

**A PARENT'S GUIDE TO DYSLEXIA
AND THE
MILES INDEPENDENT SCHOOL DISTRICT**



MILES INDEPENDENT SCHOOL DISTRICT

2021-2022

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MILES INDEPENDENT SCHOOL DISTRICT

A PARENT'S GUIDE TO DYSLEXIA AND THE MILES INDEPENDENT SCHOOL DISTRICT

1. What is Dyslexia?

The student who struggles with reading and spelling often puzzles teachers and parents. The student displays average ability to learn in the absence of print and receives the same classroom instruction that benefits most children; however, the student continues to struggle with some or all of the many facets of reading and spelling. This student may be a student with dyslexia.

As defined in the Texas Education Code:

- (1) *“Dyslexia’* means a disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and sociocultural opportunity.

- (2) *‘Related Disorders’* includes disorders similar to or related to dyslexia, such as developmental auditory imperception, dysphasia, specific developmental dyslexia, developmental dysgraphia, and developmental spelling disability.”

TEC §38.003 (d)(1)(2)
(1995)

The current definition from the International Dyslexia Association states:

“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 growth of vocabulary and background knowledge.”

(Adopted by the International Dyslexia Association Board of Directors, November 12, 2002.)

Students identified as having dyslexia typically experience primary difficulties in phonological awareness, including phonemic awareness and manipulation, single-word reading (decoding), reading fluency, and spelling. Consequences of dyslexia may include difficulties in reading comprehension and/or written expression. These difficulties in phonological awareness are unexpected for the student’s age and educational level and are not primarily the result of language difference factors. *“From a practical perspective this means that the weakness in reading is isolated and circumscribed, reflecting a local rather than generalized cerebral dysfunction. A child who is slow in all cognitive skills would **not** be*

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eligible for consideration of dyslexia; a dyslexic child has to have some cognitive strengths, not only depressed reading functions.” (*Overcoming Dyslexia*, Sally Shaywitz, M.D., 2003.) Additionally, there is often a **family history** of similar difficulties.

2. What is **NOT** dyslexia?

Dyslexia is **NOT**:

- It is not a sign of poor intelligence.
- It is not the result of laziness or not caring.
- It cannot be “cured with pills, diets, or medical treatment.”
- It is not an eye (visual) problem.
- It is not outgrown, although individuals with dyslexia can be taught *how* to learn.
- It is not writing letters and words backward. “*While it is true that children with dyslexia have difficulties attaching the appropriate labels or names for letters and words, there is no evidence that they actually see letters and words backward.*” (*Overcoming Dyslexia*, Sally Shaywitz, M.D., 2003.)

The good news is that with appropriate education, understanding, and time, many individuals with dyslexia learn to read and write and to develop their special abilities and talents. Many successful scientists, artists, athletes, and world leaders are people with dyslexia.

(Basic Facts About Dyslexia: What Every Lay Person Ought to Know. The Orton Emeritus Series, The International Dyslexia Association, Baltimore, MD. 2nd Edition, 1998.)

3. What are the characteristics of dyslexia? (It is important to note that individuals demonstrate differences in degree of impairment.)

Research is ongoing and some results vary. The National Institutes of Health and other reputable agencies estimate that between 10% and 15% of the men, women, and children in this country may have dyslexia. Nancy Mather and Barbara Wendling report recent estimates suggest approximately 5% to 8% of the school age population have dyslexia. Some people may have severe problems, in several areas, such as reading, spelling, remembering, listening, and sequencing. Other people may have less severe or even mild difficulty in just one or two areas. Dyslexia occurs among all groups of the population, from young children to adults. Dyslexia is **NOT** related to race, age, or income.

(Basic Facts About Dyslexia: What Every Lay Person Ought to Know. The Orton Emeritus Series, The International Dyslexia Association, Baltimore, MD. 2nd Edition, 1998.)

*(Mather, N., & Wendling, B.J. (2012). *Essentials of Dyslexia Assessment and Intervention*. Hoboken, NJ: John Wiley & Sons.*

The following are the primary reading/spelling characteristics of dyslexia:

- Difficulty reading words in isolation
- Difficulty accurately decoding unfamiliar words
- Difficulty with oral reading (slow, inaccurate, or labored without prosody)
- Difficulty spelling

It is important to note that individuals demonstrate differences in degree of impairment and may not exhibit all of the characteristics above.

