Dyslexia Resource Guide
Table of Contents

Acknowledgements

Purpose

Introduction

Section I:  Defining Dyslexia

Section II:  Indicators of Students with Dyslexia

Section III:  Response to Intervention (RTI)

Section IV:  Universal Screening

Section V:  Dyslexia Screening

Section VI:  Comprehensive Dyslexia Evaluation

Section VII:  Instructional Approaches for Students with Dyslexia

Section VIII:  Dyslexia Therapist Training and Program Accreditation

Section IX:  Professional Awareness

Appendix A:  Flowchart - Identification and Intervention Implementation

Appendix B:  Reporting Forms

Appendix C:  Glossary

Appendix D:  References

Appendix E:  Resources

Appendix F:  Parent Information
Acknowledgements

This resource guide was jointly developed by Dr. Richard K. Wagner and Dr. Jeanne Wanzek of the Florida Center for Reading Research and staff specialists of the Arkansas Department of Education.

Richard K. Wagner, Ph.D., is the Robert O. Lawton Distinguished Research Professor of Psychology and the W. Russell and Eugenia Morcom Chair at Florida State University. He also is a co-founder and current Associate Director of the Florida Center for Reading Research. He earned a Ph.D. in cognitive psychology from Yale University in 1985. He previously earned a Master's Degree in School Psychology from the University of Akron. His major area of research interest is dyslexia and the normal acquisition of reading. He currently is the principal investigator of a Multidisciplinary Learning Disability Center funded by the National Institute of Child Health and Human Development (NICHD).

Jeanne Wanzek, Ph.D., is an associate professor at Florida State University and on the research faculty at the Florida Center for Reading Research. She is a former special educator and elementary teacher. Dr. Wanzek conducts research examining effective reading instruction and intervention. Her focus is on prevention and remediation for students with reading difficulties and disabilities. She has worked with several elementary and secondary schools conducting research to improve core classroom instruction and reading intervention implementation. In addition, she has consulted with several schools and districts across the country on the implementation effective reading instruction.

A special thank you to the following individuals:

**Dyslexia Working Group Members, 2013, for sharing their valuable input:**
Dr. Janet Behrend, Jennifer Brown, Dee Dee Cain, Kiffany Davis, Dr. Linda Dorn, Nancy Dunaway, Lisa Johnson, Tish Knowles, Debbie Miller, Dr. Susan Perry, Jackie Roberts, Jill Sullivan, and Sandra Taylor

**Dyslexia Resource Guide Committee Members, 2014:**
Martha Kaye Asti, Kevin Beaumont, Jennifer Brown, Jane Dearworth, Lisa Haley, Lisa Johnson, Vicki King, Jackie Roberts, Latanya Taylor, Sherri Thorne, Dr. Tracy Tucker, and Diane Zook
PURPOSE OF
ARKANSAS DYSLEXIA RESOURCE GUIDE

The purpose of the Arkansas Dyslexia Resource Guide is to provide school districts, public schools, and teachers with guidance to meet the needs of children with dyslexia. This guide will clarify language and procedures related to the assessment, identification, and services of these students as established in the Arkansas Department of Education Rules Governing How to Meet the Needs of Children with Dyslexia. It will be updated and maintained by the Arkansas Department of Education.

Since Arkansas is a local control state, school districts have considerable autonomy in making decisions regarding the diagnostic tools and instructional programs to use. However, the department is charged with approving the training and certification of individuals who will provide dyslexia therapy. Information in this regard is included in this guide.
Introduction

Dyslexia refers to a learning disability that affects reading and writing. What dyslexia is, what causes it, and what can be done about it are commonly misunderstood topics. For example, a commonly held belief is that dyslexia results from seeing things backwards. When in fact, dyslexia is not due to a problem with vision, but rather a problem within language.

Although much remains to be learned about dyslexia, remarkable progress has been made in our understanding as a result of decades of research. The goal of this guide is to provide information about dyslexia that is intended to be helpful to educators, parents, and students.
Section I

Defining Dyslexia

Dyslexia is defined in Ark. Code Ann. § 6-41-601 as a learning disability that is neurological in origin, characterized by difficulties with accurate and fluent word recognition and poor spelling and decoding abilities that typically result from the phonological component of language, and are often unexpected in relation to other cognitive abilities. This definition is borrowed from the most widely accepted current definition of dyslexia that is used by the International Dyslexia Association:

Dyslexia is a specific learning disability that is neurological 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 growth of vocabulary and background knowledge.

It is useful to consider each of the elements of this definition:

*Dyslexia is a specific learning disability that is neurological in origin.*

Dyslexia is a term used to refer to a specific type of learning disability. It is important to understand that students can be diagnosed with a specific learning disability as defined in the Diagnostic and Statistical Manual of Mental Disorders,
Fifth Edition (DSM-V), but not automatically qualify as having a disability as defined in IDEA and the Arkansas special education rules and regulations, which govern the provision of special education services to students with disabilities. These regulations specify that each school district is responsible for ensuring that all children with disabilities, within its jurisdiction, who are in need of special education and related services are identified, located, and evaluated. The regulations make clear that having a disability in and of itself does not make a child eligible for special education services. The child must also have a need for special education and related services arising from that disability. The impact of the disability on the child must be significant enough that it adversely affects the student’s access to general education curriculum, and the child’s ability to make meaningful educational progress.

