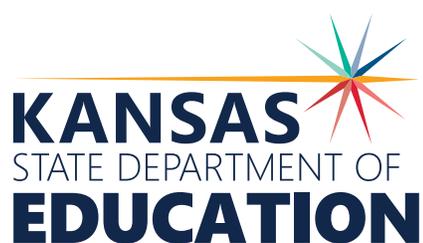


Dyslexia Handbook



Kansas leads the world in the success of each student.

APR. 12, 2021

DYSLEXIA HANDBOOK

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To ensure that many Kansas voices were heard in the development of this handbook, the Kansas State Department of Education engaged a diverse group of individuals with expertise in reading difficulties and dyslexia to develop this document. We would like to acknowledge the following individuals for their contributions to this dyslexia handbook:

Barbara Bradley

Professor Elementary Education
University of Kansas

Denise Brown

Kansas MTSS Consultant

Jaime Callaghan

Director of Student Services
Auburn-Washburn USD 437

Nicole Corn

Kindergarten Teacher
Lawrence USD 497

Crystal Davis

TASN Coordination

Amy Delarosa

Kansas MTSS Consultant

Deb Farr

School Psychologist
Auburn-Washburn USD 437

Lori Mann

Professor Elementary Education
Emporia State University

Christina Middleton

Parent Representative

Jeanine Phillips

Co-Founder, Executive Director
Fundamental Learning Center, Wichita

Heath Peine

Executive Director Student Support
Services
Wichita USD 259

Jeri Powers

Reading Teacher
De Soto USD 232

Laurie Winter

Owner, Consultant
Language and Literacy Consulting Inc.

DYSLEXIA HANDBOOK

Contents

INTRODUCTION.....	1
DYSLEXIA DEFINED	3
Characteristics of Dyslexia	4
Characteristics by Grade Level	5
SCREENING	7
What is Screening?	8
Why Conduct a Screening?	8
Types of Assessment	9
Universal Screeners	9
Informal Diagnostics.....	10
Progress Monitoring.....	10
Criteria for Dyslexia Screening Tools	11
Common Screening Practices	11
Interpreting Screening Results	12
Considerations for English Language Learners	13
Screening Flowchart.....	14
Screening Rubric	15
Kansas State Department of Education Screening Recommendations ..	16
EVIDENCE-BASED READING INSTRUCTION	17
Theoretical Models of Reading	18
THE STRUCTURED LITERACY FRAMEWORK	19
Structured Literacy Instruction.....	19
Principles	19
Elements.....	21
READING INTERVENTION RECOMMENDATIONS	23
APPENDICES	27
Information for Parents and Families.....	29
Screening Information for Students with Reading Difficulties	30
(Including Dyslexia).....	30
Screening Tool Rubric.....	33
Subtest Skills Defined	35
Critical Screening Elements.....	37
Sample Scope and Sequence of Phonogram Instruction	38
REFERENCES	39

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DYSLEXIA HANDBOOK

Introduction

The Kansas State Department of Education's Dyslexia Handbook was developed to provide guidance and information to a broad spectrum of educators and stakeholders. Specifically, this publication is a response to the Kansas Legislative Task Force on Dyslexia and its recommendations. Many students in Kansas continue to struggle with reading despite being provided the learning opportunities necessary to become successful readers. Reading, writing or spelling difficulties may be caused by dyslexia or characteristics of dyslexia. The vision of Kansas education is to ***“lead the world in the success of each student.”*** With this vision in mind, this handbook seeks to foster an understanding of dyslexia and related challenges to reading. This manual explains how to identify and educate students with dyslexia and other reading difficulties. This manual also informs educators and families about practices that support students with dyslexia and other reading difficulties.



The purpose of the KSDE Dyslexia Handbook is to provide procedures to be used by school districts, administrators, specialists, teachers, higher education faculty, students and parents/guardians in early identification of, instruction for, and accommodations for students who struggle to read, have characteristic of dyslexia or students with dyslexia. This handbook will be used by school districts for developing written procedures, instructional methodologies, and evidence-based practices regarding students with dyslexia. Kansas school districts have considerable autonomy in making decisions about diagnostic tools and instructional programs. KSDE does not endorse specific diagnostic tools or instructional programs. The programs in this handbook, therefore, are recommended and not mandated.

About 15-20% of our population have characteristics of dyslexia, which could include inaccurate or slow reading, poor spelling, poor writing or mixing up words that are similar.

- Shaywitz & Shaywitz, 2020.

Not all children who have these symptoms have dyslexia, but they are likely to struggle with many aspects of academic learning and are highly likely to benefit from systematic, explicit, instruction in reading and writing. Dyslexia occurs in people of all backgrounds and intellectual levels. People with dyslexia can be very intelligent and are often capable or gifted in the arts, computer science, mathematics, engineering, sales and sports. Also, research indicates that dyslexia is hereditary; parents with dyslexia are very likely to have children with dyslexia.¹

Kansas children may struggle in learning to read for many different reasons. Some reasons for this could include weak oral language development in the early years, growing up in a family that has faced economic hardships, weak skills in the English language, low general intellectual ability or lack of motivation and interest.² The good news is that human brains are malleable and with evidence-based screening practices, evidence-based literacy instruction, and ongoing progress monitoring, reading improvement is possible.

1 Olson, Keenan, Byrne, & Samuelson, 2014

2 Snow, Burns, & Griffin, 1998

Dyslexia Defined

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 the growth of vocabulary and background knowledge.

- Adopted by the International Dyslexia Association Board of Directors, Nov. 12, 2002, and the Kansas State Board of Education, November 2020.

Characteristics of Dyslexia

The problems displayed by individuals with dyslexia and/or students at risk of reading difficulties involve struggles in acquiring and using written language. It is a myth that individuals with dyslexia “read backward,” although spelling can look quite jumbled at times because students have trouble remembering letter symbols for sounds and decoding words.³ Other problems experienced by people with dyslexia could include the following:⁴

- Learning to speak.
- Retention of phonological and phonemic awareness tasks.
- Learning letters and their sounds.
- Reading words in isolation.
- Organizing written and spoken language.
- Decoding words.
- Memorizing number facts.
- Reading quickly enough to comprehend (reading with appropriate accuracy, rate and prosody).
- Persisting with and comprehending longer reading assignments.
- Spelling.
- Learning a foreign language.
- Correctly doing math operations.