The reading/spelling characteristics are most often associated with the following:

- Segmenting, blending, and manipulating sounds in words (phonemic awareness)
- Learning the names of letters and their associated sounds

- Holding information about sounds and words in memory (phonological memory)
- Rapidly recalling the names of familiar objects, colors, or letters of the alphabet (rapid naming)

Consequences of dyslexia may include the following:

- Variable difficulty with aspects of reading comprehension
- Variable difficulty with aspects of written language
- Limited vocabulary growth due to reduced reading experiences

(The Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders – 2021 Update. Texas Education Agency, Austin, Texas. September 2021)

Common Risk Factors Associated with Dyslexia

If the following behaviors are unexpected for an individual's age, educational level, or cognitive abilities, they may be risk factors associated with dyslexia. A student with dyslexia usually exhibits several of these behaviors that persist over time and interfere with his/her learning. A family history of dyslexia may be present; in fact, recent studies reveal that the whole spectrum of reading disabilities is strongly determined by genetic predispositions (inherited aptitudes) (Olson, Keenan, Byrne, & Samuelsson, 2014).

Preschool:

- Delay in learning to talk
- Difficulty with rhyming
- Difficulty pronouncing words (e.g., "pusgetti" for "spaghetti", "mawn lower" for "lawn mower")
- Poor auditory memory for nursery rhymes and chants
- Difficulty in adding new vocabulary words
- Inability to recall the right word (word retrieval)
- Trouble learning and naming letters and numbers and remembering the letters in his/her name
- Aversion to print (e.g., doesn't enjoy following along if book is read aloud)

Kindergarten and First Grade:

- Difficulty breaking words into smaller parts (syllables) (e.g., "baseball" can be pulled apart into "base" "ball" or "napkin" can be pulled apart into "nap" "kin")
- Difficulty identifying and manipulating sounds in syllables (e.g., "man" sounded out as /m/ /ă/ /n/)
- Difficulty remembering the names of letters and recalling their corresponding sounds
- Difficulty decoding single words (reading single words in isolation)
- Difficulty spelling words the way they sound (phonetically) or remembering letter sequences in very common words seen often in print (e.g., "sed" for "said")

Second Grade and Third Grade:

Many of the previously described behaviors remain problematic ***along with*** the following:

- Difficulty recognizing common sight words (e.g., "to," "said," "been")
- Difficulty decoding single words
- Difficulty recalling the correct sounds for letters and letter patterns in reading

- Difficulty connecting speech sounds with appropriate letter or letter combinations and omitting letters in words for spelling (e.g., “after” spelled “eftr”)
- Difficulty reading fluently (e.g., slow, inaccurate, and/or without expression)
- Difficulty decoding unfamiliar words in sentences using knowledge of phonics
- Reliance on picture clues, story theme, or guessing at words
- Difficulty with written expression

Fourth Grade through Sixth Grade:

Many of the previously described behaviors remain problematic ***along with*** the following:

- Difficulty reading aloud (e.g., fear of reading aloud in front of classmates)
- Avoidance of reading (e.g., particularly for pleasure)
- Difficulty reading fluently (e.g., reading is slow, inaccurate, and/or without expression)
- Difficulty decoding unfamiliar words in sentences using knowledge of phonics
- Acquisition of less vocabulary due to reduced independent reading
- Use of less complicated words in writing that are easier to spell than more appropriate words (e.g., “big” instead of “enormous”)
- Reliance on listening rather than reading for comprehension

Middle School and High School:

Many of the previously described behaviors remain problematic ***along with*** the following:

- Difficulty with the volume of reading and written work
- Frustration with the amount of time required and energy expended for reading
- Difficulty reading fluently (e.g. reading is slow, inaccurate, and/or without expression)
- Difficulty decoding unfamiliar words in sentences using knowledge of phonics
- Difficulty with written assignments
- Tendency to avoid reading (particularly for pleasure)
- Difficulty with a foreign language

Postsecondary:

Some students will not be identified as having dyslexia prior to entering college. The early years of reading difficulties evolve into slow, labored reading fluency. Many students will experience extreme frustration and fatigue due to the increasing demands of reading as the result of dyslexia. In making a diagnosis for dyslexia, a student’s reading history, familial/genetic predisposition, and assessment history are critical.

