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DYSLEXIA INFORMATION SHEET

Summary

- If you have concerns about your child's reading, talk to the school immediately to request a dyslexia screening/assessment.
- Dyslexia is a common learning disability that makes it difficult to read, spell, and decode words.
- Dyslexia is not a reflection of intelligence, but rather a difference in how the brain processes language sounds.
- Dyslexia can lead to challenges with reading comprehension and vocabulary growth.
- Schools can use screening tests starting in kindergarten to identify children at risk for reading difficulties.
- Early intervention is crucial for the best outcome!
- If a child does not respond to early interventions, a more comprehensive evaluation by the school's Child Study Team is necessary.
- A comprehensive evaluation should **assess all areas**: family history of reading difficulties/dyslexia, phonological processing, rapid automatic naming, reading fluency, spelling, receptive vocabulary, cognitive ability, orthographic processing, written expression, oral language skills, and reading comprehension.
- School personnel trained in dyslexia, such as reading specialists, school psychologists, and learning disability specialists, can conduct these evaluations.
- Schools are responsible for identifying and providing appropriate interventions for dyslexia, not parents.
- A medical diagnosis is **not** required.
- Structured Literacy is the most effective approach for teaching children with dyslexia. It involves explicit, systematic, and multisensory instruction that targets specific language skills. Examples include Orton-Gillingham and Wilson Reading System.
- Intervention should be frequent (ideally 4 to 5 times a week) and continue for as long as needed, potentially several years. The more often the intervention is provided, the greater the results. Progress should be monitored regularly.
- Advocate for your child to receive a proper evaluation and evidence-based intervention if you suspect dyslexia!



Comprehensive Overview of Dyslexia, Identification, and Intervention Strategies

Do you have concerns about your child's reading?

Dyslexia affects approximately 20% of the population and represents over 80% of all those with learning disabilities. It is the most common of all neuro-cognitive disorders according to the The Yale Center for Dyslexia & Creativity (YCDC).

What is dyslexia?

The International Dyslexia Association (IDA)'s definition: "Dyslexia is a specific learning disability characterized by difficulties in word reading and/or spelling that involve accuracy, speed, or both and vary depending on the orthography. These difficulties occur along a continuum of severity and persist even with instruction that is effective for the individual's peers. The causes of dyslexia are complex and involve combinations of genetic, neurobiological, and environmental influences that interact throughout development. Underlying difficulties with phonological and morphological processing are common but not universal, and early oral language weaknesses often foreshadow literacy challenges. Secondary consequences include reading comprehension problems and reduced reading and writing experience that can impede growth in language, knowledge, written expression, and overall academic achievement. Psychological well-being and employment opportunities also may be affected. Although identification and targeted instruction are important at any age, language and literacy support before and during the early years of education is particularly effective."

Dyslexia is recognized as a Specific Learning Disability in schools

Dyslexia is listed as a specific learning disability under the Individuals with Disabilities Education Act (IDEA) and the New Jersey Special Education Code N.J.A.C. 6A:14: "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions, such as perceptual disabilities, brain injury, minimal brain dysfunction, **dyslexia**, and developmental aphasia.

The best time to screen for dyslexia

"It is possible to identify potential reading problems in young children even before the problems turn into reading failure. Screening tests, such as Predictive Assessment of Reading (PAR); Dynamic Indicators of Basic Early Literacy Skills (DIBELS); Texas Primary Reading Inventory (TPRI); and AIMSweb screening assessments, developed by researchers for those purposes **should be used with all children in a school, beginning in kindergarten, to locate those students who are "at risk" for reading difficulty.** Preventive intervention should begin immediately, even if dyslexia is suspected." <https://dyslexiaida.org/testing-and-evaluation/>

Early intervention of reading difficulties and dyslexia

There is "educational research demonstrating that appropriate early intervention, provided in kindergarten through grade three, is very effective in closing the gap for struggling readers. Early



intervention or additional direct instruction should begin as early as **kindergarten** or first grade for struggling readers when the gap is small and students **benefit from brain plasticity advantages for learning language-based information**. When a student is not achieving at an average rate, additional instruction (e.g., an additional hour of direct instruction for grades one through three) may be provided immediately to help them catch up. **Student progress must be monitored using reliable and valid progress monitoring measures to be sure the gap is closing**. Analysis of data must drive all school team decisions about a student's program and learning profile."

