- and community-based parent groups focused on learning disabilities, where parents can meet other families and talk to educational experts.

Getting Organized: Documentation is a critical component of effective advocacy. It is vitally important that parents set up a system for organizing their documentation from the very start. Collecting and organizing the child’s information can be as easy as buying a three-ring binder and regularly adding documents in chronological order or creating tabbed sections to further categorize information.

Parents should include the following:

- Report cards and progress reports
- State assessments
- Educational plans, such as an individualized education program (IEP) or Section 504 plans
- Screening, benchmark, and progress monitoring reports
- Evaluation and assessment reports
- Samples of homework assignments and homework logs
- Samples of classwork, tests, and quizzes
- Letters and e-mails from school staff
- Records/logs of phone or in-person conversations

Understanding the Systems of Support in your Child’s School

It is also important for parents to become familiar with how their child’s school identifies struggling readers and provides needed interventions. Local, state, and federal policies all play a role in these systems, so parents will need to ask questions about the local district or school policies as well as seek information on state and federal education statutes. State parent training and information centers provide good resources—and often training—on federal laws and state special education policies and regulations as well as information on educational terminology. When parents understand their rights and the jargon used in the education system, they are better prepared to take an active role in their child’s education.

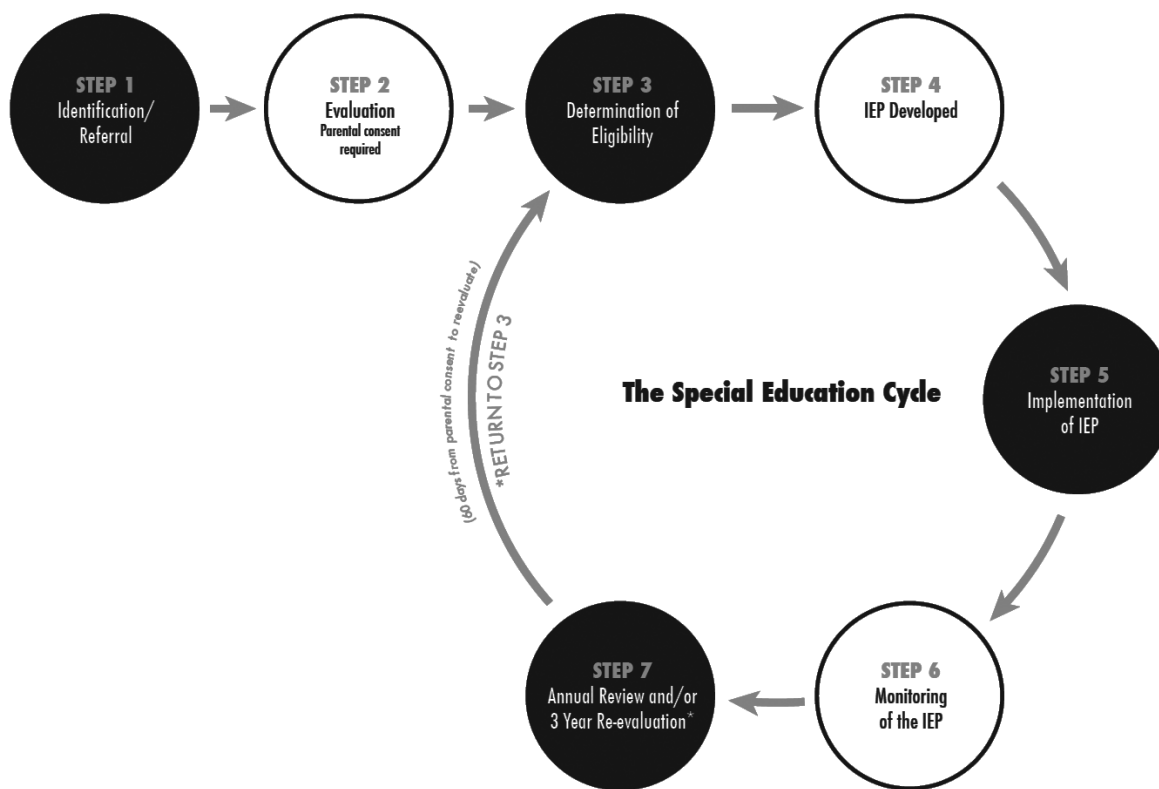
Response to Intervention (RTI) Models: Many states and schools use systems of universal screening and tiered levels of support to identify struggling learners and to provide a range of general education interventions. These models can be very effective at delivering timely, effective support when evidence-based screening tools and reading interventions are used. Parents should ask specific questions about the screening process, their child’s screening results, the intervention program chosen to align to the child’s individual needs, and the progress-monitoring data documenting their child’s rate of improvement on skills such as decoding accuracy or reading fluency. RTI cannot be used to deny or delay a child’s access to a full, comprehensive assessment if a learning disability is suspected. At any time, parents have the right to request that their child be assessed for special education services. If the child is not making progress, or the progress is too slow to effectively catch the child up to grade level, parents should ask for this comprehensive assessment in writing.