Many of the previously described behaviors remain problematic ***along with*** the following:

- Difficulty pronouncing names of people and places or parts of words
- Difficulty remembering names of people and places
- Difficulty with word retrieval
- Difficulty with spoken vocabulary
- Difficulty completing the reading demands for multiple course requirements
- Difficulty with notetaking
- Difficulty with written production
- Difficulty remembering sequences (e.g., mathematical and/or scientific formulas)

Since dyslexia is a neurological, language-based disability that persists over time and interferes with an individual's learning, it is critical that identification and intervention occur as early as possible.

(Fact Sheets - *Dyslexia Basics*, The International Dyslexia Association, May 2012, <https://dyslexiaida.org/dyslexia-basics/> (Overcoming Dyslexia: A New and Complete Science-based Program for Reading Problems at any Level, Sally Shaywitz, M.D., 2003.)

(*The Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders – 2021 Update*. Texas Education Agency, Austin, Texas. September 2021)

Evidence-based Core Reading Instruction (Tier 1)

House Bill 3, passed by the 86th Legislature, requires each school district and open-enrollment charter school to provide for the use of a phonics curriculum that uses systematic direct instruction in kindergarten through third grade to ensure all students obtain necessary early literacy skills. Districts and charter schools must ensure that all kindergarten, first, second, and third grade teachers attend a teacher literacy achievement academy to increase teacher knowledge and implementation of the science of teaching reading. Additionally, districts and charter schools must certify to the agency that they prioritize placement of highly effective teachers in kindergarten through second grade and have integrated reading instruments used to diagnose reading development and comprehension to support each student in prekindergarten through third grade.

(*The Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders – 2021 Update*. Texas Education Agency, Austin, Texas. September 2021)

4. What causes dyslexia?

Dyslexia results from differences within the organization of the brain. Why these differences occur and what they mean for understanding dyslexia are questions yet to be answered. People with dyslexia are born with this condition, and it has a tendency to run in families. Most individuals with dyslexia have been found to have difficulty identifying the separate speech sounds within a word and/or learning how letters represent those sounds, a key factor in their reading difficulties. Some adults may not realize that their difficulties are due to dyslexia. Even students in colleges or graduate schools who are having difficulty may be dyslexic and have gone undiagnosed. Dyslexia is not due to either lack of intelligence or desire to learn; with appropriate teaching methods and remediation, individuals with dyslexia can learn successfully.

(*Frequently Asked Questions about Dyslexia*, The International Dyslexia Association, 2018)

Research in understanding dyslexia as a neurodevelopmental disorder is ongoing. Future research will assist in learning more about the phonological awareness deficit and how this deficit interacts with other risk factors related to dyslexia. Research is now also focusing on the developmental cause of neural abnormalities and how these predict treatment response

(Pennington, B.F. (2009). *Diagnosing learning disorders: A neuropsychological framework* (2nd ed.) New York, NY: The Guilford Press.)

(Petereson, R.L., & Pennington, B.F. (2012). Developmental Dyslexia. *The Lancet*, 379(9830), 1997-2007)

5. What is a Universal Screening and what are the State and Federal Requirements?

The early identification of students with dyslexia along with corresponding early intervention programs for these students will have significant implications for their future academic success. In the book *Straight Talk about Reading*, Hall and Moats (1999) state the following:

- Early identification is critical because the earlier the intervention, the easier it is to remediate.
- Inexpensive screening measures identify at-risk children in mid-kindergarten with 85% accuracy.
- If intervention is not provided before the age of eight, the probability of reading difficulties continuing into high school is 75% (pp.279-280).

Research continues to support the need for early identification and assessment (Birsh, 2018; Sousa, 2005; Nevills & Wolfe, 2009). The rapid growth of the brain and its responsiveness to instruction in the primary years make the time from birth to age eight a critical period for literacy development (Nevills & Wolfe, 2009). Characteristics associated with reading difficulties are connected to spoken language. Difficulties in young children can be assessed through screenings of phonemic awareness and other phonological skills (Sousa, 2005). Additionally, Eden points out that “when appropriate interventions are applied early, it is not only more effective in younger children, but also increases the chances of sparing a child from the negative secondary consequences associated with reading failure, such as decline in self-confidence and depression.”

Keeping the above information in mind, it is essential to screen students for dyslexia and related disorders early in their academic careers. In 2017, the Texas Legislature passed House Bill (HB) 1886, amending Texas Education Code (TEC) 38.003, Screening and Treatment for Dyslexia, to require that all kindergarten and first grade public school students be screened for dyslexia and related disorders. Additionally, the law requires that all students beyond first grade be screened or tested as appropriate. In response to the screening requirements of HB 1886, the SBOE amended its rule in 19 Texas Administrative Code (TAC) 74.28, Students with Dyslexia and Related Disorders. While this rule speaks primarily to evaluation and identification of a student with dyslexia or related disorders, it also requires that evaluations only be conducted by appropriately trained and qualified individuals.