It is important to acknowledge that students may struggle in learning to read for many reasons, including lack of motivation and interest, weak preparation from the pre-school home environment, weak English language skills, or low general intellectual ability (Snow, Burns, & Griffin, 1998). In fact, the family and socio-cultural conditions associated with poverty actually contribute to a broader and more pervasive array of reading difficulties in school-aged children than do the neurological conditions associated with dyslexia. Students with dyslexia represent a subgroup of all the students in school who experience difficulties learning to read.

The statement that dyslexia is neurological in origin implies that the problem is not simply one of poor instruction or effort on the part of the student.
We know that individuals with dyslexia struggle learning to read well despite adequate instruction and effort. We know that dyslexia tends to run in families. A child from a family with a history of dyslexia won’t necessarily have dyslexia but inherits a greater risk for reading problems than does a child from a family without a family history of dyslexia. Brain imaging studies show differences in brain activity when individuals with dyslexia are given reading-related tasks compared to the brain activity shown by normal readers. However, although it is tempting to view differences in brain activity as the cause of dyslexia, these differences are just as likely or even more likely to be a consequence of the reading problem rather than the cause of it. The reason for saying this is that when individuals with dyslexia respond positively to intervention, their brain activity “normalizes” and becomes comparable to that of normal readers.

*It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities.* A common feature of dyslexia is difficulty with accurate and/or fluent word recognition and by poor spelling and decoding abilities. Although students with dyslexia can show a variety of subtle or not-so-subtle language problems prior to entry in school (Catts & Kahmi, 2005), their problems become very noticeable once they begin learning to read. They have extreme difficulties acquiring accurate and fluent phonemic decoding skills (phonics), and this interferes with their ability to read text accurately or to read independently. Students with dyslexia struggle to acquire both knowledge of letter-sound correspondences and skill in using this knowledge to “decode” unfamiliar words in text. In first grade, their difficulties
with accurate word identification quickly begin to interfere with the development of text reading fluency. Difficulties decoding unfamiliar words in text interfere with the development of fluency because, to become a fluent reader in the primary grades, students must learn to recognize large numbers of words automatically, or at a single glance. Students learn to recognize individual words “by sight” only after they accurately read them several times (Ehri, 2002). Thus, the initial difficulties that students with dyslexia have in becoming accurate and independent readers interfere with the development of their “sight word vocabularies,” and they quickly fall behind their peers in the development of reading fluency.

*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.* The discovery that students with dyslexia experience difficulties processing the phonological features of language was important in establishing the foundations of the current scientific understanding of dyslexia (Liberman, Shankweiler, & Liberman, 1989). The phonological processing problems of students with dyslexia are usually not severe enough to interfere with the acquisition of speech, but they sometimes produce delays in language development, and they significantly interfere with the development of phonemic awareness and phonics skills for reading. Spoken words are composed of strings of phonemes, with a phoneme being the smallest unit of sound in a word that makes a difference to its meaning. Thus, the word *cat* has three phonemes, /c/-/a/-/t/. If the first phoneme is changed to /b/, it
makes the word *bat*, or if the second phoneme is changed to *ti*, it makes the word *bit*. When students first begin to learn to read, they must become aware of these individual bits of sound within syllables so they can learn how our writing system represents words in print. The letters in printed words correspond roughly to the phonemes in spoken words. Once a child understands this fact, and begins to learn some of the more common letter/sound correspondences, he/she becomes able to “sound out” simple unfamiliar words in print. Skill in using phonemic analysis to identify words that have not been seen before in print (and beginning readers encounter these words in their reading almost every day) is one of the foundational skills required in learning to read text independently (Share & Stanovich, 1995). Because of their phonological processing difficulties, students with dyslexia experience difficulties acquiring phonemic awareness, which is followed by the difficulties learning letter sounds and phonemic decoding skills that have already been described. Phonological processing skills are only moderately correlated with general intelligence, so it is possible to have average, or above average general intellectual ability and still experience the kind of reading difficulties observed in students with dyslexia. A student can also have below average general intellectual skills and have the same kind of phonological processing disabilities. Dyslexia is *not caused* by low general intellectual ability, but rather by special difficulties processing the phonological features of language, that can co-exist with above average, average, or below average general intellectual ability. Phonological processing abilities required for acquisition of early reading skills are normally distributed in the population, just
like musical talent, athletic ability, or most other human abilities. It is possible to have extremely weak phonological processing skills, or to be only mildly impaired in this area. It is also possible to have above average skills in the phonological domain. If students have extreme phonological processing weaknesses, it is very difficult for them to acquire early reading skills, while students with mild difficulties in this area often require only a moderate amount of extra instruction to become good readers (Wagner & Torgesen, 1987).

Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge. One of the most serious consequences of early difficulties becoming an accurate, confident, fluent, and independent reader is that it affects the amount of reading that students do. For example, a study from 1988 indicated that students reading at the 50th percentile (average) in 5th grade read about 600,000 words in and out of school during the school year. In contrast, students reading at the 10th percentile read about 50,000 words during the same period of time (Anderson, Wilson, & Fielding, 1988). Large differences in reading practice emerge as early as the beginning of first grade (Allington, 1984). In addition to directly affecting the development of reading fluency, these practice differences have a significant impact on the development of other cognitive skills and knowledge, such as vocabulary, reading comprehension strategies, and conceptual knowledge (Cunningham & Stanovich, 1998). This latter type of knowledge and skill, in turn, is important for comprehension of texts in upper elementary, middle, and high school (Rand,
2002). Of course, other “secondary consequences” to the child’s self-esteem and interest in school can be just as important as the effect on intellectual skills in determining ultimate school success.
Section II

Indicators of Students with Dyslexia

Indicators of students with dyslexia follow from how it is defined. Students with dyslexia are likely to perform poorly on measures of phonological processing, decoding nonwords, and developing an adequate pool of sight words.

