



Improving speech-language and reading ability one word at a time.

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March 2018

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Committee:

My name is Allison Winters, speech-language therapist and owner of SpeechAbility, LLC in the state of Kansas. While I have been practicing for 20 plus years, I began my journey into dyslexia in 2003 as I worked as a speech-language therapist in an Abilene, Texas public school. Texas had passed a dyslexia law in 1985 and was well versed in how to work with children with dyslexia. After I moved back to Kansas in 2008, I began working in a large school district in Johnson County, Kansas. I was shocked at the difference between the way Texas and Kansas worked with students with reading difficulties. Dyslexia was not a word that we could use in our school district in Kansas. Not only did most of the teachers I encountered not understand what dyslexia was, but the administration also did not allow us to use the term unless the child already had a diagnosis through an outside agency. If we did mention that we suspected a child might have dyslexia to a family, by law the school would have had to pay for the evaluation. We would have been terminated as a district employee. I thought this was particularly mystifying considering KSDE had a section within special education devoted to best practice for dyslexia. The disconnect was overwhelming.

Through the years, I have completed graduate level classes and professional education classes on structured-literacy and dyslexia. I am a member of the International Dyslexia Association and am a Certified Structure Literacy Teacher. In 2014 I began working solely as a private speech-language and literacy specialist evaluating and treating dyslexia and other literacy disorders. In my current position, I see how dyslexia is handled in the public schools in my county and across the state and how children have had to seek private alternatives outside the school system when dyslexia is suspected. Not all students with dyslexia require special education services which is why even the classroom teacher needs to be more informed about dyslexia. It is my hope this testimony allows you to see why it is both vital and in Kansas' best interest to form a task-force discussing the topic of dyslexia in our public school system.

Dyslexia is defined as the following: "Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge."

Adopted by the IDA Board of Directors, Nov. 12, 2002.

While that is the working definition of dyslexia, few truly understand what this statement means. I hope that by defining this line by line, more people will understand what dyslexia is and why it is vital for our schools to address the topic.

"Dyslexia is a specific learning disability that is neurobiological in origin."

" Dyslexia results in a brain difference. People are born with dyslexia. Brain research shows that people with dyslexia only use one area of their brain to read (Broca's area) while people without dyslexia use three different regions. Brain plasticity (ability to learn new things) is highest during early childhood.

"It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities."

" "Accuracy" is how accurately a person reads, ex: reading "steep", for "step".

" "Fluency" is how accurate and how fast a student may read. Some students may read either very accurately but take a much longer time to read a word/phrase/sentence (slow reader) while others may read fast but read words wrong.

" Poor spelling is just one red-flag for dyslexia.

" "Decoding abilities" refers to the ability to sound out words that are both familiar and unfamiliar. An example could include the made-up word: "rire". Although we have never encountered the word before, typical readers would decode it as a word rhyming with "tire".

"These difficulties typically result from a deficit in the phonological component of language,"

" "Phonology" can be described as an aspect of language that deals with rules for the structure and sequencing of speech sounds. Every language has a wide variety of speech sounds (phonemes). For example in English, the ng sound, as in ring, will never appear at the beginning of a word. Phonology rules also determine which sounds may be combined. For example, the combination of dn will not appear in sequence in the same syllable. A proficient reader naturally understands these two rules without being systematically taught. Those with dyslexia may or may not.

"that is often unexpected in relation to other cognitive abilities,"

" While it is not impossible to have dyslexia and a co-morbid condition such as autism or other developmental disorder, it is far less likely. Most people with dyslexia have average to above average intelligence.

"and the provision of effective classroom instruction."

" Those with dyslexia have had at least equal opportunity to read as other peers in their classroom. If a child who cannot read has never had a chance to learn, it would not be considered dyslexia.

"Secondary consequences may include problems in reading comprehension..."

" When people with dyslexia have trouble reading words in a story, their ability to understand the entire story or details of the story might be affected because of the energy it takes them to work on each word.

"and reduced reading experience that can impede the growth of vocabulary and background knowledge."