Not all students who have difficulties with these skills have dyslexia. Formal testing of reading, language and writing skills is the only way to confirm a diagnosis of suspected dyslexia.

Students identified as having dyslexia typically experience primary difficulties in phonological awareness, including phoneme manipulation, single-word reading, reading fluency and spelling. Consequences 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. Additionally, there is often a family history of similar difficulties.

The following are the predominate reading/spelling characteristics of dyslexia:⁵

- 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 the characteristics listed above. The reading/spelling characteristics are most often associated with the following:⁶

- 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 automatic 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 experience.

3 Francis, et al., 1996

4 International Dyslexia Association, 2020

5 Berninger and Wolf, 2009

6 Kilpatrick, 2015

Characteristics by Grade Level

Individuals with dyslexia have trouble with reading, writing, spelling and/or math even though they have the ability to learn and have had many exposures to the content.

The following characteristics identify risk factors associated with dyslexia at different grade levels or stages of life. If the following characteristics are unexpected for an individual's age, educational level or cognitive abilities, they may be at risk for dyslexia. A person with dyslexia usually has several of these characteristics that persist over time. The list below was compiled from resources from the International Dyslexia Association:

PRESCHOOL

- Delays in learning to talk.
- Difficulty learning to pronounce new vocabulary.
- Difficulty following multistep directions.
- Difficulty retelling a familiar story in order.
- Difficulty with rhyming.
- Difficulty pronouncing words.
- Poor auditory memory for knowing rhymes or chants.
- Inability to recall the right word when speaking.
- Trouble learning and/or remembering the letters in his/her name.

KINDERGARTEN AND FIRST GRADE

Individuals could have problems with many of the previously described characteristics along with the following:

- Difficulty breaking words into smaller parts or breaking words into syllables (e.g. "sunflower" can be broken into three syllables "sun," "flow" and "er").
- Difficulty identifying and manipulating sounds in one syllable words (e.g. "bat" can be broken into the sounds of /b/ /ă/ /t/).
- Difficulty remembering the names of letters of the alphabet and recalling the sounds associated with those letters.
- Difficulty reading single words.
- Difficulty spelling words the way they sound or remembering letter sequences in very common words often seen in print (e.g. "the" "and", etc.).

SECOND AND THIRD GRADE

Individuals could have problems with many of the previously described characteristics along with the following:

- Difficulty recognizing common high frequency words (e.g. "been" "said").
- Difficulty decoding single words, including nonsense words.
- Difficulty organizing written language.
- Difficulty copying from provided text.
- Difficulty recalling the correct sounds for the letters and letter patterns in reading.
- Difficulty connecting speech sounds and appropriate letter or letter combinations and omitting letters in words for spelling (e.g. "later" spelled "lettr").
- Difficulty reading fluently (e.g. reading slow, inaccurate, and/or without expression).
- Reliance on picture clues, story theme or guessing at words while reading.
- Difficulty with written expression.

FOURTH AND FIFTH GRADE

Individuals could have problems with many of the previously described characteristics along with the following:

- Difficulty reading aloud (e.g. fear of reading aloud in front of peers).
- Avoidance of reading or reading activities.
- Low levels of vocabulary acquisition because of reduced independent reading.
- Use of less complicated words in writing and more reliance on words that are easier to spell (e.g. “pretty” instead of “beautiful”).
- Reliance on listening rather than reading for comprehension.

MIDDLE AND HIGH SCHOOL

Individuals could have problems with many of the previously described characteristics along with the following:

- Difficulty keeping pace with the volume of reading and written work assigned.
- Frustration with the amount of time and energy required for reading tasks.
- Difficulty with written assignments.
- Difficulty in learning a foreign language.
- Difficulty with word retrieval.
- Difficulty with note taking.
- Difficulty remembering sequences.

OTHER COMMON CHARACTERISTICS IN STUDENTS

The following characteristics can often occur when an individual is showing several of the above characteristics of dyslexia:

- Difficulty naming colors or objects.
- Difficulty naming letters in a sequence rapidly.
- Difficulty remembering directions or facts.
- Need to see or hear concepts many times in order to learn them.
- Inconsistent school work.
- Difficulty with proofreading.
- Letter and number reversals.
- Distracted by external visual or auditory stimuli.

OTHER RELATED ACADEMIC DIFFICULTIES AND OTHER CONDITIONS

The characteristics in the previous sections represent common difficulties that students with dyslexia may exhibit. In addition, students with dyslexia may have problems in written expression, reading comprehension and mathematics, as well as other conditions and/or behaviors. Some common co-occurring disorders with dyslexia are:

- Dysgraphia (handwriting) – This can include poor handwriting, messy and unorganized papers, difficulty copying, poor fine motor skills and difficulty remembering the movement needed to form letters.
- Dyscalculia (mathematics) – This can include difficulty counting with accuracy, misreading numbers frequently, difficulty retrieving math facts and repeated calculation errors.
- Attention Deficit Hyperactivity Disorder (ADHD) – This can include inattention, distractibility, impulsivity and hyperactivity.
- Executive Functioning – This can include losing papers, poor time management, forgetfulness, unorganized desk or materials, overwhelmed by too much input, and slow work production.

DYSLEXIA HANDBOOK

Screening

The early identification of individuals who struggle to read, have characteristics of dyslexia or with dyslexia, which includes early intervention, will have a significant impact on their future academic success. Screening tools allow teachers to predict which children are at risk of reading difficulty before they begin learning to read.⁷

Research has shown the connections of brain growth for individual's birth to age 8 as a critical period for literacy development.⁸ According to Torgesen (1998), it is imperative to "catch them before they fail," thus the importance of screening is critical in the early literacy development years.