Beginning with phonological processing, measures of phonological awareness tend to be most predictive of success at early reading. Common phonological awareness tasks include elision (saying a word after dropping a sound), blending, and identifying sounds in words. Phonological memory can also be affected, and phonological memory tasks can be particularly useful for young children who sometimes find phonological awareness tasks too cognitively complex to understand. Common phonological memory tasks include digit span and nonword repetition. Finally, learning to read involves pairing pronunciations with visual symbols. Rapid naming tasks measure the extent to which children have been able to link pronunciations with symbols. Examples of rapid naming tasks include rapid naming of objects, colors, digits, and letters.

Turning to reading, difficulty in learning the names and sounds of letters is an early indicator of dyslexia. Perhaps the most central indicators of dyslexia are problems in word-level reading. Difficulties are found in both accuracy and speed or efficiency at decoding nonwords and sight words. Difficulty with reading words results in slow and error-prone oral reading fluency. Spelling and writing problems are common. Reading comprehension difficulties are also common,
but are considered to be largely a secondary problem caused by the primary problem of difficulty in fluently reading the words on the page.

Children likely to have difficulties learning to read can be identified as early as preschool or kindergarten, but it is frequently not possible to differentiate in preschool or kindergarten between students who have dyslexia, and students who are at risk for reading problems for other reasons. For example, the clearest indicators of dyslexia in kindergarten are difficulties acquiring phonemic awareness, learning letter/sound correspondences, and learning to decode print using phonemic decoding strategies (Rayner, Foorman, Perfetti, Pesetsky, & Seidenberg, 2001). Unfortunately, many poor children, or those with limited exposure to Standard English in their homes, also manifest these same types of difficulties in kindergarten. An accurate diagnosis of dyslexia in preschool or kindergarten is more likely when these problems occur in students who: 1) have strong abilities in other areas of language such as vocabulary; 2) come from homes that provide a language and print rich pre-school environment; and, 3) have a first or second-degree relative who experienced severe early reading difficulties. However, inherent phonological processing difficulties can also occur in poor children who come to school with limited vocabularies and knowledge of print. Although the phonological weaknesses of these students are most likely the result of lack of certain kinds of language experience in the home, they may also be the result of biologically based, inherent phonological processing weaknesses.
Section III

Response to Intervention

Response to Intervention (RTI) is designed to ensure all students receive effective, research-based instruction to meet their needs. RTI frameworks combine prevention and intervention with ongoing assessment in a school-wide system to identify student instructional needs and appropriate learning supports. The Individuals with Disabilities Education Act (IDEA, 2004) includes the use of a student’s response to intervention for identifying specific learning disabilities, including dyslexia. Importantly, the IDEA law requires a student be provided high-quality, research-based general education instruction to ensure a student’s difficulties are not the result of inadequate instruction. Thus, RTI provides a framework to coordinate levels of instruction and intervention and to document high-quality instruction.

The most common implementation of RTI is through a three-tiered coordinated system of screening, effective classroom instruction, intervention supports, data-based decision-making, and identification of students with specialized needs, including students with dyslexia. Within each tier, students receive instruction using scientifically-based reading research. Students who make insufficient progress in initial tiers of instruction are provided more intensive and specific intervention to better meet their needs. Referral for a dyslexia screening should occur whenever RTI indicates the possibility of dyslexia (Ark. Code Ann. §6-41-603).
The RTI process emphasizes a productive collaboration problem-solving approach among professionals with expertise in language and literacy acquisition who serve on the school-based decision-making team. This team (e.g., intervention team, RTI team) should be included in every aspect of the RTI process – planning, screening, implementation, progress monitoring, and making decisions about next steps. Involving parents and students in a collaborative approach provides a basis for support and is critical to successful implementation of any RTI process.

When parent or teacher observations indicate markers of dyslexia, engaging in a tiered intervention process should not delay or deny therapeutic services for dyslexia. While students with dyslexia may appear to be making some progress in the core curriculum and some interventions may prove to be helpful, students with dyslexia require a specialized type of intervention to maximize gains.

**Tier I: Core Instruction**

Tier I instruction focuses on providing effective, research-based instruction to all students in general education and provides the foundation for successful RTI. Tier I instruction focuses on the essential, grade-specific, reading standards across content areas and should address the needs of the large majority of students, allowing them to successfully meet grade level expectations. High quality, effective reading instruction is paramount to appropriately screening for and identifying students who may need Tier II intervention or who have more severe reading disabilities, to include dyslexia.
As part of Tier I, all students are screened on reading measures to determine instructional needs, as well as identify students with risk factors or reading deficits that may indicate a student needs supplemental intervention supports in addition to Tier I instruction. If screening results identify a large number of students with risk factors, school personnel should consider the fidelity of the administration of the screening tools, the adequacy of the core curriculum, and/or whether differentiated learning activities need to be added to better meet the needs of the students. Differentiated learning practices can involve meaningful pre-assessments, flexible grouping based on needs, instructional supports such as peer-tutoring or learning centers, and accommodations to ensure that all students have access to the instructional program.