In addition to state and local requirements to screen and identify students who may be at risk for dyslexia, there are also overarching federal laws and regulations to identify students with disabilities, commonly referred to as Child Find. Child Find is a provision in the Individuals with Disabilities Education Act (IDEA), a federal law that requires the state to have policies and procedures in place to ensure that every student in the state who needs special education and related services is located, identified, and evaluated. The purpose of the IDEA is to ensure that students with disabilities are offered a free and appropriate public education (20 U.S.C. 1400(d); 34 C.F.R. 300.1). Because a student suspected of having dyslexia may be a student with a disability under the IDEA, the Child Find mandate includes these students. Therefore, when referring and evaluating students suspected of having dyslexia, LeA’s must follow procedure for conduction a full individual and initial evaluation (FIIIE) under the IDEA.

Another federal law that applies to students with disabilities in public school is Section 504 of the Rehabilitation Act of 1973, commonly referred to as Section 504. Under Section 504, public schools must annually attempt to identify and locate every qualified student with a disability residing in its jurisdiction and notify them and/or their parents of the requirements of Section 504.

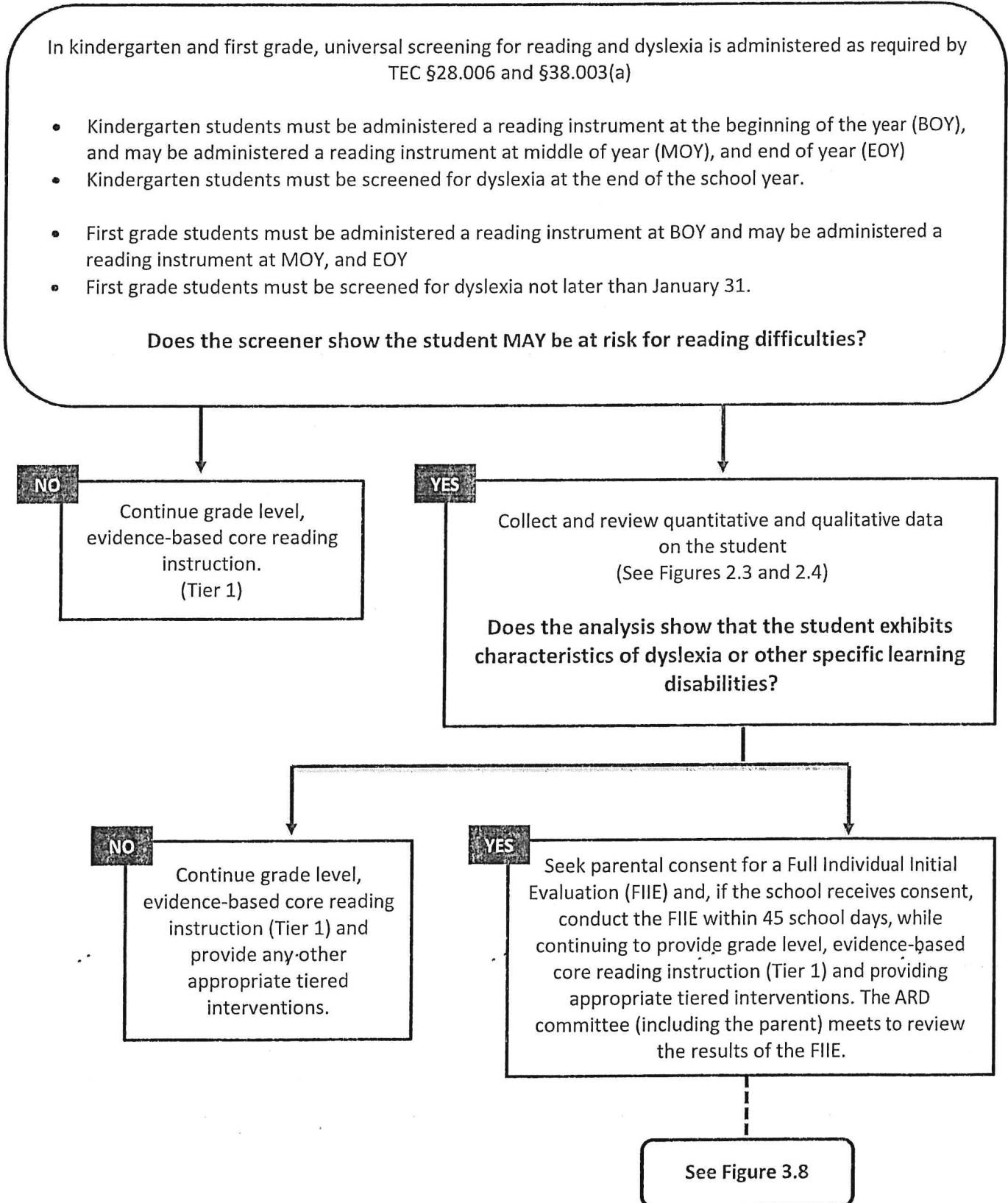
(The Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders – 2021 Update. Texas Education Agency, Austin, Texas. September 2021)