If the persistent achievement gap between dyslexic and typical readers is to be narrowed, or even closed, reading interventions must be implemented early, when children are still developing the basic foundation for reading acquisition. The persistent achievement gap poses serious consequences for dyslexic readers, including lower rates of high school graduation, higher levels of unemployment and lower earnings because of lowered college attainment. Implementing effective reading programs early, even in preschool and kindergarten, offers the potential to reduce and perhaps even close the achievement gap between dyslexic and typical readers and bring their trajectories closer over time.

- Ferrer, et al., *Achievement Gap in Reading Is Present as Early as First Grade and Persists through Adolescence*, 2015

7 Susan Hall, 2004

8 Nevills & Wolfe, 2009

What is Screening?

Screening measures are usually brief assessments of skills that are highly predictive of a later outcome. Screening should quickly differentiate students into groups - those who need targeted intervention and those who do not. A screening measure needs to focus on specific skills of reading. Tools used for screening should have the following characteristics:

- Quick and targeted assessment of discrete skills.
- Alternative equivalent forms (for administration more than one time per year).
- Standardized protocols for test administration and scoring.
- Reliability and validity.

Why Conduct a Screening?

Screening results should identify specific students who could be at risk for reading difficulties. Research states that early intervention for students with reading difficulties is critical for intervention to be successful.

“Deficits in phonological awareness, rapid automatized naming, verbal working memory and letter knowledge have been shown to be robust precursors of dyslexia in children as young as age three.”⁹ In their book, “Straight Talk About Reading,” Susan Hall and Louisa Moats (1999) state that,

“Inexpensive screening measures identify at-risk children in mid-kindergarten with 85 percent accuracy.”¹⁰

Research continues to support the need for early identification and assessment.¹¹ 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.¹²

It is essential to screen students for dyslexia and related reading disorders early in their academic life. Screening can serve multiple purposes for reading instruction including: determining a student’s risk for dyslexia and other reading difficulties, assisting in creating data-based decisions for intervention instruction, and to aid in determining if progress is adequate or if a different intervention is required.

⁹ Gabb, 2017

¹⁰ p. 279

¹¹ Nevills & Wolfe, 2009

¹² Sousa, 2005

Types of Assessment

Assessments have multiple purposes. Universal screening is conducted to determine a student's risk for reading difficulty and the need for possible instructional intervention. Once the universal screening is complete, the data is to be analyzed for areas of weakness as it relates to reading competencies. If areas of weakness are identified, then an informal diagnostic

may be administered so that a data-based intervention plan can be created to address the identified weakness(es) in reading. If a student has an intervention plan, then ongoing progress monitoring assessments (i.e. intervention assessments) should be conducted to evaluate the impact of the instruction and the student's achievement towards reading goals.

Universal Screeners

Universal screening tools are quick and targeted assessments of distinct skills that indicate whether students are making adequate progress in reading achievement. Universal screeners are to be administered to all students in kindergarten through 12th grade at a minimum of three times per year and serve as your progress monitoring tool for all students. Since research has shown the rapid growth of the brain and its response to reading instruction in the primary years,¹³ the critical time for initial universal screening would be when a student is in preschool or kindergarten. Additionally, Eden (2015) states that "when appropriate intervention is 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." Universal screeners should have alternate equivalent forms so that they can be administered at least three times per year with unique questions each time. There should be standardized directions for administration and scoring of these assessments. Finally, universal screeners should have established reliability and validity measures.

13 Nevills & Wolfe, 2009

Informal Diagnostics

Upon completion of the universal screener, student data should be analyzed for areas of weakness, as it relates to the reading competencies. In order to isolate the areas of reading in need of intervention, an informal diagnostic instrument may need to be utilized. In some cases, the universal screener is able to isolate the area in need of reading intervention. When the universal screener does not identify the target area, an informal diagnostic could be used. Informal diagnostic assessments should focus on measuring the language/reading skills that influence reading outcomes (i.e. phonemic

awareness, phonics, fluency, vocabulary and comprehension).¹⁴ “Informal diagnostic assessments take more time to administer and should only be given to students at risk.”¹⁵ Based on results of the informal diagnostic assessment, intervention plans should be developed by the teacher, or a student intervention team, utilizing evidence-based practices to influence reading competency development. During the course of the intervention, assessment data should be collected and examined.

Progress Monitoring

Intervention assessment data, gathered through the progress monitoring tools of your universal screener, reveals how students have performed on skill progression. The intervention process is entirely driven by data, characterized by increased intensity and individualization of reading deficits. Progress monitoring is a key component of an intervention plan. Prior to delivering the intervention instruction, school teams should develop a progressing monitoring plan which outlines the progress monitoring instructional tool, student goal, and frequency of data collection and review. During delivery of the

intervention instruction, educators should collect and graph frequent progress monitoring data. After sufficient data is collected, it is graphed and evaluated against the student’s instructional goal to determine whether the student is making satisfactory progress. If progress toward the student’s instructional goal is evident, the teacher continues to implement the intervention. However, if the student’s progress is unsatisfactory, the teacher should consult with team members to determine how to intensify or change the instructional intervention.

¹⁴ Torgesen, 2005

¹⁵ Moats & Tallman, 2019, p.72

Criteria for Dyslexia Screening Tools

KSDE requires that all accredited school systems in Kansas provide dyslexia screening to all students in kindergarten through 12th grade. It is important that the screening tool be accurate and comprehensive. However, it should be noted that these screenings are not as extensive as a comprehensive evaluation. While the school selected screening instrument will be expected to measure skills, it is important that individuals who administer the screening instrument observe and take anecdotal notes on students' behaviors (listed below) during the administration of the screener. This is not an exhaustive list, but some key red flags that may require more detailed diagnostic assessment are:¹⁶

- Lack of automaticity.
- Difficulty sounding out words left to right.
- Guessing.
- Inability to focus on the reading task.
- Avoidance behavior.