Effective Tier I instruction is the first line of defense. It is critical that classroom teachers build skills in effective, research-based reading instruction that includes the five essential components (phonemic awareness, phonics, comprehension, fluency, and vocabulary) and provides differentiated instruction to meet the needs of all students.

If at any time students continue to struggle with one or more components of reading, teachers should collect additional information and present the findings to the school-based decision making team to consider appropriate action to take. Parents should be notified of these findings and involved in the intent to request a team consultation.
**Tier II: Supplemental Intervention**

The universal screening results will potentially identify those students at risk for poor learning outcomes. Students scoring in the cut-points for risk indicate a skill level where success would be unlikely without a supplemental or intense, targeted intervention in Tier II or Tier III. The determination of which tier of intervention is dependent upon the severity of the screening results and follow-up assessments. Parents should be notified when students score in the cut-points for risk.

In order to provide targeted interventions at the correct level of difficulty, anecdotal notes from classroom observations and the results from additional diagnostic tools should be considered. *Diagnostic tools* refer to specific tests or instruments selected to measure specific areas of concern. For example, when students demonstrate difficulty on the phoneme segmentation screener, administering additional phonological awareness assessments will identify the point of difficulty on the phonological awareness continuum. The results from these targeted assessments or diagnostic tools are critical in planning interventions focused on the students’ needs. The use of diagnostic tools does not lead to a diagnosis, but identifies focus areas for differentiated instruction or a targeted intervention.

Tier II intervention is in addition to the Tier I instruction. It is provided in small instructional groups, and allows students to receive more time as well as more strategic instruction to help them better access their Tier I instruction. Students receiving Tier II intervention also receive frequent and ongoing
progress monitoring to inform the intervention. Teachers track student learning, establish goals, plan instruction, and make appropriate adjustments to instruction based on student progress in order to enable students to achieve state achievement standards. For many students a supplemental, Tier II intervention provides the necessary support to improve reading achievement to grade level expectations and maintain reading growth without further intervention.

See Arkansas Department of Education Rules Governing the Arkansas Comprehensive Testing, Assessment and Accountability Program and the Academic Distress Program, January 2013, Section 7.0 Student Accountability regarding Academic Improvement Plans (AIPs) and Intensive Reading Improvement (IRI) plans for additional regulations regarding intervention programs for students exhibiting substantial reading difficulty. AIPs and IRI plans require parent notification and written consent.

Progress monitoring data is used to determine when a student is or is not responding to intervention. Until a student maintains scores above the cut-point for two consecutive cycles, progress monitoring is recommended at least every two weeks. When a student is not making sufficient progress through two consecutive cycles of progress monitoring, the RTI committee should consider increasing the intensity of an intervention. This may be attained in several ways, such as adjusting the level of intervention, reducing the student to teacher ratio, increasing the amount of time for intervention, or increasing the frequency of sessions.
If a student continues to make insufficient progress or fails to respond to intervention, the RTI committee may consider further evaluation to determine the nature of the reading problem and the severity of the reading difficulty (Ark. Code Ann. § 6-41-604). This evaluation may include a dyslexia screener, comprehensive dyslexia evaluation, and/or evaluation for special education services. Before any evaluations take place, the school should obtain written parental consent.

**Tier III: Intensive Intervention**

There are some students that do not demonstrate adequate response to Tier I and Tier II and continue to struggle with reading and/or fall further behind in reading achievement despite the increased supports provided by the supplemental Tier II intervention. Continued failure to reach grade-level expectations while participating in Tier II intervention may result in a referral for participation in the appropriate Tier III intervention. The school-based decision-making team typically recommends entry into any Tier III reading intervention based on an individual evaluation. Parents should be notified and included in this decision.

Students requiring a more intensive intervention (Tier III) may receive more time in instruction, in smaller instructional groups or individually, with more targeted, specialized content or instructional delivery, increases in practice and feedback opportunities, or attention given to cognitive processing strategies. Students receiving Tier III intervention also receive frequent and ongoing progress monitoring, as often as weekly, to inform the intervention.
For some students, Tier III is Special Education and the move between Tiers II and III is preceded by a *comprehensive individual evaluation* protected by due process procedures. For students exhibiting the markers of dyslexia, the most appropriate intervention would be one designed for students with dyslexia. The students may remain the responsibility of general education with referral for Special Education occurring only if a student fails to make progress with instruction designed specifically and delivered with fidelity for students with dyslexia. In Tier III, teachers continue to track student learning, establish goals, plan instruction, and make appropriate adjustments to instruction based on student progress in order to enable students to achieve state achievement standards.
Section IV

Universal Screening

Early identification of students at risk for reading difficulties is critical in developing the appropriate instructional plan. “The best solution to the problem of reading failure is to allocate resources for early identification and prevention.” (Torgesen, 2000). Universal screening is the first step in identifying the students who are at risk for learning difficulties.

Universal screening measures consist of efficient assessments given to all students to identify those at risk for not meeting grade level standards. The results should be used to evaluate the effectiveness of the core instructional program and to determine which students need additional assessments and/or interventions. While results of the universal screening will identify struggling learners, they will not provide all of the information needed to develop an instructional plan, including appropriate interventions. Teachers will need to administer additional diagnostic tools to pinpoint areas of basic early reading skills that need acceleration.