Special Education Services: Prior to addressing special education services, it is critical that educators and parents understand that neither the federal nor state special education law allows schools’ individualized education program (IEP) teams to determine a student eligible for special education services if the reason that students were determined to be eligible is because of “the “lack of instruction in reading, including the essential components of reading instruction” IDEA, (20 U.S.C § 1414[b][5][A]). According to the law, therefore, when a student is a casualty of poor reading instruction, the student is not a student with a disability. Thus, federal and state special education law encourages the use of legitimate research-based core reading instruction, especially in the early grades.

The Individuals with Disabilities Education Act (IDEA) is a federal law that ensures students with disabilities are provided a free appropriate public education (FAPE) that is designed to address their individual needs. FAPE refers to special education and related services that are provided without charge to parents and are provided under public supervision. When students are found eligible for special education services under IDEA, the student’s parents and school-based personnel collaboratively develop an individualized education program (IEP), which details a student’s individual needs and develops goals and special education services to address these needs. Moreover, parents are guaranteed certain procedural safeguards, such as the right to (a) give their consent prior to evaluation and programming, (b) be involved throughout the entire special education process, and (c) file a complaint with the state and/or request a due process hearing. The purpose of procedural safeguards to ensure their child is provided FAPE.

It should be noted that a child with dyslexia may not always qualify for special education services, especially when he or she has not been taught using research-based reading instruction. Thus, it is extremely important that parents of students with dyslexia work to ensure that their school districts’ core reading instruction is based on the science of reading instruction.

The Special Education Cycle



An important part of IDEA provides parents with the right to participate in their children's education. It also outlines a special education cycle. Parents of children with dyslexia who are eligible for special education services should become well-versed in this cycle and understand what their rights are at each stage. These rights will vary by state but must align with IDEA.

- *Step 1 – Identification/Referral:* If a child's parents suspect that their child has a learning problem such as dyslexia and believe their child needs additional help, they should make a referral for special education evaluation. Public schools have formal procedures for requesting a special education evaluation. Parents should contact school personnel and request a form to formally request that the school evaluate their child. Additionally, parents should take care when making this referral request themselves, to do so in writing and to include their child's teacher and relevant administrator. In this written request, parents should be clear in stating their concern of a disability impacting their child's education and their desire to initiate a special education evaluation to determine eligibility for special education services. IDEA requires that all areas of suspected disability be evaluated, so it is important for parents to list all areas of concern they have related to their child's needs and specifically to dyslexia. For example, a parent may list concerns with phonological processing, letter-sound associations, decoding, spelling, word identification, and/or fluency. A team of school staff will review the referral, gather additional information, and decide if an evaluation is warranted.

- *Steps 2 & 3 – Evaluation and Determination of Eligibility:* Parents must give their written consent allowing school-based personnel to conduct an evaluation. An evaluation is a comprehensive look at the child's abilities, strengths, and weaknesses by qualified professionals. It provides information about the child's educational needs and may be guided by the information provided by the parents during the referral stage. When parents have shared specific areas of concern that are characteristic of dyslexia, an evaluation should include testing that targets those areas in order to determine if special education services are necessary to meet the child's needs. Additionally, if parents have had a recent evaluation of their child conducted at their own expense, the results should be provided to the evaluation team. The team must consider the results of the parent's evaluation. A medical diagnosis, while relevant, is not the same as the IDEA eligibility determination.

Eligibility requires more than simply identification of a student's disability. There must also be evidence that the child requires special education services in order to benefit from the general education curriculum. The evaluation should also provide information that will be useful in determining a student's special education programming. As a federal court judge asserted "the child's level of academic achievement and functional performance is the foundation on which the IEP is built. Without a clear identification of...present levels, the IEP team cannot set measurable goals, evaluate the child's progress, and determine which educational and related services are needed" (*Kirby v. Cabell County Board of Education*, 2006)

After the evaluation, before a child can receive special education services, the child must first be found eligible as a student with a disability under IDEA according to state guidelines. This determination happens at an eligibility meeting where the results of the evaluation are reviewed. Before a child may actually receive special education services, his or her parents must provide written consent so the school can provide such services.

Dyslexia falls under the IDEA eligibility category of specific learning disability (SLD), and each state or district may have its own criteria for determining eligibility under the SLD category. Parents should become familiar with the process in their state and district to understand their child's state or school district eligibility determination process. Also, dyslexia is not its own eligibility category; therefore, schools will most likely use the broader SLD label rather than the more specific diagnostic term *dyslexia*. Parents should not be overly concerned by the use of the term *SLD* as long as the description of the child's unique needs are accurately documented in his or her IEP. However, parents can share with their schools that the U.S. Department of Education, Office of Special Education and Rehabilitative Services, clarified in a 2015 Dear Colleague Memo that "there is nothing in IDEA that would prohibit the use of the terms dyslexia, dyscalculia, and dysgraphia in IDEA evaluations, eligibility determinations, or IEP documents."