Screening is not a formal evaluation. The results of the screenings conducted in schools across Kansas should be utilized to determine each individual students' need for immediate and timely intervention as recommended by the Kansas Multi-Tiered System of Supports. Students who score below benchmark on the screening tool may need to be further assessed in the skills listed below (Gersten, et al., 2008):

- Phonological awareness
- Phonemic awareness
- Sound-Symbol recognition
- Fluent word recognition
- Nonword Reading (pseudo word reading)
- Decoding skills
- Spelling
- Oral reading rate (second grade and above)
- Oral reading accuracy (second grade and above)

Common Screening Practices

The use of screeners is a process for gathering additional information to determine if characteristics of dyslexia are present. Schools should consider gathering additional information if a student performs below benchmark expectations. This includes other progress monitoring data, work samples, formative literacy assessment data and other assessment data which assess the skills listed above. The determination of existing characteristics of dyslexia should be based on multiple sources of data. As schools determine the timing of the selected screener, the following questions should be considered:

- Has the student had adequate time for instruction?
- How will the timing of the administration of the screener fit in with the timing of other required assessments in the school?

A school must ensure what appropriately trained and qualified individuals administer and interpret the results of the selected screening tool. Please note that an educational aide or a paraprofessional is not eligible to administer the dyslexia screening tool unless the educational aide or paraprofessional has been trained to use the assessment with fidelity or has a certification with the selected screener. Under no circumstances should an educational aide or paraprofessional interpret the results of a universal screening tool. Individuals who interpret the screening tool must be a classroom teacher who has a valid Kansas teaching license for kindergarten through sixth grade or an individual who has a valid reading specialist endorsement. It is considered best practice that the individual who administers the screening tool be the student's classroom teacher.

¹⁶ Modified from the Texas Department of Education Dyslexia Handbook, 2018, p.13

Interpreting Screening Results

The importance of early intervention cannot be overstated. Intervening early, before difficulties become intractable, offers the best hope for successful outcomes and prevention of long-term deficits. The purpose of screening is to help identify, as early as possible, the students at risk for dyslexia or other reading difficulties so that targeted intervention can be provided.¹⁷ Screening alone will never improve outcomes for students. The screening must lead to effective instruction for it to be useful. Therefore, once the screening has been administered the next steps are to analyze results, identify the level of risk for each student, and make informed decisions. The next steps are broadly categorized as: continue with core instruction, implement targeted intervention, and/or refer for evaluation.

There are several important factors to consider when interpreting screening results. First, it is important to remember that there is no definitive test score that invariably identifies dyslexia. Dyslexia is a neurobiological disorder that exists along a continuum of severity. This makes the identification of dyslexia more challenging than identifying other forms of disability.

As with any assessment tool, it is important that schools administer and interpret the screening tool with fidelity. Screening tools use norm-referenced criteria to establish cut points derived by the publisher of the tool. Cut points are used to group students into categories (e.g., at risk or not at risk) based on the results of the screening tool. All accredited Kansas schools must adhere to the cut points established by the published screening instrument.

In general, students scoring below the publisher-determined cut point are considered “at risk” for reading difficulties or dyslexia, while those who score above the cut point are considered “not at risk” for reading difficulties or dyslexia. However, it is important to realize that risk falls on a

continuum and there will always be false positives (students who screen at risk when they are not) and false negatives (students who screen not at risk when they are). Consequently, continual progress monitoring and an ongoing review of data is important.

Students falling well below the cut point have a much higher probability of being at risk for reading difficulties or dyslexia while students scoring well above the cut point have lower probability of reading difficulties or being at risk for dyslexia. The decision for what to do next is easiest for students whose scores fall at the extreme ends of the continuum. Students falling well above the cut point can be considered at low risk for dyslexia and are much less likely to need additional intervention or evaluation. Students scoring far below the cut point should be considered at high risk for dyslexia.

For students who are identified as having reading difficulties or at risk for dyslexia, the school should provide targeted intervention provided by the appropriate staff as determined by the district. Individual districts may use instructional aides or paraprofessionals in this role only if these instructors have received specific professional development on the skill deficit and intervention protocols. It is important to note that the use of a tiered intervention process, such as the Kansas MTSS process must not be used to delay or deny an evaluation for a suspected learning disability especially when parent or teacher observations support this.

For students who score close to the cut point, more information may be needed to make an informed decision regarding implementation of targeted interventions with progress monitoring, or continuation of core instruction only. Data gathering will provide this additional information.

¹⁷ Petscher, et al., 2019

Considerations for English Language Learners

Another factor to consider when interpreting screening results is the student’s linguistic background. The nature of the writing system of a language impacts the reading process. This impacts the identification of students with dyslexia in languages other than English. Assessments for dyslexia in linguistically diverse populations must differentiate language disadvantages from reading difficulties.

Transparent written language has a close letter/sound correspondence.¹⁸ Since English is an opaque language, one with a more complex phoneme (sound) grapheme (letter) correspondence, learning the English writing system can be challenging for English Language Learners (ELs).¹⁹ Teachers must recognize the first language impact of their ELs students when acquiring the English opaque language system.

DYSLEXIA IN TRANSPARENT AND OPAQUE ORTHOGRAPHIES

OPAQUE (ENGLISH)	TRANSPARENT
Early and marked difficulty with word-level reading.	Less difficulty with word-level reading.
Fluency and comprehension often improve once decoding is mastered.	More difficulty with fluency and comprehension.

CHARACTERISTICS OF DYSLEXIA IN ENGLISH VS. SPANISH

ENGLISH	SPANISH
Phonological awareness weaknesses.	Phonological awareness weaknesses may be less pronounced.
Rapid Automatic Naming	Rapid Automatic Naming
Regular/irregular word decoding difficulties	Decoding fewer irregular words in Spanish.
Fluency often a key indicator	Fluency often a key indicator
Frequent spelling errors	Spelling may show fewer errors in English, but still more than students that do not have dyslexia.
Reading comprehension may be a weakness in both English and Spanish.	Reading comprehension may be a weakness in both English and Spanish.

“Research shows that early reading measures, administered in English can be used to screen English learners for reading problems.”²⁰ Screening should begin for ELs as soon as they enter the school system rather than following the common practice of screening ELs when they have reached a reasonable level of English proficiency. It has been consistently proven that foundational reading measures administered in English are an excellent means for screening ELs.²¹ Research supports guidance in the interpretation of phonological awareness test scores.²² Therefore, careful consideration should be given to assessments and intervention plans for students who are culturally and linguistically diverse.

