



Dyslexia Guidance for Nebraska School Psychologists

This document is intended to provide guidance to school psychologists and is not intended to replace district policy or procedures.

Dyslexia is a type of reading disability related to word reading. Students with dyslexia may have difficulty sounding out words, reading fluently, and spelling words. It is the position of the Nebraska School Psychologists Association (NSPA) that school psychologists have the capability to evaluate, identify, and recommend and/or implement interventions for dyslexia as a type of specific learning disability (SLD) under Nebraska Rule 51.

Handling Requests for Evaluations for Dyslexia

Maintaining positive relationships with parents and school personnel who are concerned about a student having dyslexia is critical. Therefore, all inquiries and requests for evaluation must be considered. **School psychologists should not indicate that they do not evaluate for dyslexia, nor should they refer out for a dyslexia evaluation. As a type of SLD, dyslexia evaluations are under the realm of school psychologists' services.** If there are sufficient data to suggest the student does not demonstrate signs of a disability in school then the school can refuse the evaluation and document on a Prior Written Notice (PWN). If there is insufficient data OR the school would like to conduct an evaluation for other reasons, then proceed with evaluation as you would for a reading disability. A student with dyslexia may qualify for special education if he or she meets criteria for a specific learning disability (SLD) in reading and the disability impacts educational performance (i.e., there is a need for specially designed instruction).

Students may have dyslexia and not need special education services (i.e., they do not meet eligibility criteria for SLD in reading nor do they have a need for specially designed instruction). Not every reading problem requires special education. Be sure to clarify what type of evaluation the parent is requesting. If the parent is not seeking a special education evaluation, document the request on a PWN and follow typical school procedures for following up on a parent's request for assistance (e.g., SAT/MTSS referral, review records, academic screening, etc.). If parent is seeking a special education evaluation and/or a disability is suspected, seek parental consent and proceed with evaluation.

Dyslexia Assessment

There is no one test for dyslexia. Common achievement tests used in schools may help identify dyslexia (KTEA, WIAT, oral reading fluency measures, informal phonemic awareness assessments). KTEA and WIAT now have Dyslexia Index Scores that can be used as screeners and can contribute to identification along with other sources. Other published tests can aid in the identification of dyslexia. Examples include CTOPP, FAR, and the WISC. These are often given as a battery of tests and all measure various components of dyslexia separately (e.g., phonological awareness, reading fluency, memory, orthographic awareness, rapid automatic naming [RAN]). Interviews, observations, and review of past education records and current work samples are necessary components of any evaluation to complement data gathered through tests. Convergent data suggesting word level reading difficulties, poor phonemic awareness, poor memory skills, and difficulty with spelling may be indicative of dyslexia. Students must meet eligibility criteria for SLD in reading and need special education services to be placed into special education.

The Nebraska Reading Improvement Act (LB 1081 sections 20-26; signed into law in 2018) requires an “approved” reading assessment three times per year for K-3. Approved assessments are reliable and valid for the purpose intended. Common valid and reliable reading screeners include AIMSweb, Fastbridge, EasyCBM, DIBELS. Screening tools should include a measure of oral reading. If a school is using an MTSS framework then they should be doing universal screening multiple times per year and using data from universal screening to identify students in need of supplemental or intensive reading interventions. There are dyslexia specific screeners and checklists (e.g., Shaywitz DyslexiaScreen) available, but these often just ask teachers to indicate which students have difficulty with reading in their classrooms and should not be used to identify dyslexia without more comprehensive data.

Screening is often more difficult in secondary settings because many schools or districts may not use universal screening procedures with older students. The Nebraska Reading Improvement Act does not require screening after grade 3. In this case, state and district test data may be used as initial screeners. If a school does not systematically screen students after grade 3, using existing test data may be useful in helping school teams identify students who need reading support.

School personnel identify reading disabilities, including dyslexia, as part of an evaluation for SLD. If the reading disability is related to word level reading, then it may be dyslexia if the assessment data support it. **It is acceptable to use the term dyslexia in an evaluation report or IEP when talking about word level reading disabilities.** The U.S. Dept. of Education issued a Dear Colleague Letter in 2015 indicating that dyslexia can be considered a type of SLD under IDEA and schools may use this term.

Eligibility Category for Dyslexia

In Nebraska, dyslexia is specifically defined in Rule 51 and is included as a type of SLD. Therefore, a student with dyslexia who meets Rule 51 eligibility criteria should be given the disability label SLD if reading is the primary concern. A student who does not qualify under SLD should not qualify under Other Health Impairment (OHI) specifically because of reading problems. If a student with dyslexia does not qualify for special education services under SLD (i.e., they do not meet criteria and/or they do not have a need for special education), consider a 504 accommodation plan.