Who should be screened? According to Ark. Code Ann. § 6-41-603, a school district shall screen

1) Each student in Kindergarten through grade two (K-2);
2) Kindergarten through grade 2 (K-2) students who transfer to a new school and have not been screened;
3) Kindergarten through grade 2 (K-2) students who transfer from another state and cannot present documentation that the student has had similar screening;
4) A student in grade three or higher experiencing difficulty, as noted by a classroom teacher.

Arkansas Department of Education
DRAFT, July 2014
Exemptions:

1. Students with an existing dyslexia diagnosis.
2. Students with a sensory impairment. A sensory impairment is defined as a vision or hearing impairment, or combination of both, that cannot be corrected to a degree that the student can receive educational benefit from print or auditory information.

The screening components may not be appropriate for students with severe cognitive limitations. It is recommended that school staff work closely with district administrators to determine if the screening is appropriate for each student. Careful consideration must be given to any decision to exclude a student from screening.

The screening of students shall be performed with fidelity and include without limitation (Ark. Code Ann. § 6-41-603):

1) Phonological and phonemic awareness;
2) Sound symbol recognition;
3) Alphabet knowledge;
4) Decoding skills; and
5) Encoding skills.

Ark. Code Ann. § 6-41-603 designates the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) as the screening tool. However, additional screening assessments will need to be administered to measure components listed but not measured by DIBELS.
All students enrolled in kindergarten through 2nd grade should be screened using selected subtests from the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) or the Dynamic Indicators of Basic Early Literacy Skills Next (DIBELS Next). DIBELS and DIBELS Next are a set of standardized, individually administered measures of early literacy development. They are used to screen students and identify those that might be at risk for reading difficulties.

The DIBELS cut points for risk indicate the student is unlikely to achieve reading goals without receiving additional targeted intensive support. Intensive support refers to interventions that include something more or something different from the core curriculum or supplemental support.

Personnel administering the screener should be trained in the various screening tools. School resources and enrollment will influence individual district decisions about who is trained to give and score the screening tools. Because the data will be used to help guide instruction, classroom teachers should participate in screening and progress monitoring.

If the universal screening indicates a student has deficit areas, Response to Intervention (RTI) shall be used to address the needs of the student. Any kindergarten through 6th grade student who is not meeting the cut points for risk as defined by the DIBELS Benchmark Goals Research, the Arkansas Rapid Naming Screener, or the Developmental Spelling Analysis should receive targeted intensive reading support. A school-based decision-making team should meet to review assessment data, determine if additional assessments are
needed, and plan instructional interventions. Frequent progress monitoring and review by the school-based decision-making team should be conducted.

If RTI indicates the possibility of dyslexia, the student shall be referred for dyslexia screening (Ark. Code Ann. § 6-41-603) to confirm that therapeutic services are warranted using a program designed for students with dyslexia.

Universal screening is not required for all students in grades three and higher. However, Ark. Code Ann. § 6-41-603 states that a student in grade three or higher experiencing difficulty, as noted by a classroom teacher, in phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, decoding skills, and encoding skills should be screened.

**Kindergarten**

The measures at this level assess student development of phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, and decoding skills.

<table>
<thead>
<tr>
<th>Kindergarten Administration: Mid-Year (January 1 - February 15)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIBELS Subtest</strong></td>
</tr>
<tr>
<td>Phoneme Segmentation Fluency (PSF)</td>
</tr>
<tr>
<td>Letter Naming Fluency (LNF)</td>
</tr>
<tr>
<td>Nonsense Word Fluency (NWF)</td>
</tr>
</tbody>
</table>

In addition, all kindergarten students should be administered assessments to identify rapid naming and encoding skills.

<table>
<thead>
<tr>
<th>Kindergarten Administration: Mid-Year (January 1 - February 15)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
</tr>
<tr>
<td>Arkansas Rapid Naming Screener</td>
</tr>
<tr>
<td>Developmental Spelling Analysis (DSA)</td>
</tr>
</tbody>
</table>
First Grade

The measures at this level assess student development of phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, and decoding skills.

<table>
<thead>
<tr>
<th>First Grade Administration: Beginning-Year (Aug.-Sept.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIBELS Subtest</strong></td>
</tr>
<tr>
<td>Phoneme Segmentation Fluency (PSF)</td>
</tr>
<tr>
<td>Letter Naming Fluency (LNF)</td>
</tr>
<tr>
<td>Nonsense Word Fluency (NWF)</td>
</tr>
</tbody>
</table>

In addition, all first grade students should be administered assessments to identify rapid naming and encoding skills.

<table>
<thead>
<tr>
<th>First Grade Administration: Beginning-Year (Aug.-Sept.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
</tr>
<tr>
<td>Arkansas Rapid Naming Screener</td>
</tr>
<tr>
<td>Developmental Spelling Analysis (DSA)</td>
</tr>
</tbody>
</table>

Second Grade

The measures at this level assess student development of sound symbol recognition, decoding skills, and reading fluency.

<table>
<thead>
<tr>
<th>Second Grade Administration: Beginning-Year (Aug.-Sept.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIBELS Subtest</strong></td>
</tr>
<tr>
<td>Nonsense Word Fluency (NWF)</td>
</tr>
<tr>
<td>Oral Reading Fluency (ORF)</td>
</tr>
</tbody>
</table>

In addition, all second grade students should be administered assessments to identify phonemic awareness, alphabet knowledge, rapid naming and encoding skills.
Second Grade Administration: Beginning-Year (Aug.-Sept.)