When determining phonological awareness deficits, evaluation personnel should examine subtest scores, including subtle phonological awareness skills, instead of limiting interpretation to composite scores since a deficit in even one skill will limit reading progress for EL students. When an EL student exhibits weakness in reading and spelling a determination should be made whether these difficulties are unexpected in relation to the student’s other abilities, sociocultural factors, and/or language difference.

18 Joshi & Aaron, 2006

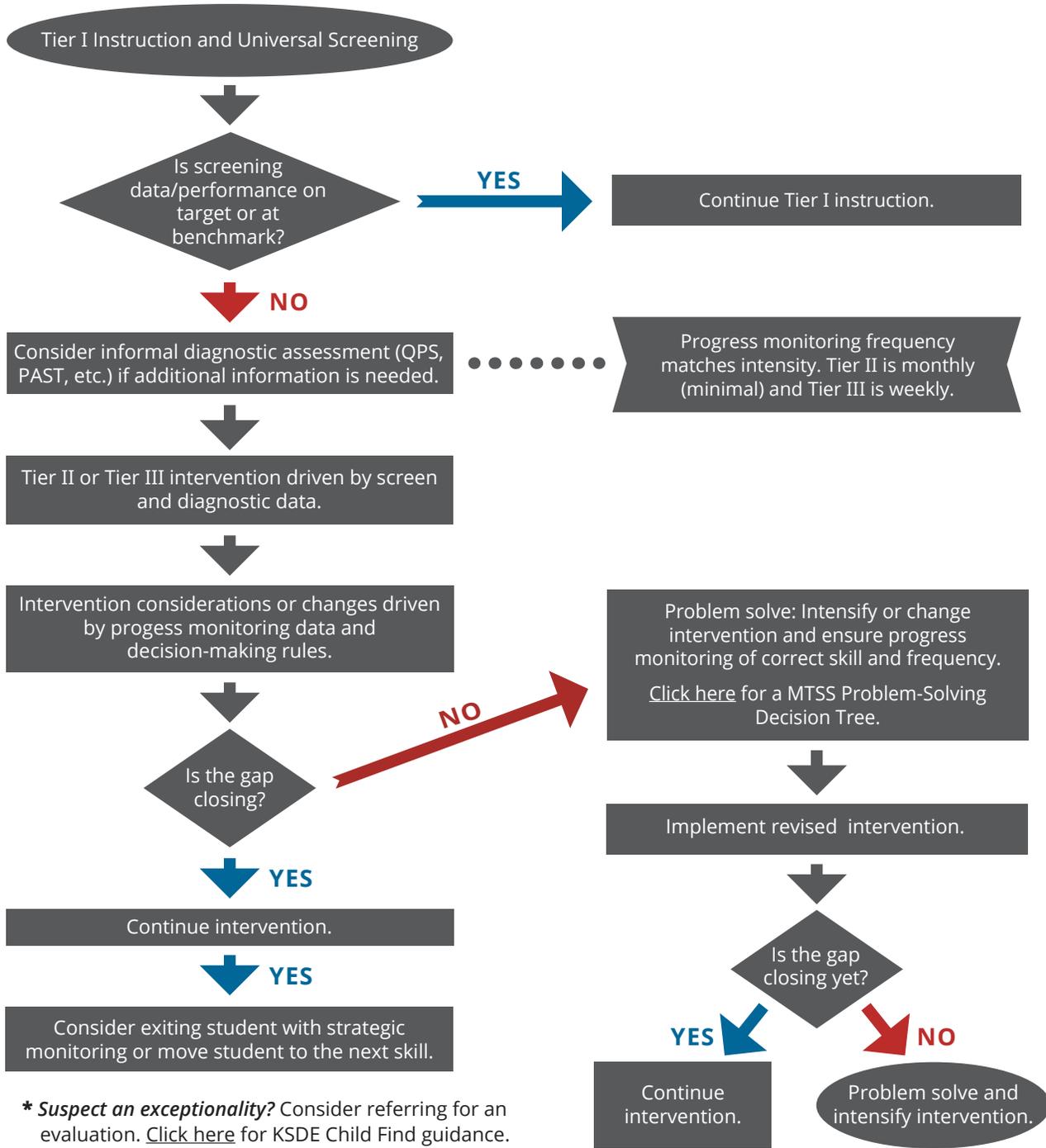
19 Spencer, 2000

20 Gersten, et al., 2007

21 Chiappe & Siegel, 1999; Chiappe, Siegel & Wade-Woolley, 2002; Lesaux & Siegel, 2003; Limbos & Geva, 2001

22 Gersten, et al., 2007

Screening Flowchart



* **Suspect an exceptionality?** Consider referring for an evaluation. [Click here](#) for KSDE Child Find guidance.

Access to the full document is available in [Appendix B](#).²³

Resources:

- MTSS Problem-Solving Decision Tree (<https://drive.google.com/file/d/1bdzS0Cnbu4hvFZvzxbENwFkfebZV3jH8/view>)
- KSDE Child Find guidance (<https://www.ksde.org/Portals/0/SES/PH/PH-Ch02.pdf?ver=2019-05-21-102539-847>)

²³ See page 29.

Screening Rubric

Access to the full document is available in [Appendix C²⁴](#) and by clicking [here](#).²⁵

Rubric

Description	Yes	No
All students in kindergarten were screened in Letter Naming Frequency. <ul style="list-style-type: none"> Fall (F), Winter (W), Spring (S) 	<input type="checkbox"/>	<input type="checkbox"/>
All students in grades K-1 were screened in Letter Word Sounds. <ul style="list-style-type: none"> Kindergarten: F, W, S Grade 1: F 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
All students in grades K-1 were screened in Phoneme Segmentation Fluency. <ul style="list-style-type: none"> Kindergarten: W, S Grade 1: F, W, S 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
All students in grades K-2* were screened in Nonsense Word. <ul style="list-style-type: none"> Kindergarten: S Grade 1: F, W, S Grade 2: F* 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
All students in grades 1-5 were screened in Oral Reading Fluency. <ul style="list-style-type: none"> Grade 1: W, S Grades 2 - 5: F, W, S 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
All students in grades 6-12 not reading at benchmark on a nationally normed reading comprehension assessment were screened using an Oral Reading Fluency assessment.		
Was the screener reliable?	<input type="checkbox"/>	<input type="checkbox"/>
*NWF see Appendix A		

The screening programs listed are not **required or recommended screeners** for dyslexia by KSDE. The screeners listed below are what most schools in Kansas use. Your system may select any screener, as long as it screens for the items in the table to the left.