Documentation from Outside Agencies

Evaluation materials and reports conducted outside of school are welcomed to be reviewed and considered by the school team. Along with outside agency reports, review student reading performance data that you have from school based assessments, and determine if there are concerns with the student's reading skills. If there are concerns with the student's reading skills then the student should be referred to appropriate SAT or MTSS processes and procedures, and information from outside evaluation should be included in the referral. If there are no concerns with the student's reading skills then discuss concerns with parents and review student data with them. If a disability is suspected, seek parental consent and evaluate for special education eligibility.

Handling Requests for Specific Interventions

LB 1052 (signed into law in 2018) requires schools to provide "evidence based structured literacy instruction implemented with fidelity using a multisensory approach" *unless* instruction is otherwise provided through an IEP. The law does not specify a particular program and schools have the right to determine what intervention program is used. Evidence-based practices (EBPs) for addressing the needs of students that struggle in reading are available for students with dyslexia. EBPs for readers that struggle have been shown through high-quality research to result in improved student outcomes. Direct instruction (available through a number of published programs) in specific skills such as phonological awareness, phonics (decoding), fluency, and spelling are likely to support students with dyslexia. Selection of specific intervention should be driven by reliable and valid data that indicates what specific skill gaps a student is experiencing.

Orton-Gillingham (OG) is one instructional approach that is commonly requested for students with dyslexia. However, it is not the ONLY approach that works for students. Research shows that students with dyslexia benefit from structured, explicit, multisensory instruction in reading. These are components of OG, but also of other reading interventions. Evidence-based practices for addressing reading difficulties are required for all students with an IEP. Student progress should be carefully monitored using reliable and valid progress monitoring tools to ensure that

students are making progress. Data should be used to support decisions for instructional changes.

Schools are required (per LB 1052) to “provide evidence based structured literacy instruction implemented with fidelity using a multisensory approach.” Effective structured literacy instruction for students with dyslexia includes direct, explicit, and systematic instruction on multiple literacy elements, including: phonology, sound-symbol association, syllables, morphology, syntax, and semantics. Multisensory approaches in instruction require the student to simultaneously use multiple senses (vision, auditory, kinesthetic) to participate in learning activities. Multisensory approaches often require using a variety of materials (e.g., letter cards, magnets, tactile experiences) that students can manipulate throughout lessons. As with any intervention, programs using multisensory approaches should be evaluated for their evidence base and appropriateness for students with dyslexia.

Section 504 Plans for Dyslexia

Section 504 plans are appropriate for students with disabilities who do not require modifications to curricular expectations or specially designed instruction. 504 plans detail accommodations for students. Accommodations that are often utilized by students with dyslexia include extended testing time, use of technology, providing extra practice and materials, and presenting content in multiple ways (e.g., visual, auditory).

The Role of the School Psychologist in Dyslexia Assessment and Intervention

School psychologists are well positioned to contribute to team decision making regarding dyslexia identification and intervention. School psychologists are experts in assessment and use a variety of strategies (e.g., interviews, observations, formal and informal tests) to identify a student’s strengths and weaknesses and make recommendations for intervention based on high quality data. School psychologists also have knowledge of curriculum and instructional strategies for learners who struggle in reading and other academic areas. They may serve as consultants to teachers and parents in identifying appropriate instructional or intervention strategies, and in some cases, may provide direct intervention services to students. Finally, school psychologists also are well-suited to assist with district-level planning in how to best meet the needs of students with dyslexia and other reading difficulties.

Dyslexia Resources:

U.S. Department of Education “Dear Colleague Letter” Guidance on Dyslexia:

<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/guidance-on-dyslexia-10-2015.pdf>

Nebraska Reading Improvement Act (LB 1081)

https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=34292

Nebraska Dyslexia Legislative Bill (LB 1052)

https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=34380

Nebraska Department of Education Dyslexia Technical Assistance Document

https://www.education.ne.gov/wp-content/uploads/2017/07/Dyslexia_1.20.16.pdf

International Dyslexia Association (IDA)

<https://dyslexiaida.org>

Yale Center for Dyslexia & Creativity

<https://dyslexia.yale.edu>

Fletcher, J.M., Lyon, G.R., Fuchs, L.S., & Barnes, M.A. (2019). *Learning disabilities: From identification to intervention* (2nd ed.). New York: Guilford Press.

Kilpatrick, D.A. (2015). *Essentials of assessing, preventing, and overcoming reading difficulties*. Hoboken, NJ: Wiley.

Proctor, C.M., Mather, N., Stephens-Pisecco, T.L., & Jaffe, L.E. (2017). Assessment of dyslexia. *Communique*, 46, 1, 20-23.

Shaywitz, S. (2003). *Overcoming dyslexia*. New York: Vintage Books.

Recommendation citation:

Nebraska School Psychologists Association (2019, April). *Dyslexia Guidance for Nebraska School Psychologists*. Available online at www.nspa.wildapricot.org.

Acknowledgement:

NSPA would like to acknowledge Dr. Brian McKeivitt and Dr. Amanda Kern from the University of Nebraska at Omaha for their contributions to this document.

Approved by the NPSA Executive Board April 2019.