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonological Awareness Skills Screener (PASS)</td>
<td>Phonemic Awareness</td>
</tr>
<tr>
<td>Letter Identification/ Sound Symbol Association Assessment*</td>
<td>Alphabet Knowledge/Sound-Symbol Recognition</td>
</tr>
<tr>
<td>Arkansas Rapid Naming Screener</td>
<td>Rapid Naming Skills</td>
</tr>
<tr>
<td>Developmental Spelling Analysis (DSA)</td>
<td>Encoding Skills</td>
</tr>
</tbody>
</table>

3rd – 6th Grade

The DIBELS measures at this level assess student development of decoding skills and reading fluency.

<table>
<thead>
<tr>
<th>Third Grade Administration: Beginning-Year (Aug.-Sept.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIBELS Subtest</td>
</tr>
<tr>
<td>Oral Reading Fluency (ORF)</td>
</tr>
</tbody>
</table>

In addition, all third grade students should be administered assessments to identify phonemic awareness, alphabet knowledge, rapid naming and encoding skills.

7th – 12th Grade

At this time, DIBELS and DIBELS Next do not include measures for students 7th -12th grade. Therefore, teachers should use grade-appropriate...
informal inventories for phonological processing skills, reading, and spelling to document a student’s difficulty. Students in grades 7-12 who exhibit difficulties in two or more of these reading or spelling components, as noted by a classroom teacher, should be referred for additional dyslexia screening to determine if therapeutic services are warranted. The components to be assessed are

1) Phonological and phonemic awareness,
2) Sound symbol recognition,
3) Alphabet knowledge,
4) Decoding skills, and
5) Encoding skills.
Section V

Dyslexia Screening

This section is under development.
Section VI

Comprehensive Dyslexia Evaluation

This section is under development.
Section VII

Instructional Approaches for Students with Dyslexia

Students with dyslexia require effective instruction in their core classroom reading/literacy instruction as well as carefully constructed supplemental reading intervention to assist them in acquiring critical reading skills. Teachers, interventionists, or therapists should have specific training and preparation in the methodology for meeting the needs of students with dyslexia that are described in this guide (see training resources related to the standards of knowledge and practice for teachers of reading in Section VIII).

Supplemental, intensive reading interventions for students with dyslexia should be individualized and focused on the student’s area(s) of primary difficulty. Instruction for students with dyslexia includes a multisensory approach that includes ...reading, spelling, and writing as appropriate. Components of effective intervention include instruction in phonemic awareness, graphophonemic knowledge, the structure of the English language, linguistics, language patterns, and strategies for decoding, encoding, word recognition, fluency, and comprehension. Effective interventions also consider the instructional delivery of the intervention. Instructional delivery considerations include individualization of the content and supports provided, extended time in small group instruction, explicit, direct, and systematic instruction, multisensory inputs, and a focus on meaning-based instruction. The design and implementation of the intervention should be conducted by a team of experts familiar with the student’s needs, knowledge of assessment and evaluation, and
expertise in effective instruction for students with dyslexia. These intensive interventions differ from core instruction in that they are targeted towards the specific skills and components of instruction that are preventing students from making sufficient reading progress. In addition, the instructional delivery provides higher levels of support needed to help students accelerate their reading growth.

Students with dyslexia should receive an appropriate, specialized dyslexia instructional program that:

• Is delivered by a professional who has completed training and obtained certification in dyslexia therapy from personnel with expertise in dyslexia (Ark. Code Ann. §§ 6-41-602; 6-41-605)

• Provides systematic, research-based instruction (Ark. Code Ann. § 6-41-602)

• Includes instruction that multisensory addressing two or more sensory pathways during instruction or practice (Ark. Code Ann. § 6-41-602)

• Provides instruction in the essential components of reading in a small-group setting including phonemic awareness, graphophonemic knowledge, structure of the English language, linguistic instruction, and strategies for decoding, encoding, word recognition, fluency, and comprehension (Ark. Code Ann. § 6-41-602)

**Components of Intervention**

Students with dyslexia may require intervention in one or more of the following components:
• **Phonemic Awareness**: Phonemic awareness enables a student to detect, segment, blend, and manipulate sounds in spoken language.

• **Graphophonemic Knowledge**: Graphophonemic knowledge refers to the letter - sound plan of English, including knowledge of the relationship between letters and sounds.

• **Structure of the English Language**: English language structure consists of morphology (understanding the meaningful roots and affixes that make up words in the language), semantics (understanding how language carries meaning), syntax (understanding the conventions and rules for structuring meaningful sentences), and pragmatics (understanding how language conveys meaning in specific situations).

• **Linguistic Instruction**: Linguistic instruction is aimed toward improving student proficiency and fluency with the patterns of language so that words and sentences are carriers of meaning; and

• **Strategies for Decoding, Encoding, Word Recognition, Fluency, and Comprehension**: Strategy-based instruction includes step by step processes for reading and spelling words and text with accuracy, fluency, and understanding.