Upon completion of all screening, quantitative and qualitative data is reviewed by a qualified team that consist of individuals who-

- have knowledge of the student
- are appropriately trained in the administration of the screening tool
- are trained to interpret the quantitative and qualitative results from the screening process; and
- recognize characteristics of dyslexia.

It is important to remember that at any point in the data review process a referral for a FIIIE under the IDEA may be initiated.

**Figure 2.5
Universal Screening and Data Review for
Reading Risk**



6. What are the procedures and pathways for a dyslexia evaluation?

The determination to refer a student for an evaluation must always be made on a case by case basis and must be driven by data-based decisions. Schools collect data on all students to ensure that instruction is appropriate and scientifically based. The academic history of each student will provide the school with the cumulative data needed to ensure that underachievement in a student suspected of having dyslexia is not due to lack of appropriate instruction in reading. Additional information to be considered includes the results from some or all of the following: vision screening; hearing screening; teacher reports of classroom concerns; accommodations or interventions provided; academic progress reports (report cards); gifted/talented assessments (if given/applicable); samples of school work; parent conference notes; K-2 reading instrument results as required in TEC §28.006 (English and native language, if possible); K-1st grade dyslexia screening as required in TEC §38.003(a); 7th grade reading instrument results as required in TEC §28.006; observations of instruction provided to the student; speech and language assessment (if applicable); outside evaluations (if available); school attendance, curriculum-based assessment measures; universal screening for all grade levels available; and state student assessment program results (grades 3 and above).

A formal evaluation is not a screening but rather it is an individualized evaluation used to gather specific data about the student. Formal evaluations included both formal and informal data. All data will be used to determine whether the student demonstrates a pattern of evidence that indicates dyslexia. Information collected from parents/guardians also provides valuable insight into the student's early years of language development. When formal evaluation is recommended, the school must complete the evaluation process as outlined in the IDEA. Procedural safeguards under IDEA must be followed. For more information on procedural safeguards, see TEA's Parent Guide to the Admission, Review, and Dismissal Process (Parent's Guide) and the Notice of Procedural Safeguards.