<https://dyslexiaida.org/dyslexia-assessment-what-is-it-and-how-can-it-help-2/>

Is it dyslexia?

"A poor reader may appear to "fit the profile" of dyslexia. However, if the learner responds quickly to appropriate intervention, the source of the reading problem is more likely related to earlier educational opportunity than to problems in the child's physical makeup that limit the ability to learn from the instruction provided."

<https://dyslexiaida.org/testing-and-evaluation/>

Therefore, **if a student is not responding quickly to appropriate interventions**, the student should be referred to the **Child Study Team for a comprehensive assessment for dyslexia**. In addition, **small group or 1:1 direct, explicit instruction such as Orton Gillingham or Wilson should start immediately**. The Orton Gillingham approach and Wilson Reading System are direct, explicit, multisensory, structured, sequential, diagnostic, and prescriptive ways to teach literacy when reading, writing, and spelling does not come easily to individuals, such as those with dyslexia. Each approach is evidence-based and informed by the science of reading.

Overcoming Dyslexia, Second Edition, book by Dr. Sally Shaywitz

"...we must always bear in mind that **if a child is not evaluated and later proves to have dyslexia, we have robbed him of precious time**. The human brain is resilient, but there is no question that **early intervention and treatment bring about more positive change at a faster pace than an intervention provided to an older child**. There also is the **erosion of self-esteem that accrues over the years as a child struggles to read**." Page 139

Who can identify dyslexia?

No single job title defines a person who can diagnose dyslexia. Originally, it was considered a medical diagnosis. Today, it is viewed as an educational diagnosis.

<https://www.wpspublish.com/dyslexia-assessment-best-practice-faqs>

"Professional clinicians who assess Specific Learning Disabilities (SLD) and dyslexia may have M.A., M.S., M.ED., Ed.D., or Ph.D. degrees in Education, Reading, Speech Language Pathology, School Psychology, Psychology, or Neuropsychology. Evaluation by a medical doctor is not required for assessment or identification of SLD or dyslexia."

<https://dyslexiaida.org/dyslexia-assessment-what-is-it-and-how-can-it-help-2/>

"It is a myth that dyslexia is a medical diagnosis. **Quite honestly, it becomes an educational problem when a child does not learn to read, because it is the job of the public schools to**



teach children how to read. Dyslexia is a specific learning disability (SLD), which is diagnosed [identified] in the schools.” “We can make a decision in a clear and consistent way as to whether a child is dyslexic.”

<https://dyslexiahelp.umich.edu/answers/ask-dr-pierson/school-psychologist-questions-how-diagnose-dyslexia>

Can schools identify dyslexia?

Absolutely, just as they can identify other Specific Learning Disabilities and a Communication Impairment for example. Within a school setting, dyslexia evaluations can be conducted by school personnel who are well-versed in the characteristics of dyslexia and understand standardized assessments. These school personnel may include reading specialists, school psychologists, educational diagnosticians, speech-language pathologists, and/or learning disability specialists/learning consultants.

“Educational testing can verify the presence of SLD or dyslexia and can provide the needed diagnostic documentation that is required for eligibility for specially designed instruction and accommodations throughout the educational career from elementary school through college and graduate school.”

<https://dyslexiaida.org/dyslexia-assessment-what-is-it-and-how-can-it-help-2/>

What key areas need to be assessed when evaluating dyslexia?

1. Family History and Background Information (is there a family history of reading difficulties or dyslexia)?
2. Phonological Processing, Awareness, and Memory
3. Rapid Automatic Naming/Automaticity/Fluency skills
4. Receptive Vocabulary
5. Phonetic Decoding/Sound-Letter Identification/Word Identification/Word Recognition
6. Reading Fluency
7. Spelling
8. Written Expression
9. Orthographic Processing
10. Oral Language Skills (Expressive and Receptive Language; Oral Expression and Listening Comprehension)
11. Reading Comprehension
12. Cognitive Ability/Intelligence
13. Math Skills (Math Computation, Reasoning, and Fluency)

What tests can schools use to evaluate these areas?