" When people struggle to read it is not typically an enjoyable activity for them. We learn the majority of our everyday vocabulary through our reading experiences, (Beck, McKeown, and Kucan, *Bringing Words to Life*, 2013). Those with dyslexia are at a higher risk for decreased vocabulary skills.

According to the National Institute of Health, dyslexia is hereditary and affects one in five students (NIH, NINDS, 2011). These statistics allow us to believe that out of the approximate 489,000 public Kansas school students that were enrolled in 2016-2017 school year, over 90,000 of them have some degree of dyslexia. According to G. Reid Lyon, the former chief of the Child Development and Behavior Branch of the National Institute of Child Health and Human Development, "Dyslexia composes anywhere from 80-90 percent of persons with learning disabilities." Between 15%-20% of American elementary school children have significant, continuing difficulties with learning to read. However, only about 5% are referred for special help in reading (Gale Encyclopedia of Medicine).

Over the last couple of decades, researchers have become better at recognizing reading disabilities early, even as early as infancy, (Drs. Dennis and Victoria Molfese, *The Brain's Role in Dyslexia*). Unfortunately, most dyslexics are not identified until 3rd grade or later making them "much more difficult to remediate" (Sally Shaywitz, M.D., Yale Pediatrician and Neuroscientist). Approximately 75 percent of the students identified with reading problems in the third grade are still reading disabled in the ninth grade.

Why should the Committee vote for this proposed task-force for dyslexia when the budget issue is at the forefront of everyone's mind? As stated, there is currently a disconnect between what is posted as best-practice within KSDE and what is practiced in our schools. As a professional, I also look to the research to find why addressing dyslexia with screening and early intervention should be taking place in our schools during every student's Kindergarten year. It is clear in dyslexia research that waiting does not work. Thirty to forty years ago, studies indicated that the "late bloomer" approach was best (Lyon et al., 2001). Educators waited because they essentially thought below average readers would catch up to their peers if they were given time. Researchers did not see early intervention as urgent for poor readers. More recently, long after many teachers ended their formal educational training, researchers have been able to put this theory completely to rest. Three studies, in essence, replaced the "late-bloomer" theory (also known as the developmental-lag theory) with a true skill-deficit theory. (Juel, 1988; Francis et al., 1996; Shaywitz et al., 1999). Students with dyslexia will not simply catch up when given more time. Research across the board indicates that students with dyslexia first need to be identified, then given the appropriate intervention and the earlier, the better. Joseph Torgeson (2001) even went further and explained, "the skill deficit between average readers and below-average readers can be largely erased with appropriate early intervention."

Kansas is currently one of the last of eight states that do not have any dyslexia legislation on the books. Do we want to be known as the only state? Again, looking at the research and statistics

of the states with dyslexia laws gives us an excellent reason for proceeding with this task force. The 2015 National Assessment of Education Progress results shows that we are not teaching our students reading at a rate commensurate with the rest of the nation. If our NAEP scores were on target, the issue of best practice for dyslexia might not be such a critical an issue. Every state which progressed its reading scores in 2015 had dyslexia legislation in place, (NAEP, 2015). Discussing the issue of dyslexia is a vital missing link when looking at those numbers. Research over the last decade overwhelmingly demonstrates early intervention for dyslexia can significantly improve reading outcomes of children at risk for reading disabilities, (Denton & Mathes, 2003; Foorman, Francis, Fletcher, Schatschneider & Mehta, 1998; O'Connor, Fulmer, Harty, & Bell, 2005; Simmons, Coyne, Kwok, McDonagh, Harm, & Kame'enui, in press). Children need to be screened early to gain the maximum benefit from their intervention, (Cavanaugh, Kim, Wanzek, & Vaughn, 2004; Torgesen, 2002; Torgesen et al., 1999; Vellutino, Scanlon, Small, & Fanuele, 2006) and then appropriate intervention needs to be implemented. Teachers need to know how to utilize effective strategies when they suspect dyslexia. Not all students that struggle with reading in our schools have dyslexia. However, even if approximately 15-20% of them do, we cannot afford to continue to ignore best practice.

