

Dyslexia Revisited in 2015

Significant attention is now focused on “dyslexia” at both the national level in Congress and in many state legislatures. For any special education administrators who were in the field in the 1970’s, this feels a bit like revisiting discussions during the formative years of IDEA (at that time EHA). Regardless of prior knowledge and experience with dyslexia, the political and advocacy climate of today warrants a new look.

The terms learning disability in reading, reading disabilities, reading disorders, reading delays and dyslexia often mean different things to different people. In the educational field, the term learning disabilities has a very specific and legal meaning as is defined in IDEA and associated eligibility criteria which require a need for special education services. IDEA does mention dyslexia as an example of a medical or mental health diagnosis that might lead to a determination of IDEA eligibility in the category of learning disabilities along with perceptual disabilities, brain injury, minimal brain dysfunction, and developmental aphasia.

In the medical and mental health fields, the Diagnostic and Statistical Manual V (DSM-5) is used for diagnostic purposes and it defines the term “specific learning disorder” with three additional descriptors of -- with impairment in reading, with impairment in written expression or with impairment in math. The DSM-5 diagnosis of specific learning disorder with impairment in reading has a note that says “Dyslexia is an alternative term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding and poor spelling abilities.”

The term “reading disabilities, reading disorders and reading delays” do not have an explicit definition in IDEA and are generally used to describe any reading difficulties in students. These terms do not have a specific definition or criteria in the educational, medical or mental health fields.

The recent attention on dyslexia grew out of research funded by the National Institute of Health subsequent to the establishment of the National Reading Panel (NRP) and their 2000 seminal report, *Teaching Children to Read: An Evidence-Based Assessment of the Scientific Research Literature on Reading and Its Implications for Reading Instruction*. The NRP was made up of educators and scientists who reviewed the literature to research the optimal methods of teaching children to read. Their report linked research findings with recommendations for specific approaches to teaching reading to all children. Based on 30 years of research, the experts of the NRP identified five areas critical for effective reading instruction. Explicit and well targeted instruction in the critical components of reading - phonemic awareness, phonetic decoding, fluency, vocabulary and comprehension would significantly improve reading performance.

<http://www.nichd.nih.gov/research/supported/Pages/nrp.aspx/>

The NRP included experts who were beginning to do research on the biological and neurophysiological basis of reading disabilities. At this time, the National Institute of Neurological Disorders and Stroke (NINDS) and other institutes of the National Institutes of Health (NIH) began funding dyslexia research grants focused on developing techniques to diagnose and treat dyslexia and other learning disabilities, increasing the understanding of the biological and possible genetic bases of learning disabilities, and exploring the relationship between neurophysiological processes and cognitive functions with regard to reading ability which is research continued today.

The recent political and advocacy efforts on dyslexia are based on this new research. Two of the researchers, Drs. Bennett and Sally Shaywitz, founded the Yale Center for Dyslexia and Creativity which has become a leader in national advocacy for federal legislation and policies regarding dyslexia. In general, these advocacy efforts use current research to point out that at least 20% of children have dyslexia and these students require direct, explicit instruction in basic reading skills through a multi-sensory approach to address their needs. The Orton-Gillingham approach developed in the 1930's, is the specific intervention recommended to address the needs of these students.

If at least 20% of our school children have dyslexia, this is clearly an issue that impacts students in general education more so than even IDEA eligible students in special education which suggests the need for close scrutiny of the general education reading instructional program to make sure that it indeed meets the needs of these students. Does the reading curriculum ensure that students get direct, explicit instruction in basic reading skills consistent with the NRP recommendations? Do general education teachers have the commitment and expertise to provide quality core and supplemental reading instruction? Are multi-tiered systems of support available to ensure students who need more intensive levels of instruction, including Orton-Gillingham based approaches, receive it? Are special education teachers trained in and able to provide a wide range of techniques and intensive levels of instruction when needed by an IDEA eligible student? These are all questions worth considering to gauge your district's ability to meet the needs of students with dyslexia.

While all schools want to be able to respond to and meet the needs of students with all types of learning challenges, it is important to remember that under federal law and regulations a diagnosis of dyslexia from a medical or mental health providers is treated just like any other outside diagnosis. Schools must consider medical and mental health diagnoses in their eligibility determinations and instructional programming. However these labels do not provide automatic IDEA eligibility and should not dictate specific instructional methodologies or services as those must be developed by IEP teams tailored to the unique needs of each student.