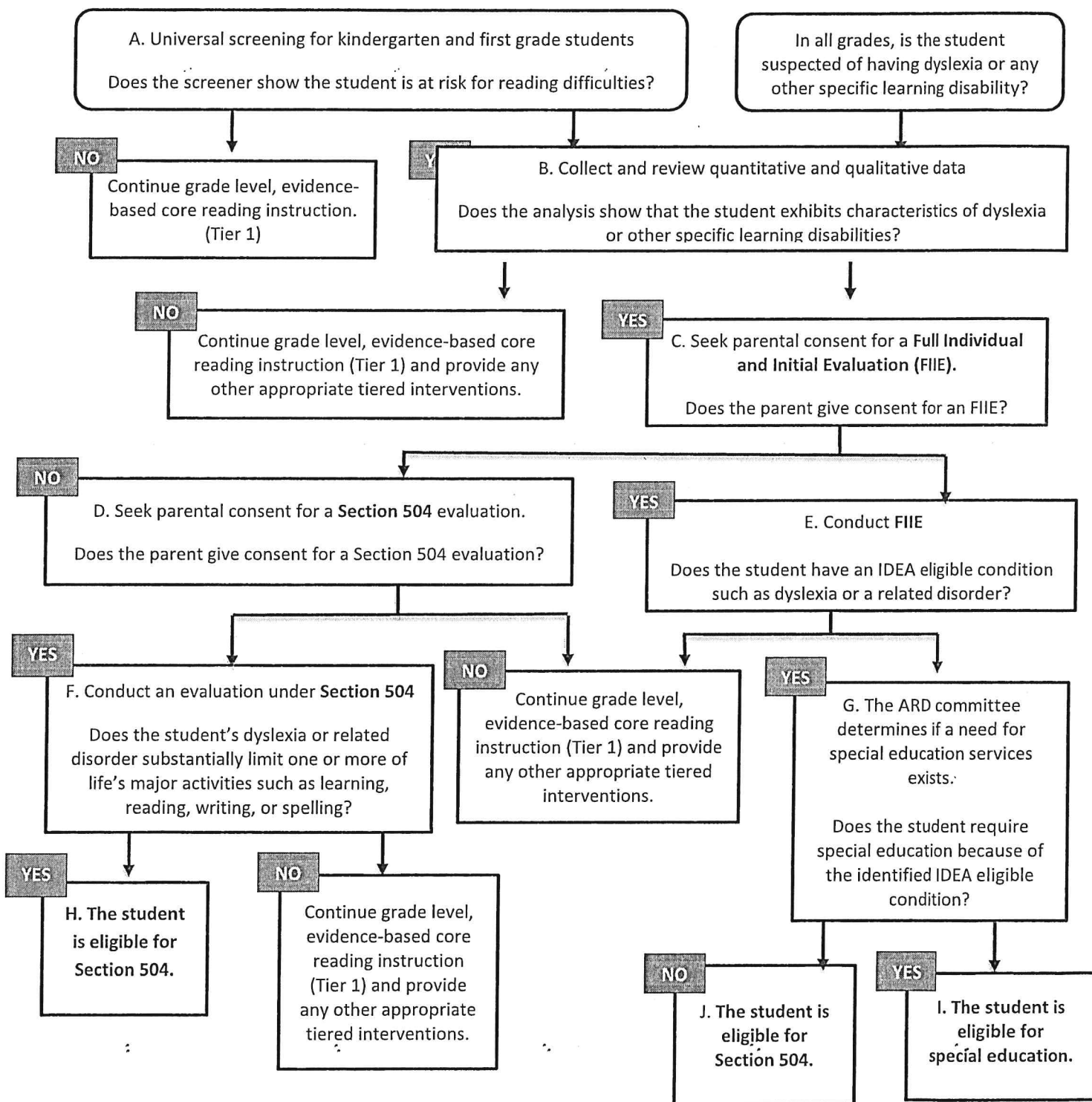
Parents/guardians always have the right to request a referral for a dyslexia evaluation at any time. Once a parent request for dyslexia evaluation has been made, the school district is obligated to review the student's data history (both formal and informal data) to determine whether there is reason to believe the student may have a disability. If a disability is suspected, the student needs to be evaluated following the guidelines outlined in *The Dyslexia Handbook – 2021 Update*. Under the IDEA, if a school district refuses the request to evaluate, it **must** provide the parent with a written notice of refusal to evaluate, including an explanation of why the school refuses to conduct an FIE, the information that was used as the basis of the decision, and a copy of the *Notice of Procedural Safeguards*.

(*The Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders – 2021 Update*. Texas Education Agency, September 2021.)

The pathways for the identification and provision of instruction for students with dyslexia is included with figure 3.8 from *The Dyslexia Handbook - 2021 Update*.

Figure 3.8

Pathways for the Identification and Provision of Instruction for Students with Dyslexia



*See next page for additional detail.

Pathway to the Identification and Provision of Instruction for Students with Dyslexia