Schools often already have standardized tests that evaluate all of these areas or schools can purchase one or two additional tests such as the Feifer Assessment of Reading or the Tests of Dyslexia to add to their resources.



Is it a parent's responsibility to get their child evaluated for dyslexia?

NO. When a child is suspected to have dyslexia, certain areas need to be assessed as early as possible. Because a school district can easily provide all of the resources to identify dyslexia by purchasing one or two additional tests and by providing training for school personnel (e.g. school psychologist, speech and language pathologist, learning consultant) to become well-versed in the identification of dyslexia, I believe it is the responsibility of the school district to identify dyslexia so that there is no undue financial burden on the family.

Can individuals who have dyslexia learn to read?

Yes. If children who have dyslexia receive effective phonological awareness and phonics training in Kindergarten and 1st grade, they will have significantly fewer problems in learning to read at grade level than do children who are not identified or helped until 3rd grade. 74% of the children who are poor readers in 3rd grade remain poor readers in the 9th grade, many because they do not receive appropriate Structured Literacy instruction with 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. Research shows that programs utilizing Structured Literacy instructional techniques can help children and adults learn to read.

<https://dyslexiaida.org/frequently-asked-questions-2/>

Intervention: A Structured Literacy Framework for Struggling Readers

From the New Jersey Dyslexia Handbook: Definition of Structured Literacy Page 21

“Structured literacy is instruction that is explicit, systematic, cumulative, and multisensory. This type of intervention emphasizes the structure of language including the speech sound system (phonology), sound/symbol association, the writing system (orthography), the structure of sentences (syntax), the meaningful parts of word (morphology), the relationships among words (semantics), and the organization of spoken and written discourse. Multisensory instructional strategies involve simultaneous use of visual, auditory, tactile-kinesthetic sensory systems and/ or articulatory motor components while linking, listening, speaking, reading and writing.”

From the New Jersey Dyslexia Handbook: Delivery of Dyslexia Instruction Page 24 “While it is necessary that students are provided instruction in the above content, it is also critical that the way in which the content is delivered be consistent with research-based practices. Requirements for successful intervention include:

- **Must be evidence/data that the intervention is effective for students who have dyslexia;**
- **Must be implemented by a trained or certified instructor;**
- **Must be taught with fidelity;**
- **Must be sufficiently intensive (frequent sessions and extended time) to accomplish objectives; and**
- **Must include frequent assessment and progress monitoring.”**

https://www.nj.gov/education/specialed/programs/additionalsupports/dyslexia/docs/NJ_Dyslexia%20Handbook.pdf



How long does instruction need to continue? How often? What progress can I expect?

“How long a student will need specialized instruction depends on the severity of the problem and the frequency and length of the sessions. At a minimum, one-hour sessions should occur two times per week; **optimally, four or even five sessions should be scheduled per week**—for up to two hours. **Instruction should continue until the student is functioning at a level of independence commensurate with age and cognitive ability. This could take two to three years or more.** To master skills and apply them independently, students with a language-based learning disability, including dyslexia, need **explicit instruction and consistent practice and repetition** with teacher guidance—not only with the development of skills but with the application of these skills at higher and higher levels of functional use.”

<https://dyslexiaida.org/evaluating-professionals-fact-sheet/#:~:text=Instruction%20should%20continue%20until%20the.to%20three%20years%20or%20more.>

Summary

1. If a child is having difficulty reading, schools should assess for dyslexia right away in kindergarten or first grade.
2. If a student is found to be at-risk for dyslexia using a dyslexia screener or have dyslexia after a comprehensive evaluation, then explicit, direct, sequential, systematic, multi-sensory, research-based, small-group or individual reading instruction should begin immediately by a certified reading specialist. This direct instruction should ideally occur 4-5 days per week for at least 30-45 minutes per day. The more often the intervention is provided, the greater the results.
3. It is essential to frequently track a student's progress with valid and accurate tools to ensure they are improving. The school team should use the data collected to guide all decisions about the student's educational plan and learning needs.
4. Direct instruction needs to continue until the student is functioning at a level of independence commensurate with age and cognitive ability.

For more information or to ask about help in advocating for your child, please reach out to:

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Thank you!