School name	Screener name	Sub-test used

24 See page 32.

25 <https://drive.google.com/file/d/1nujpe13tZGUmYW1qhoSsA0t37Omz-yTY/view>

Kansas State Department of Education Screening Recommendations

All accredited schools in Kansas are required to administer screening for dyslexia to all students in grades kindergarten through 12th grade. The screener should be administered at least three times per year and aligned with national normed benchmark outcomes.

When schools/districts determine the appropriate screening tool to use for dyslexia screening, decisions should be based on the following assessment criteria for the critical components of reading. The Kansas State Board of Education approved the following assessments for dyslexia screening in January 2020. Refer to [Appendix C²⁶](#) or the [previous page](#) for specifics about each assessment and for recommended grade levels for screening.

- Letter Naming Fluency (LNF)
- Letter Word Sounds Fluency (LWSF)
- Phoneme Segmentation Fluency (PSF)
- Nonsense Word Fluency (NWF)
- Oral Reading Fluency (ORF)

²⁶ See page 32.

Evidence-Based Reading Instruction

Learning to read and write is not a natural process and requires mastery of fundamental language skills. For the majority of students, explicit instruction in reading, spelling, writing, and language must be taught on a continuum for reading to take place. Many students with dyslexia or characteristics of dyslexia can be taught in the general education classroom with skilled teaching. Successful classroom instruction delivered by an informed educator, especially in the early grades, can prevent or at least effectively address and limit the severity of reading and writing problems. Possible reading problems can be identified as early as preschool and kindergarten. Therefore, research evidence shows that with appropriate, intensive instruction, all but the most severe reading disabilities can be improved in the early grades and get students on the road to academic achievement.

A series of studies have substantiated that good teachers, effective teachers, matter much more than the particular program or materials.²⁷ Expertise matters when it comes to effective reading instruction. Exemplary teachers routinely provide reading instruction which is explicit, systematic, multisensory and executed in a gradual release format. The skilled teacher should deliver instruction to dyslexic students in such a manner until skill automaticity is reached.

The International Dyslexia Association (IDA) defines what all teachers of reading need to know and be able to do to teach all students to read proficiently. In the IDA Knowledge and Practice Standards for Teachers of Reading outlines standards for classroom teachers. Please refer to this resource for more detailed information regarding the complex skills surrounding being a skilled, effective teacher of reading.

There is evidence that blending skills develop sooner than analysis skills, and that students can have good blending skills and inadequate reading development. Only when both blending and analysis skills are mastered do we see benefits for reading development.

- David Kilpatrick, Essentials of Assessing, Preventing, and Overcoming Reading Difficulties, 2015

²⁷ Allington & Johnston, 2002; Darling-Hammond, 1999; Pressley, et al, 2001; Taylor, Pearson, Clark & Walpole, 2000

Theoretical Models of Reading

“Teaching reading is rocket science.”

- Louisa Moats

Teaching a student to read requires more than knowledge of what to teach. According to Holly Lane of the University of Florida, “Effective teachers understand how to identify their students’ instructional needs, select appropriate materials, organize instruction to maximize learning, and differentiate instruction to meet individual needs.” (2014, p.25)

As teachers and reading specialists design literacy instruction to meet the needs of students with dyslexia or characteristics of dyslexia, it will be important for key implications documented by researchers to be recognized and woven into the district or school level intervention plans. Structured literacy interventions can assist teachers in using evidence when evaluating programs and teacher training for implementation.

The National Reading Panel (2000) emphasized that phonemic awareness and phonics (decoding) should be included in all reading instruction that focuses on language comprehension such as vocabulary, fluency, and reading and/or listening comprehension so that a complete reading program is created.

Gough and Tunmer, 1986, and Hoover and Gough, 1990, described reading as the product of word recognition (decoding) and language comprehension. They add that these components work together in an interdependent balance and that when there is a disconnection between these components, reading failure can occur. This model is referred to as the **Simple View of Reading**:

$$\text{Decoding} \times \text{Language Comprehension} = \text{Reading Comprehension}$$

Hollis Scarborough, a leading researcher in literacy, expands the Simple View of Reading and communicates that reading is a multifaceted skill that is gradually acquired through years of instruction and practice (see image below). Scarborough’s Reading Rope, illustrates how the many skills that are required to comprehend texts are intertwined and become more complex. The strands weave together over many years and enable a student to become a skilled reader.

THE MANY STRANDS THAT ARE WOVEN INTO SKILLED READING

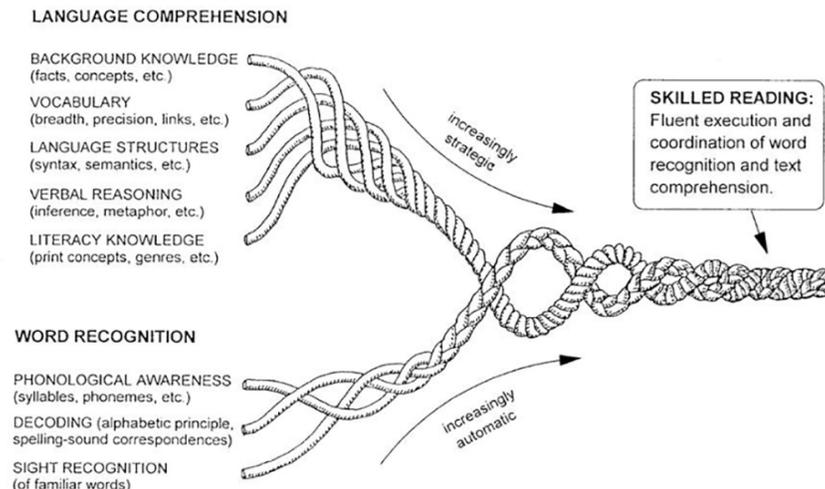


Image Source: Scarborough, 2001

The Structured Literacy Framework

Structured Literacy Instruction

Principles

All students can benefit from evidence-based core reading instruction. When all students receive this evidence-based reading instruction, success in reading is more likely. This type of instruction, also called multisensory structured literacy, when provided with sufficient corrective feedback, will result in the highest level of reading achievement.²⁸

For students who have not benefited from evidenced based core reading instruction, providing intervention by a skilled teacher using direct, systematic and sequential instruction, focused on the structure of language will enable students who struggle to read, students with dyslexia and students with characteristics of dyslexia to make significant progress in reading.