<p>A. Universal Screening for reading and dyslexia is administered to all students in kindergarten and first grade as required by TEC §28.006 and §38.003(a).</p>	
<p>B. If a student is at risk for reading difficulties or the student is suspected of having dyslexia or any other specific learning disability, collect and review quantitative and qualitative data on the student. See Figures 2.3 and 2.4 in Dyslexia Handbook for more information.</p>	
<p>C. If the analysis shows that the student exhibits characteristics of dyslexia or other specific learning disabilities, seek parental consent for a Full Individual and Initial Evaluation (FIIE), while continuing to provide grade level, evidence-based core reading instruction (Tier 1) and providing appropriate tiered interventions.</p>	
<p>D. For students suspected of having dyslexia, if the parent does not give consent for an FIIE, seek parental consent for a Section 504 evaluation, while continuing to provide grade level, evidence-based core reading instruction (Tier 1) and providing appropriate tiered interventions.</p>	<p>E. If the parent gives consent for an FIIE, conduct the FIIE within 45 school days (subject to limited exceptions) of the date of receipt of parent consent, while continuing to provide grade level, evidence-based core reading instruction (Tier 1) and providing appropriate tiered interventions. The ARD committee (including the parent) must meet to review the results of the FIIE.</p>
<p>F. If the parent gives consent for a Section 504 evaluation, conduct an evaluation under Section 504 while continuing to provide grade level, evidence-based core reading instruction (Tier 1) and providing appropriate tiered interventions.</p>	<p>G. If a student has an IDEA eligible condition such as dyslexia or a related disorder, the ARD committee determines if a need for special education services exists.</p>
<p>H. If the student's dyslexia or related disorder substantially limits one or more of life's major activities such as learning, reading, writing, or spelling, the student is eligible for Section 504, the 504 committee (parent participation is recommended) develops a Section 504 plan for the student to provide services including standard protocol dyslexia instruction, accommodations, and/or related aids specific to the student's disability.</p>	<p>I. If the student requires special education because of the identified IDEA eligible condition, the student is eligible for special education. The ARD committee develops the IEP for the student to receive specially designed instruction which can include any appropriate special education and related services, and general education programs and services, including standard protocol dyslexia instruction. While an IEP is individualized to the student, the IEP should address critical, evidence-based components of dyslexia instruction such as phonological awareness, sound-symbol association, syllabication, orthography, morphology, syntax, reading comprehension, and reading fluency. The determination of eligibility and the development of an IEP, if the student is eligible, must be done within 30 days (subject to limited exceptions) from the date that the written FIIE evaluation report is completed. Obtain parental consent for special education services.</p>
	<p>J. If the parent declines, the LEA must still provide all general education services including any protections available under Section 504.</p>

7. How does a district address the instructional needs of identified and eligible students with dyslexia?

Instructional decisions for a student with dyslexia must be made by a committee (§504 or ARD) that is knowledgeable about the instructional components and approaches for students with dyslexia. It is important to remember that while dyslexia instruction is most successful when provided as early as possible, older children with reading disabilities will also benefit from focused and intensive remedial instruction. In accordance with 19 TAC §74.28(e) districts must purchase or develop an evidence-based reading program for students with dyslexia and related disorders that incorporates all the components of instruction and instructional approaches outlined in TEA's *The Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders – 2021 Update*.

These programs are individualized, intensive, utilize multi-sensory teaching methods, contain writing and spelling components and meet the state required descriptors. In addition, the student will be provided appropriate instructional strategies including accommodations/interventions to be utilized throughout the school day. Instructional and accommodation decisions for students must be determined by the Section 504 Committee or the Special Education ARD Committee, and be designed to meet the student's individual needs and provide the student with a free appropriate public education.

Delivery of dyslexia instruction is critical in the way in which content delivered be consistent with research-based practices. Principles of effective intervention for students with dyslexia include all the following:

- Simultaneous, multisensory (VAKT)
- Systematic and cumulative
- Explicit instruction
- Diagnostic teaching to automaticity
- Synthetic Instruction
- Analytic Instruction

As appropriate intervention is provided, students with dyslexia make significant gains in reading. Effective instruction is highly structured, systematic, and explicit, and it lasts for sufficient duration.

8. As a parent, what can I do at home to assist my child?

As a parent, it is important that you:

- Establish good study habits for the child. Consider a regular study schedule and a quiet study environment to address possible attention interference. Monitor nightly study to verify work is progressing or is completed.
- Consider establishing a system of reinforcers, either tangible or intangible, to encourage the child to be more successful in reading. Student can participate in these choices.
- Listen to your child's feelings.
- Encourage child to discuss and talk about his/her feelings.
- Reward effort and not just the "product" of school.
- Stress improvement and not just the grades.
- Encourage the child to succeed in other areas such as talents in athletics, the arts, mechanics, volunteer work, and community service.
- Help the child to set realistic goals.

(*The Other Sixteen Hours: The Social and Emotional Problems of Dyslexia*. The Orton Emeritus Series, The International Dyslexia Association, Baltimore, MD, 1997.)