**Instructional Delivery**

Students with dyslexia require an intensive instructional delivery that includes extended, small group instruction to allow for individualization with ample opportunities for practice and feedback throughout each lesson. Optimally, this supplemental instruction should occur daily. Students with
dyslexia may need sustained intervention to learn to read accurately and fluently. Intervention should not be withdrawn until students are able to achieve grade level expectations in all aspects of reading over time.

Teachers should provide explicit, direct, systematic and cumulative instruction that is individualized to support learning and focused on meaning. Additional intervention considerations include multisensory instruction to meet student needs.

- **Explicit, Direct Instruction** *(Ark. Code Ann. § 6-41-605)*: Explicit, direct instruction includes the overt teaching and modeling of the steps and processes needed to learn and apply new knowledge. Explicit, direct instruction targets the specific needs of the students without presuming prior skills or knowledge.

- **Systematic Instruction** *(Ark. Code Ann. § 6-41-605)*: Systematic instruction is sequential, cumulative instruction that follows a logical plan and progresses from easiest to most complex with careful pacing to ensure students successfully master each step in the process. Systematic instruction includes scaffolded support for accomplishing each learning step by breaking down complex skills into manageable learning steps and providing temporary supports to control the level of difficulty as students gain mastery.

- **Individualized Instruction** *(Ark. Code Ann. § 6-41-605)*: Individualized instruction is designed to meet the specific needs of the student in a small group setting. Individualized instruction is intensive and highly
concentrated instruction that focuses on the student’s area(s) of primary difficulty and the instructional delivery necessary to assist students in accelerating their learning, maximizing student engagement in the process of learning.

• **Meaning-based Instruction** (Ark. Code Ann. § 6-41-605): Meaning-based instruction includes instructional activities that are directed at purposeful reading and writing tasks with an emphasis on comprehension and composition.

• **Multisensory Instruction** (Ark. Code Ann. § 6-41-605): Multisensory instruction incorporates the simultaneous use of two or more sensory pathways during teacher presentations and student practice.

*Note: Arkansas law related to instructional approaches for dyslexia is directly matched in wording to Texas law for dyslexia. As a result, this section of the Arkansas Dyslexia Resource Guide matches the wording of the Texas Dyslexia Resource Guide whenever the mandated items in the Arkansas law are referenced or quoted.*
Section VIII

Dyslexia Therapist Training and Program Accreditation

Therapeutic services should be considered when a student exhibits markers of dyslexia. Dyslexia therapy is defined as an appropriate specialized dyslexia instructional program that is delivered by a dyslexia therapist. These programs are often referred to as multisensory structured language programs. The principles of instruction and content of a multisensory structured language program are outlined in Section VII: Instructional Approaches for Students with Dyslexia.

A dyslexia therapist is defined in the law as a professional who has completed training and obtained certification in dyslexia therapy from a dyslexia therapist training program (Ark. Code Ann. § 6-41-602). The training and certification process requires a minimum of twenty-four months for therapist-level certification. A therapist-in-training begins serving students upon successful completion of the introductory course.

A school district shall have individuals serving as dyslexia interventionists at the therapeutic level, no later than the 2015-2016 school year (Ark. Code Ann. § 6-41-607). Until there is a sufficient number of graduates from a dyslexia therapy program established at the university level in Arkansas or another state that is approved by the Arkansas Department of Education, the department shall allow dyslexia therapy to be provided by individuals who have received training and certification from a program approved by the ADE (Ark. Code Ann. § 6-41-
School districts must seek a training program or course that meets one of the following options.

1. A training program must be nationally accredited and have a certification exam, administered by a national certifying professional organization.

2. If not accredited, a training course must be aligned with the International Multisensory Structured Language Education Council (IMSLEC) or International Dyslexia Association (IDA) accreditation standards. In addition, the course must qualify participants to take a certification exam, administered by a national certifying professional organization.

Participants who successfully complete an IMSLEC accredited course are eligible to take the Alliance Registration Exam for Multisensory Structured Language Education administered by ALTA. Participants passing the Alliance Registration Exam earn the title of Certified Academic Language Therapist (CALT). This certification allows an individual to provide therapeutic services to students with markers of dyslexia.

IDA accredits university teacher training programs and independent teacher training programs that demonstrate meeting IDA’s Knowledge and Practice Standards for Teachers of Reading (http://www.interdys.org/standards.htm). As a non-profit, scientific, educational organization, IDA is dedicated to the study and treatment of dyslexia and other related language-based learning disorders. Seventeen university reading programs and two independent teacher-training programs have been accredited.
Individual certification based on IDA’s Knowledge and Practice Standards for Teachers of Reading is currently under development.
Section IX

Professional Awareness

Professional awareness is key to early and appropriate referrals for dyslexia evaluations. In addition, comprehensive instructional programs for students with dyslexia are dependent on informed and knowledgeable teachers, interventionists, and therapists. The law requires that each teacher receive professional awareness on:

1. The indicators of dyslexia; and
2. The science behind teaching a student who is dyslexic


The Arkansas Department of Education (ADE) has approved a course offered through ArkansasIDEAS on-line professional development portal (http://www.arkansasideas.org). This course, *Dyslexia: A Three Part Series*, meets the requirements of the law.

Alternatively, the law allows for professional awareness to be provided through education service cooperatives or another venue approved by ADE (Ark. Code Ann. § 6-41-608). The teacher should receive written documentation when completing any approved dyslexia professional awareness.

