

READING FAILURE IS ACADEMICALLY AND EMOTIONALLY TRAUMATIC FOR ANY STUDENT.

IT CAN BE PREVENTED IF AT-RISK STUDENTS ARE IDENTIFIED AS EARLY AS POSSIBLE THROUGH SCREENING.



DYSLEXIA SCREENING

WHAT PARENTS, TEACHERS, AND SCHOOL PRINCIPALS NEED TO KNOW

BY GEORGIE NORMAND, M.A.

When Chloe was in kindergarten, she was not able to keep up with her classmates in learning the letter names and their sounds. About halfway through first grade, she finally knew the letter names and most of their

sounds, but she had trouble blending them together to form words. Her teacher thought she would eventually catch up and tried to spend a little extra time with Chloe each day, to review basic skills.



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In second grade she continued to fall further behind in reading, even after she was placed in a small group intervention for struggling readers. When her parents asked for testing, it was already late spring, and the evaluation was delayed until the following year.

UNUSUAL READING BEHAVIORS

During the summer after second grade, while waiting for Chloe to be tested at the beginning of the upcoming school year, her parents encouraged her to read more, thinking that she might just need more exposure to books. But as they listened to her read, they noticed some very unusual reading behaviors.

She was still struggling to sound out words like *work* and *take* – words that are immediately recognized by most students her age. If those same words happened to be repeated in the next sentence, she would not recognize them and would try to sound

them out again. Surprisingly, she was often able to read what her parents considered to be more difficult words like *dinosaur* and *elephant*.

Her reading was either painfully slow, or fast and scrambled. She added or deleted letters in words, words in sentences, and guessed at many words that they thought she should know. She often switched articles like *the* and *a* and had trouble reading the most common prepositions such as *of*, *for*, *in*, and *into*. She tended to drop or change suffixes. She might read *park* for *parked* or *parking*.

She ignored punctuation cues like commas and periods, and often connected and ended sentences in the strangest places – without even noticing that the rearrangement changed the meaning or didn't make much sense. She also shifted letters in words, as well as words in sentences. Even though Chloe was intelligent and had excellent listening comprehension, these quirky reading behaviors interfered with her reading comprehension.

It was a puzzling picture, because these weren't the same mistakes made by her older siblings, even when they were first learning to read. This was different. It showed up in the simplest sentences. She often changed plural form words to their singular form (and vice versa) and would even change the tense of the verb or replace it altogether. For example, if she was asked to read the following sentence:

The cat went up the tree.

Chloe might read it as

Some cats went into the trees.

or

A cat will go to the trees.

She also made some interesting substitutions, known as “semantic substitutions.” She might read the word *rug* as *carpet* or the word *yell* as *shout*. Even though these substitutions did not impact the meaning of the sentence, they were puzzling to her parents. They realized that her reading problems were not only related to phonics, but involved a much broader challenge that impacted how she read words, sentences, and even paragraphs.

As expected, when she entered third grade, Chloe was finally tested to find out why she was still having problems learning to read. The testing revealed that Chloe was dyslexic. According to the International Dyslexia Association, “Dyslexia refers to a cluster of symptoms, which result in people

having difficulties with specific language skills, particularly reading. Students with dyslexia usually experience difficulties with other language skills, such as: spelling, writing, and pronouncing words.”

WHY EARLY SCREENING IS SO IMPORTANT

Dyslexia is the most common learning disability, affecting up to 20% of children. When it is identified early through screening in PreK or kindergarten, a dyslexia-specific intervention can be started immediately, to prevent reading failure. When this doesn't happen, an achievement gap in reading is present as early as the first grade. Once behind, catching up requires a major effort for both the student and their teacher or tutor.

The reading achievement gap is not the only consequence of delayed screening and intervention. The entire academic life of the child suffers. Both daytime schoolwork and homework are much harder, and the child may develop anxiety, depression, and anger. Many dyslexic children develop lifelong self-esteem issues, making early identification and intervention absolutely critical.

They are frequently retained in kindergarten or first grade, where they unfortunately receive the same reading instruction that failed them the previous year. Grade retention is not the solution, nor is it an effective substitute for the intensive intervention they need. Retained students often feel ashamed and embarrassed, believing that they are not as smart as their peers.

According to the International Dyslexia Association, all students, and especially students with dyslexia, can benefit from an approach to reading instruction called *structured literacy*. This framework is based on the *science of reading* – a large body of reading research conducted over the past several decades. Structured literacy involves explicit and systematic reading instruction, where a student begins by learning the individual sounds of letters, and then they progress to using this knowledge to *decode* words as they read.

Once students have mastered these foundational skills, they are gradually introduced to more complex instruction. In addition, students with dyslexia require an intensive intervention that includes ongoing cumulative review, close progress monitoring, and a heavy focus on fluency training, to overcome the challenges of dyslexia.



HOW SCREENERS WORK

Screeners do not provide an official diagnosis of dyslexia. Their purpose is to quickly and accurately identify risk factors and deficits known to be associated with dyslexia. Dyslexia screening is being mandated from kindergarten through second grade, in most states. But a well-designed screener can identify a student at risk of reading failure, even before formal reading instruction has begun – in the first few weeks of PreK. This has important implications in terms of preventing the first grade reading gap.

