

# Reading Instruction Best Practices Related to Dyslexia

Developed by the  
Reading Instruction Advisory Group  
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According to the International Dyslexia Association (2008), dyslexia is a specific learning disability that is characterized by difficulties with accurate and/or fluent word recognition and decoding abilities.

The International Dyslexia Association (2008) points out that it is possible to identify potential reading problems in young children even before the problems turn into reading failure. This can be done by assessing students three times a year using screening assessments. Additional information that may be helpful for assessment includes a family history of reading difficulties and/or speech delay. These assessments help schools determine students who are “at risk” for reading difficulties. Schools that implement a multi-tiered system of supports (MTSS) framework are able to adequately screen and identify students with reading difficulties, specifically to target a student’s reading fluency and accuracy, which are characteristics of dyslexia. The following table provides information on literacy best practices that address some of the facts and recommendations from The International Dyslexia Association and researchers of dyslexia.

In Illinois, a multi-tiered system of supports is a framework for continuous improvement that is systemic, prevention focused, and data informed, providing a coherent continuum of supports responsive to meet the needs of all learners. Those seeking resources in implementing MTSS with fidelity may access the ISBE funded Illinois MTSS-Network through the following link:

<http://www.iltss.net/>.

Facts Regarding Reading Disabilities or Dyslexia	Best Practices in Literacy
<ul style="list-style-type: none"> <li>Research (Fuchs, Deno, &amp; Mirkin, 1984) shows that students with reading disabilities make stronger reading gains when teachers use Curriculum Based Measurement-Reading Assessments (CBM-R). It helps teachers amend instruction until it is effective and gives the clearest picture of student’s ongoing reading growth (The International Dyslexia Association, 2007).</li> </ul>	<p>All students are screened three times a year in the area of reading to determine if they are displaying expected growth. Common skills to screen include depending on grade/development level include:</p> <ul style="list-style-type: none"> <li>Rapid naming</li> <li>Phonemic segmentation</li> <li>Oral reading fluency and accuracy</li> <li>Spelling</li> <li>Reading assessments</li> </ul>
<ul style="list-style-type: none"> <li>A young child must develop phonemic awareness if he is to become a reader (Shaywitz, 2003, p. 51).</li> </ul>	<ul style="list-style-type: none"> <li>Kindergarten and first grade curricula provide instruction in early literacy skills including: phonemic awareness, blending, segmenting, rhyming, substitution of sounds, and letter/sound fluency.</li> <li>Identified students may receive additional small group instruction in phonemic awareness skills based on results of the screening measures.</li> </ul>
<ul style="list-style-type: none"> <li>Preventive intervention should begin immediately, even if dyslexia is suspected (The International Dyslexia Association, 2009).</li> </ul>	<ul style="list-style-type: none"> <li>Based on <b>screening results</b>, classroom performance, and <b>diagnostic information</b> (if needed) students are identified who require supplemental instruction (tier 2), or intense instruction (tier 3).</li> <li>Intervention plans are developed for either small groups, or individuals, based on identified skill needs.</li> </ul>
<ul style="list-style-type: none"> <li>Careful <b>progress monitoring and analysis</b> of student performance are the key elements of a scientific approach to instruction that has the most promise to meet the unique needs of students with dyslexia (The International</li> </ul>	<ul style="list-style-type: none"> <li>Progress monitoring in targeted skill, for example phonemic awareness, decoding, vocabulary is provided for students receiving <b>supplemental (Tier 2)</b> and more frequently for <b>intense (Tier 3)</b> instruction so that teachers know if the</li> </ul>

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<p>Dyslexia Association, 2007).</p>	<p>intervention is working and how to adjust instruction.</p> <ul style="list-style-type: none"> <li>• Teams meet regularly to review and analyze progress monitoring data. Parents are provided with the data.</li> <li>• Intervention plans may be modified, such as frequency, duration or grouping based on the ongoing analysis of the data.</li> </ul>
<ul style="list-style-type: none"> <li>• Shaywitz (2003) reports that brain scans of dyslexic kindergartners and first-graders who have benefited from a year’s worth of targeted instruction start to resemble those of children who have never had any difficulty reading.</li> <li>• Individuals with dyslexia require intense, precisely, focused instruction (The International Dyslexia Association, 2007).</li> </ul>	<ul style="list-style-type: none"> <li>• Students should receive targeted skill-based instruction for <b>supplemental (Tier 2)</b> and <b>intensive (Tier 3)</b> interventions.</li> <li>• Interventions include targeted skill-based lessons that are teacher-planned. These lessons are more <b>systematic, explicit, multi-sensory</b> (as indicated), and focused on a small number of specific skills at a time.</li> <li>• Interventions must be evidence-based.</li> </ul>
<ul style="list-style-type: none"> <li>• “If kids are at risk, we can address it with 30 minutes of intervention a day at the kindergarten level,” (Kantowitz &amp; Underwood, 1999).</li> </ul>	<ul style="list-style-type: none"> <li>• It is suggested that Tier 2 instruction be implemented for 20 to 40 minutes, three to five times per week in small groups of three to four students of similar profiles. <i>Student grade level and needs should determine the duration.</i></li> <li>• An intervention session can range from 20 to 30 minutes for kindergarten students to 40 to 50 minutes for grade 2 students, depending on student needs. Providing kindergarten students with 20 minutes of daily instruction has been demonstrated to have a positive impact on their acquisition of early reading skills, such as phonemic awareness and letter-sound correspondence (Gunn et al., 2000; Gunn et al., 2002; Lennon and Slesinski, 1999).</li> <li>• These interventions should be <u>in addition to core instruction.</u></li> </ul>
<p>Different people respond to approaches, depending on their personality and the nature of their disability. The data we have don’t show any one program that is head and shoulders above the rest. But the most successful programs emphasize the same core elements; practice manipulating phonemes, building vocabulary, increasing comprehension, and improving fluency of reading.” (Shaywitz, 2003).</p>	<ul style="list-style-type: none"> <li>• For <b>supplemental</b> and <b>intensive</b> support to be provided, curriculum materials must be selected that focus on skill-based instruction. Skill-based instruction refers to the five essential areas of reading; phonemic awareness, phonics, fluency, vocabulary, and comprehension.</li> <li>• In MTSS, teachers use <b>data analysis</b> from the <b>universal screener, diagnostic assessment</b> and/ or <b>progress monitoring assessment</b> to place students in intervention programs or utilize materials from the school’s curriculum matrix.</li> <li>• The intervention plan may be modified based on the student’s response to the intervention as indicated by progress monitoring data and the district’s decision-making guidelines.</li> </ul>

The Illinois State Board of Education (ISBE) has policies and procedures in place to ensure that all children residing in the State are identified, located, and evaluated if suspected of having a disability and are in need of special education and related services. Local school districts are required to conduct ongoing public notice, screening, general education interventions, and evaluation to ensure that Illinois children from birth to age five with disabilities, and children from kindergarten through age 21 with disabilities are identified appropriately (23 Illinois Administrative Code 226 <http://www.isbe.net/rules/archive/pdfs/226ark.pdf>). The school will make a referral for an initial evaluation whenever it is suspected that a child may be a child with a disability to determine eligibility for special education and related services. At any time, a parent may request an initial evaluation under IDEA. The use of RtI/MTSS or any other process should not be used to delay an initial evaluation for special education.

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## Works Cited

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