Professional development providers interested in delivering this professional awareness piece should apply for ADE approval through the Arkansas Professional Development Submission and Management System (PDSAM) at http://arpdsam.org.
Identification and Intervention Implementation for Students with Dyslexia

Student falls to meet criteria on the universal screening measures after receiving scientifically based core reading instruction.

Tier I: Core Instruction

RTI process begins. School-based decision-team reviews data and refers student for intervention. Parent should be notified when student scores in the cut-point for risk.

Student receives research-based reading intervention for deficits in addition to the core reading instruction. Student progress is continually monitored.

Tier II: Supplemental Level

Student makes sufficient reading progress. Student is exited or transitioned from supplemental intervention.

Student does not make sufficient progress. School-based decision-team reviews data and refers for dyslexia screening. Parental consent should be obtained.

Student assessed with norm-referenced tests - dyslexia screening. Intervention is adapted or intensified to meet student needs. Student progress is continually monitored.

Student does not exhibit markers of dyslexia. School may refer for special education if appropriate.

Student exhibits markers of dyslexia. Committee considers 504 plan and necessary accommodations or equipment. School may perform a comprehensive dyslexia evaluation. Parental consent should be obtained.

Student is provided intensive reading intervention. Student progress is continually monitored.

Tier III: Intensive Level

Student makes sufficient reading progress. Student is exited or transitioned from supplemental intervention.

Student does not make sufficient reading progress. Intervention is adapted or intensified to meet student needs. Student progress is monitored. School may refer for special education if appropriate.

Student is provided therapeutic services using a program designed for students with dyslexia. Student progress is continually monitored.

Students may display additional factors that complicate their dyslexia and may require more support than what can be provided for in these rules. At any time during the administration of the procedures set forth in these rules, students may be referred for evaluation for special education services in accordance with IDEA. A dyslexia screening may be incorporated into a comprehensive dyslexia evaluation or special education evaluation. Parents may seek a private evaluation at any time. The school shall consider the diagnosis from the private evaluation and allow the student to receive direct intervention from a dyslexia therapist.

Arkansas Department of Education
DRAFT, July 2014
Appendix B

Reporting Forms

The section is under development.
Appendix C

Glossary

**Accommodation** – a change in teaching practice or test administration procedures designed to permit a student to fully access the curriculum.

**Comprehension** – understanding the intended meaning of language.

**Core Instruction** – the curriculum and instructional practices that are provided to all students in the general education setting.

**Cut-point** – a score on the scale of a screening tool or a progress monitoring tool. Educators use the cut point to determine whether the student has demonstrated adequate response, whether to make an instructional change, and whether to move the student to more or less intensive services.

**Decoding** – to translate words, word parts, or nonwords into their corresponding pronunciation.

**Diagnostic Assessment** – assessments used to measure current skills and knowledge, often for the purpose of educational planning.

**Differentiated Instruction** – varying educational practices to meet the needs of different students.

**Dyslexia** – a specific learning disability in the phonological component of language that is neurological in origin.

**Elision** – the ability to identify the remaining word when a specified sound is deleted

**Encoding** – to translate spoken language into print.

**Evaluation** – procedures used to make judgments or appraisals.
Explicit Instruction – instruction that teaches correspondences between letters or letter strings and sounds.

Fluency – performing with speed and accuracy.

Graphophonemic Awareness – knowledge of the correspondences between the symbols of a written language and their corresponding sounds.

Individualized Instruction – adapting instructional procedures to the needs of the individual student.

Individuals with Disabilities Education Act (IDEA) – the law that governs provision of services to individuals with disabilities.

Intervention – activities designed to improve or remediate performance in a given area.

Learning disabilities – a disorder in one or more of the basic psychological processes in understanding or using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

Linguistic Instruction – instruction aimed toward improving student proficiency and fluency with the patterns of language so that words and sentences are carriers of meaning.

Meaning-based Instruction – instruction that is focused on purposeful reading and writing tasks with an emphasis on comprehension and composition.

Morphological Awareness – awareness of the semantically meaningful units and structure of words.
**Multisensory Instruction** – instruction that incorporates the simultaneous use of two or more sensory pathways during teacher presentations and student practice

**Norm-referenced Test** – an assessment that provides an estimate of the student’s performance compared to other students in the population of the same age or grade

**Orthographic Knowledge** – information in memory of how to represent spoken language in a written form

**Phonemic Awareness** – the ability to recognize and manipulate individual sounds in spoken words

**Phonics** – A systematic process for teaching sound-symbol relationships and their use in reading and spelling words

**Phonological Awareness** – the ability to recognize and manipulate the sound system in spoken language; encompasses the entire continuum of skills related to the awareness of the phonological structure of language

**Progress Monitoring** – efficient, frequent, dynamic assessment of targeted skills to examine student growth and examine effectiveness of instruction

**Research-based Instruction** – instruction that is based on the findings of scientific research

**Response to Intervention** – a multi-tiered decision-making process for providing effective instruction and intervention based on students’ performance and progress

**Screening Assessment** – an efficient assessment given to all students to identify students who are at risk for not meeting grade-level standards
Strategy-based Instruction – providing instruction in the step-by-step processes needed for students to independently complete complex tasks

Systematic Instruction – a sequential plan of instruction that progresses from simple to more complex concepts and skills

Vocabulary – words understood and used when listening, speaking, reading, and writing
References


Appendix E

Resources

This section is under development.
Appendix F
Parent Information

This section is under development.