Parents also have the option of obtaining an independent educational evaluation (IEE). An IEE is an evaluation by a qualified person who is not employed by the school district. After the school district has completed its evaluation, if a parent does not agree with the results of the district's evaluation and its interpretation, that parent is entitled to ask for an IEE at the district's expense. When obtaining an IEE, parents should seek the services of professionals well-versed in dyslexia. A school district can have certain criteria for the IEE to which a parent must adhere,

such as the location of the evaluation and the qualifications of the examiner. A school district must consider any IEE, including private evaluations paid for by parents, when making decisions regarding a child's eligibility or special education program. However, a school district is not required to accept the evaluation report or incorporate any of its recommendations in a child's IEP.

- *Steps 4, 5 & 6 – Individualized Education Program (IEP):* According to the U.S. Supreme Court, the IEP is the centerpiece of a school district's special education delivery system. It is the process by which the content of a student's special education program is developed and implemented and a written document that memorializes the essential components of a child's special education program. The purpose of an IEP is to provide a blueprint of a student's FAPE.

An IEP is a requirement for a student found eligible for special education services under IDEA. The IEP is a written statement describing the annual goals, specially designed instruction and related services, and the method to measure a student's progress to achieving his or her goals. Parents are members of the team that develops the IEP along with school district staff. Additionally, when appropriate, children with dyslexia may also be part of the team.

A very important part of the IEP process is determining how a child's progress toward his or her annual goals will be measured and reported to the child's parents. Every student's IEP must include a description of how the student's progress toward meeting his or her annual goals will be measured and then reported to the student's parents. Parents should insist on receiving data-based reports on their child's progress on a frequent and systematic basis. In the IDEA, Congress suggested, but did not require, that such reporting could be done through the use of reports concurrent with the issuance of report cards. It is especially important that parents insist that their child's teacher monitor his or her progress using objective data-based measures and not rely on subjective impressions or opinion based rubrics.

One of the considerations after developing an IEP is ensuring that a child will be educated in the least restrictive environment (LRE), in which FAPE can be delivered, which means that the child will be educated with non-disabled peers to the maximum extent possible. After the IEP is developed and an appropriate placement has been determined for the child in the LRE, the IEP must be implemented. Parents must collaborate and communicate with teachers and school staff often to ensure that the IEP and placement are working well for the child.

- *Step 7 – Annual Review and/or 3 Year Re-evaluation:* The IEP must be reviewed and redrafted at least annually and can be revised prior to that if there is a need. Every three years, the child must receive updated evaluations to determine if the child remains eligible for special education services.

Civil Rights Protection: Section 504 of the Rehabilitation Act of 1973 is a federal civil rights law that protects individuals with disabilities from discrimination. Under Section 504, children with disabilities may receive accommodations and modifications to ensure that they have access to education and are not discriminated against for reasons related to their disability. Some

children with dyslexia are served under Section 504 plans when it is determined that they need certain accommodations and modifications, such as accessible instructional materials or extended time, but do not need special education services in order to benefit from the general education curriculum. These children do not have the same procedural protections available to children with disabilities and their parents under IDEA.

Balancing Your Rights and Responsibilities

While it is vital that parents have a strong understanding of their child's educational rights, it is equally important that they understand their responsibility to participate in the process as an active, collaborative partner. Demanding specific services by quoting laws and citing state regulations may be tempting, but these practices can send school staff into defensive positions and break down avenues for communication. Parents can set an example by focusing the team on the child's specific areas of strength and weakness, by explaining why certain services or instructional practices are needed, and by consistently maintaining a child-centered perspective in all interactions. Procedural safeguards are available to help resolve disputes if needed, and parents have the option to enlist the help of a trained advocate or education attorney if communication breaks down and disagreements cannot be resolved.

When advocating, parents should keep the big picture in mind—preparing their child for fulfilling, productive adult life. This will require not only reading remediation services and accommodations but also the cultivation of self-advocacy skills. As parents work with school staff to secure these services and supports, they should look for opportunities to teach their children how to appropriately communicate their needs to others, how to feel confident in who they are as learners, and eventually how to become their own best advocate.

Resources

- Center for Parent Information and Resources: <http://www.parentcenterhub.org>
- Center for Appropriate Dispute Resolution in Special Education: <http://www.cadreworks.org/>
- Council of Parent Attorneys and Advocates: <http://www.copaa.org>
- Decoding Dyslexia: <http://www.decodingdyslexia.net>
- Florida Center for Reading Research, www.fcrr.org
- International Dyslexia Association (IDA), <https://dyslexiaida.org/>
- National Center for Learning Disabilities: <http://www.nclld.org>
- National Center on Improving Literacy: <https://improvingliteracy.org>
- National Center on Intensive Intervention: <https://intensiveintervention.org/>
- National Reading Panel: <https://www.nichd.nih.gov/sites/default/files/publications/pubs/nrp/Documents/report.pdf>
- Progress Center at the American Institutes of Research: <https://promotingprogress.org/>
- Understood: <https://www.understood.org>
- U.S. Department of Education IDEA: <http://idea.ed.gov>
- U.S. Department of Education 2015 Dear Colleague memo: <https://www2.ed.gov/policy/speced/guid/idea/memosdcrltrs/guidance-on-dyslexia-10-2015.pdf>
- Wrightslaw (special education law and advocacy): <http://wrightslaw.com>