Some popularly used reading approaches, such as guided reading or balanced literacy, are not in and of themselves, sufficient for students with dyslexia, characteristics of dyslexia, or struggling readers. These approaches do not provide sufficient or appropriate instruction in decoding and the essentials of the structure of the English language.²⁹

Structured literacy is instruction that is:

- Explicit
- Systematic
- Cumulative
- Multisensory

²⁸ Moats, 1994, 2004.

²⁹ For more information see Effective Reading Instruction for Students with Dyslexia. (2020, March 31), from <https://dyslexiaida.org/effective-reading-instruction-for-students-with-dyslexia/>

This type of intervention emphasizes the structure of language including the speech sound system (phonology), sound/symbol association, the writing system (orthography), the structure of sentences (syntax), the meaningful parts of word (morphology), the relationships among words (semantics), and the organization of spoken and written discourse. Multisensory instructional strategies involve simultaneous use of visual, auditory, tactile-kinesthetic sensory systems and/or articulatory motor components while linking, listening, speaking, reading and writing.

For students with dyslexia, characteristics of dyslexia or for struggling readers, instruction in structured literacy plays an essential role to develop the skills needed to be a successful reader.

Explicit Instruction

The skilled, effective reading teacher will deliver instruction in an explicit manner. Teaching using explicit instruction required that new skills are clearly modeled or demonstrated. New concepts should be presented with examples and non-examples such that students are not inferring what is to be learned. The process of modeling the new skill is repeated until such time that the student(s) can apply the skill independently.³⁰ As the student is demonstrating mastery of the new skill, the teacher provides corrective feedback.

Systematic and Cumulative Instruction

Systematic and cumulative instruction requires that the sequence of instruction begin with the simplest concepts (concepts that the student does not know) and progress to more difficult concepts. An example of a sequence for instruction is shown in the Sample Scope and

Sequence Chart in Appendix D of this handbook. When teaching students with reading difficulties or dyslexia a carefully planned sequence for instruction is considered systematic. The goal of systematic instruction is to maximize outcomes for students learning new material based on the students' levels of background knowledge, level of complexity, and should be designed prior to lessons being taught.³¹

Multisensory Instruction

“Teaching is done using all learning pathways in the brain (visual, auditory, kinesthetic, tactile) simultaneously in order to enhance memory and learning.”³² When learning to read, a student will use many senses; visual feedback to learn letters and words on a page, auditory feedback to learn sounds of language (phonemes), Kinesthetic movement and tactile feedback to anchor learning in working memory, and speaking, to feel the movements in the mouth as sounds are said, to learn the sounds of our language. Teaching using a multisensory approach means to engage more than one sense at a time. Every lesson taught using this approach won't use all of a child's senses. Most multisensory lessons engage students in material in more than one way.

Automaticity

Skilled teachers will instruct students until a new skill becomes automatic. Automaticity refers to the ability to produce reading skills without occupying working memory as a result of repetition and practice. When a skill becomes automatic (direct access without conscious awareness), it is performed quickly in an efficient manner.³³ In order for teachers to determine if automaticity has been reached, diagnostic testing and continual monitoring of skill mastery is required.

30 Mather & Wendling, 2012

31 The New Jersey Dyslexia Handbook, 2017

32 Birsh, 2018. p. 26

33 Berninger & Wolf, 2009.

Structured Literacy Instruction Elements

Phonological Awareness

Phonological Awareness is the understanding of internal linguistic structure of words (onset and rime, syllables, phonemes). An important aspect of phonological awareness is the ability to segment words into their component phonemes. A phoneme is the smallest unit of sound in a given language that can be discriminated as being distinct from other sounds. For example, in the word ship, the sounds /sh/ /i/ /p/ are the three phonemes that make up the written word, ship. The importance of recognizing phonological awareness as a foundation for decoding cannot be overemphasized. Students who exhibit difficulty in acquiring phonemic awareness skills typically will experience difficulty learning the alphabetic principle.

“The level of phonemic awareness that children possess when first beginning reading instruction and their knowledge of letters are the two best predictors of how well they will learn to read during the first two years of formal reading instruction.”

- National Reading Panel Report, 2000

Sound-Symbol Association

Sound-Symbol Association is the ability to associate letter or letter combinations with their sounds. In reading, students must read/say the correct sound when they see the letter in which it is associated. Additionally, students must be able to blend sounds into words for reading. In spelling, students must spell/write the correct letter for which they hear the sound. Next, students must segment the sounds in words and write the associated letter(s) in order to spell words. There are 44 (sounds) phonemes in the English language represented by letters or combinations of letters (graphemes) of the 26 letters of the English alphabet. The table below gives a few examples of sound-symbol associations for consonants in English.

“Weakness in phonemic awareness characterizes children with reading problems across a span of general verbal ability. Their primary problem in learning to read involves learning to translate between printed and oral language.”

- Torgesen, 2002

Phoneme (sound)	/b/	/g/	/m/	/k/	/ch/
Grapheme (Letter representation)	b, bb	g, gg, gh	m, mm	c, cc, k, lk, q	ch, t

Syllable instruction

Syllable instruction is breaking down words into parts (syllables) with one vowel sound or pattern. There are six syllable types in the English language as listed below:

SYLLABLE TYPE	EXAMPLE
Closed (CVC)	bat, trip, mash, crust, bend
Vowel-consonant-e (VCe)	ripe, gate, stripe, mope
Open (VC)	hi, be, no, she
Consonant-le	table, circle, beetle, eagle
Vowel-r	yard, germ, dirt, turn
Vowel digraphs/ diphthongs	trout, noise, joy, oil

Orthography

Orthography refers to the written spelling patterns and rules in a language. For example, the sound /j/ immediately following a short vowel in a one syllable word is spelled with -dge. Students must be taught the regular and irregular orthographic patterns of a language in an explicit and systematic manner. Orthography instruction should be integrated with phonology, sound-symbol knowledge, and morphology.