When looking at other states that have already passed universal screening laws for dyslexia, we also find overwhelming evidence that not only is early universal screening urgent, it is also more cost-effective and less discriminatory. The Baltimore City Public Schools and other large urban districts found the following in their study of cost-effectiveness in early identification of students with dyslexia:

"At least 20% of all students in the Baltimore City Public Schools are 'invisible dyslexics' (children whose academic futures are doomed because their problems in learning to read are diagnosed too late and treated too little or not diagnosed and treated at all). Delay in early diagnosis and treatment has disastrous academic consequences. Baltimore City's flawed system reflects another discrimination in diagnosing and treating early reading difficulties: under special education laws, children must present a large discrepancy between measured intelligence and reading achievement in order to be entitled to special instruction. Children with low IQ scores are much less likely to receive help for similar reading difficulties. This report, based on an analysis of research and practice literature on early reading difficulties and on interviews with researchers and practitioners, recommends specific steps to uproot and remedy this hidden discrimination against poor and minority children. It examines research that overturns long-held beliefs about the causes and cures of reading difficulties and highlights the reasons educators have been slow to respond to the new research consensus (e.g., lack of teacher training and awareness, low expectations, and lack of money for early intervention in impoverished districts). After summarizing the budding evidence on best practices in early identification and intervention beginning in kindergarten, the report illustrates the plight of invisible dyslexics and calls for national, state, and local action." (The Invisible Dyslexics: How Public School Systems in Baltimore and Elsewhere Discriminate Against Poor Children in the Diagnosis and Treatment of Early Reading Disorders, Hettleman, Kalman R., 2003) A child discovered to be dyslexic in kindergarten can be remediated much less expensively than a child who has failed for years. Universal screening and appropriate intervention is an overall cost

saving. While this research was conducted in Baltimore, the same could be said about many of our Kansas schools.

Yet another study out of the University of California, Davis, and Yale University (2015), proved that identifying children with dyslexia as early as first grade could narrow or even close the achievement gap with typical readers. The data indicate that it is no longer acceptable to wait until a child is in third grade or later before undertaking efforts to identify or address dyslexia. "If the persistent achievement gap between dyslexic and typical readers is to be narrowed, or even closed, reading interventions must be implemented early, when children are still developing the basic foundation for reading acquisition," said Emilio Ferrer, a UC Davis psychology professor. (Emilio Ferrer, Bennett A. Shaywitz, John M. Holahan, Karen E. Marchione, Reissa Michaels, Sally E. Shaywitz. Achievement Gap in Reading Is Present as Early as First Grade and Persists through Adolescence. *The Journal of Pediatrics*, 2015; 167 (5): 1121 DOI: 10.1016/j.jpeds.2015.07.045)

Research is clear. The "late-bloomer" theory is no longer valid. However, Kansas schools continue to use this as its strategy for struggling readers. As a specialist, I want to end with a story about one particular student I evaluated a little over a year ago. Like many parents that call me across the state, this student's mother originally wanted her child evaluated simply to put her mind at ease. Her son was in the second grade, and the mother had suspected her child was having reading difficulties as early as pre-school and Kindergarten. After endless practice, he wasn't picking up on the alphabet, wasn't able to match letters to sounds, and the list went on. The mother knew her child was bright as he picked up on all other aspects of development. He excelled in math. He was more creative than others his age. Although he was receiving some intervention from the reading specialist at the school, it didn't seem to be working. His regular education classroom teacher was not concerned.

After my evaluation was over, I diagnosed him with dyslexia. We then attended a team meeting with the school to help the family discuss my findings. After looking at the results of my testing, the reading specialist looked at me and then the mother and stated, "I am so glad you finally got him tested. I just knew he had dyslexia, but I couldn't say anything." The mother had waited months before originally calling me worrying that she was making too much out of nothing. She trusted the school to be straight-forward with her. What she quickly found out was, schools are in a tough position when it comes to suspecting dyslexia. If they "suspect" out-loud they may be obligated to pay. Schools are not our enemy, but their hands are often tied. What a sad concept. This family's story is just one example I have to share. How different could this story have been if the school had worked with the family from the beginning and shared their true suspicions? I hope someday soon we will be able to find out.



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