9. What testing accommodations are available for students identified with dyslexia taking the state student assessment program – STAAR (State of Texas Assessments of Academic Readiness)? Please check the TEA website for the most current information.

www.tea.texas.gov/student.assessment/accommodations/staar-telpas

Accommodations for students with disabilities provide students with effective and equitable access to grade-level or course curriculum and assessments. For the purposes of the statewide assessments, students needing accommodations due to a disability include:

- Students with an identified disability who receive special education services and meet established eligibility criteria for certain accommodations
- Students with an identified disability who receive Section 504 services and meet established eligibility criteria for certain accommodations
- Students with a disabling condition who do not receive special education or Section 504 services but met established eligibility criteria for certain accommodations

When making decisions about accommodations, instruction is always the foremost priority. Not all accommodations used in the classroom are allowed during a state assessment. However, the decision to use a particular accommodation with a student should be made on an individual basis. An educator’s ability to meet the individual needs of a student with dyslexia should not be limited by whether an accommodation is allowable on a state assessment. An educator should take into consideration both the needs of the student, and whether the student routinely receives the accommodation in classroom instruction and testing. If a student receives special education services or Section 504 services, all accommodations must be documented in the student’s individualized education program (IEP) or Section 504 individualized accommodation plan (IAP).

For specific accommodation descriptions, STAAR assessments, student eligibility criteria, and the committee that has the authority for decision-making and the required documentation, view the TEA Accommodation information at:

www.tea.texas.gov/student.assessment/accommodations/staar-telpas

Once on this link, “click” each specific accommodation being considered to access further detail.

10. Are testing accommodations available for the ACT or SAT?

YES. A student with a documented disability *may* be eligible for accommodations on College Board tests. A *Services for Students with Disabilities (SSD) Student Eligibility Form* must be submitted for each student requesting accommodations. If the student is requesting accommodations that require a nonstandard administration of the test, there is a specific process that schools must follow. Just because you have an Individualized Education Plan (IEP) or §504 plan (IAP) does *not* automatically guarantee that you are eligible for accommodations.

A student needing accommodations on a College Board exam **must** first meet the basic eligibility requirements. The requirements include (but are not limited to):

- Does the student have a disability that makes it difficult to learn?
- Does the disability make it hard to take tests in the traditional manner?
- Does the student receive accommodations for the tests they currently take in school? (Extra time, a different version of the test, etc.)
- Is the student part of a resource room or special education class?
- Does the student have documents on file at the student's school that show the student has a disability that requires test accommodations?

If the student answers "YES" to any of the above questions, they **may** be eligible for accommodations. Additionally, the documentation on file at the student's school of secondary education needs to:

- State the specific disability, as diagnosed;
- Be current – in most cases, the evaluation should be completed within three years of the request for accommodations;
- Provide relevant educational, developmental, and medical history;
- Describe the comprehensive testing and techniques used to arrive at the diagnosis (including evaluation dates and test results with subtest scores from measures of cognitive ability, current academic achievement, and information processing);
- Describe the functional limitations supported by the test results;
- Describe the specific accommodations requested, and state why the student's disability qualifies the student for such accommodations on standardized tests; **and**
- Establish the professional credentials of the evaluator, including information about license or certification and area of specialization.

Accommodations that may be available include (but are not limited to):

- Extended testing time;
- Enlarged print;
- Testing across more than one day;
- Alternative test formats; and
- Assistance marking their responses.

Accommodations requested may vary depending on the specific disability and documentation provided.

For information about testing accommodations for the SAT, go to: www.collegeboard.com.

For information about testing accommodations for the ACT, go to: www.actstudent.org.

11. Will the district test my child for dyslexia after graduation from high school?

NO. Although colleges frequently require students to provide a professional evaluation and assessment scores, a district is **NOT** required by any state regulation to provide this service. According to the Office of Civil Rights, neither the high school nor the postsecondary school is required to conduct or pay for a new evaluation to document a student's disability and need for accommodations.

(Appendix H: *Students with Disabilities Preparing for Postsecondary Education: Know Your Rights and Responsibilities*. OCR 2011. *The Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders – 2018 Update*, Texas Education Agency, November 2018, pg. 147.)

To learn more about dyslexia and service agencies, contact:

The International Dyslexia Association

40 York Road, 4th Floor
Baltimore, MD 21204
(410) 296-0232
<https://dyslexiaida.org>

**Learning Disabilities Association of Texas
(LDAT)**

P.O. Box 831392
Richardson, TX 75083-1392
www.ldatx.org

**For additional information regarding the
Miles Independent School District Dyslexia Program, contact:**

**Sarah Crouch
District §504 Coordinator
325.468.2861**

**Nicole Barnes
504 Coordinator JH/HS
325.468.2861**

**Heather Askins
District Special Education Director
325.468.2861**

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