Screening in early PreK does not need to be complicated. For example, any PreK child who was diagnosed with early language delay is at risk for dyslexia. A PreK child with a family history of reading problems is also at risk - especially if one or both parents (or siblings) have dyslexia or undiagnosed reading problems. Along with an informal parent survey to screen for these two risk factors, there is another test that can identify a risk for dyslexia, before reading instruction begins. An abbreviated version of a test known as RAN (Rapid Automatized Naming) measures how fast a child can name a matrix of objects, such as a chair, key, car, or other familiar objects.

RAN tests are important for identifying dyslexia risk because the tasks included in RAN tests recruit the same brain network used for reading. In fact, these tasks actually represent a microcosm of the reading process. RAN tests measure the overall efficiency of the child's reading network and can predict future reading problems – especially whether a child will have difficulty learning to read fluently. This means that by identifying the two major risk factors (early language delay and family history of reading problems) and conducting a brief RAN assessment, a preventative intervention could begin as early as the first few weeks of PreK.

Throughout the PreK through second grade window, screeners can also identify weaknesses in a child's awareness of, and ability to recognize the units of sound in spoken language, such as the individual syllables in a spoken word. This ability to recognize and

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manipulate units of sound is called *phonological awareness*. A weakness in phonological awareness is common in dyslexia. The ability to recognize and manipulate *individual* sounds is called *phonemic awareness*. A child with strong phonemic awareness can successfully substitute the b sound in bat and change it to the c sound and tell you that the new word is cat. This is a difficult task for many students with dyslexia.

A deficit in verbal working memory is common in dyslexia, and it is a domain often included in dyslexia assessment. When a child is first learning to read, they try to sound out the letters in a word, in sequence, in order to blend them. Poor verbal working memory interferes with their ability to remember and sequence the sounds they have just spoken, making it almost impossible to blend those sounds into a word. Poor verbal working memory also shows up when a child is trying to spell a spoken word or when asked to write a word or sentence when dictated.

The number and types of domains assessed in a dyslexia screener, change as a child progresses from PreK to second grade. Most screeners for kindergarten and first grade assess letter name and letter sound knowledge, and look for difficulties in word reading and spelling. Poor performance in these areas are key indicators of future reading problems. By mid-year of first grade, screeners may examine how fluently students can read a brief passage, and how well they understood what was read. It is in passage reading that a screener can identify any of those unusual reading behaviors noticed by Chloe's parents, when she was reading.

Screeners are not perfect and sometimes students with dyslexia are missed. Risk identification errors may be minimized by capturing more information about the student. Unfortunately, many screeners do not screen for the two most predictive risk factors - early language delay and family history of reading problems.

Dyslexia screeners should provide more than a simple yes or no answer to the dyslexia question. Since dyslexia is not a one-size-fits-all reading disability, the screening results should provide a

detailed deficit profile with instructional recommendations for that student's unique challenges. Studies have found that screeners that do not include instructional recommendations based on the student's deficit profile, do not lead to student improvement.

If the screening identifies risk factors and deficits for dyslexia, an official diagnosis is not necessary before beginning a dyslexia-specific intervention. In fact, waiting for further testing and diagnosis before starting an intervention is unwise. Like Chloe, a child can lose valuable time in this wait-to-fail process. Starting an intervention, as early as possible, is important because remediating reading failure is more difficult than preventing it. Although early screening and intervention is the ideal, since this is the best way to prevent reading failure, older struggling readers can also be screened for dyslexia. It is never too late for them to become better readers.

WHEN IS FURTHER TESTING NEEDED?

Every school should have a dyslexia screening program in place that begins in PreK or kindergarten. Intervention should be initiated immediately for those identified to be at risk.

More in-depth comprehensive testing by the school psychologist is normally not necessary unless the dyslexic student, after being identified in screening, fails to respond to a dyslexia-specific intervention. There may be other conditions interfering with the success of the intervention. For example, many students with dyslexia are also diagnosed with ADD or ADHD. Responding to reading instruction requires focus, and a diagnosis of either ADD or ADHD may explain why a student is not making adequate progress. This condition would need to be addressed to ensure that the intervention is successful.

Other learning disabilities can co-occur with dyslexia that may require additional interventions. A problem in grasping math concepts (dyscalculia) often co-occurs in dyslexia. This learning disability is usually evident without further testing, as the student will have already had difficulty in the PreK, kindergarten, and first grade classroom math activities. Even without dyscalculia, word problems in math will be harder for dyslexic students until their reading improves.

A handwriting problem called dysgraphia often co-occurs with dyslexia. It may impact all written expression, making it hard for the child to write his/her own name, copy sentences from the board, or generate an original sentence or paragraph. Dysgraphia is usually apparent as early as PreK and kindergarten because the handwriting itself may be difficult to read even after formal handwriting instruction. Although it may not require additional testing, dysgraphia should be addressed as part of the dyslexia intervention or as a separate intervention.

Early dyslexia screening for all children is essential. The recently released results from the Nation's Report Card found that only 33% of fourth graders are reading at or above *proficient* level. Reading failure is traumatic for any student, both academically and emotionally. It can be prevented if at-risk students are identified as early as possible through screening. A dyslexia-specific intervention should always be initiated immediately.

To find out what dyslexia looks like at each grade level, see the September 2022 issue of *Exceptional Parent Magazine* in Archives, *What Dyslexia Looks Like by Grade Level*, www.epmagazine.com/archive or visit <https://www.earlyliteracysolutions.com> •

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Georgie has also developed the Certified Dyslexia Practitioner Program, a professional learning program that trains teachers and tutors to identify and succeed with multiple dyslexia profiles. Contact her at georgienormand@earlyliteracysolutions.com

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