Morphology

Morphology is the set of rules that govern how morphemes (base words, prefixes, roots, and suffixes) can be combined to form words. A morpheme is the smallest unit of meaning in a language. Learning frequently used morphemes in a systematic manner to automaticity not only helps spelling but also provides students with strategies for decoding.

“Even the most obscure and complicated appearing words can be broken down into more manageable units and deciphered if the reader is aware of their derivation or roots.”

-Shaywitz, 2006

Syntax

Syntax is the set of rules that govern the sequence and function of words in a sentence in order to convey meaning. Syntax is the proper order of words in a sentence or phrase and is a tool used in writing proper grammatical sentences. Some examples of syntax, or grammar, could be; parts of speech, rules for correct word order, sentence length, sentence types, and sentence constructions.

Vocabulary

Vocabulary is the knowledge of words and their meanings in oral language and in print. Vocabulary can be receptive (understanding) and expressive (productive). Vocabulary knowledge plays a significant role in comprehension. Explicit vocabulary instruction is critical for struggling readers and students with dyslexia.

Reading comprehension

Reading comprehension is the process of extracting and constructing meaning through the interaction of the reader with the text to be comprehended and the specific purpose for reading. The reader’s skill in reading comprehension depends upon the development of accurate and fluent word recognition, oral language development, background knowledge, use of appropriate strategies and motivation.

Reading fluency

Reading fluency “is the ability to read text with sufficient speed and accuracy to support comprehension” (Moats & Dakin, 2008, p.52). Fluency also has the component of prosody, which is the pitch, tone, volume, emphasis and rhythm in speech and oral reading.

Reading Intervention Recommendations

Even with the best core reading instruction, there are still some students, including those with the characteristics of dyslexia, who will require additional support to learn to read proficiently. In Kansas, maintaining a tiered system of support is part of the accreditation process. In addition to receiving high-quality core instruction (Tier 1) that includes a structured literacy program, some students will need to be provided additional Tier 2 or even Tier 3 intervention instruction. This additional intervention instruction occurs in small groups three to five times per week for 30-60 minutes per day, depending on the building schedule, age of the student, and intensity of student need.

While teaching in an intervention setting, the instruction provided to the struggling reader should have the following evidence-based practices for effectiveness:

- Fidelity to instructional protocols of programming.
- Explicit and direct instruction.
- Scaffolded instruction which includes a gradual release of responsibility (I do, we do, you do).
- Frequent opportunities to respond.
- Sufficient questioning and check for understanding.
- Frequent opportunities for skill practice.

Intervention instruction should match the individual student's reading deficits and additional informal diagnostic tools may sometimes be used to determine where, within the reading continuum the student continues to struggle. These groups receive a carefully selected evidence-based curriculum designed to address the specific skill deficits and progress is monitored to determine if and how the student is responding to the intervention.

Reading intervention at the secondary level begins with common instructional strategies across content areas for ALL students. When an adolescent demonstrates below benchmark comprehension skills, the problem-solving team administers an oral reading fluency probe to determine if the student's issues are at the word reading level (inaccuracy and/or dysfluency) or if the issue exists primarily in the areas of vocabulary and comprehension. . Secondary students who are struggling readers or at risk for dyslexia require instruction with a focus on parallel tracks: they need instruction to close the gap with their reading deficits and scaffolding and differentiation for access to their core content classes.

Progress Monitoring

“Ninety percent of children with reading difficulties will achieve grade-level reading if they receive help by the first grade. Seventy-five percent of children whose help is delayed to age nine or later continue to struggle throughout their school careers.”

-Vellutino, et al, 1996

All accredited schools in Kansas should continue to monitor students for common risk factors of dyslexia. Screening three times per year provides that first level of progress monitoring. However, students who are receiving Tier 2 or Tier 3 supports need to receive more frequent progress monitoring. Evidence and research strongly suggest districts use the same assessment system to progress monitor as they use for screening.

Ongoing progress monitoring allows educators to assess student academic performance in order to evaluate student response to evidence-based instruction. Progress can be monitored weekly, but no less than one time per month. Progress monitoring probes can be general outcome measures, such as those used for universal screening, or skills-based measures that focus on a specific set of skills that will be taught in the intervention setting.

KSDE recommends progress monitoring measures for grades kindergarten through 12th grade as referenced in the table below:

Grade	Possible Progress Monitoring Measures
Kindergarten	<ul style="list-style-type: none"> • Phoneme Segmentation • Letter Sound Fluency
Grade 1	<ul style="list-style-type: none"> • Letter Sound Fluency (real-word reading) • Nonsense Word Fluency • Oral Reading Fluency (connected text)
Grades 2 - 12	<ul style="list-style-type: none"> • Oral Reading Fluency (connected text)

Once sufficient data has been gathered, grade level teams should be able to evaluate whether the student is not only making progress, but whether they are making enough progress to close the gap in achievement with peers. Those progress monitoring data points should be evaluated on a graph. Most assessment systems provide that graph as progress monitoring data is entered and will begin to generate a projection or trend line. Generally, trend lines fall into three categories: inconsistent data, making progress or not making progress.

If the data is wildly inconsistent, the team may want to consider the validity of the data, as well as giving the intervention a little more time so a trend line can be established.

Students who are making good progress with an intervention are a cause for celebration! Closing the gap for a student’s reading is a change in that child’s trajectory.

Some general considerations when the trend line is showing good progress might be:

- How close is this student's progress to the next benchmark goal?
- Should the intervention continue or should the student be moved to a group targeting the next skill need for this student?
- Could this successful intervention be duplicated with other students showing similar needs?
- Could this student exit from intervention? How will we ensure the growth made is sustained?

Some students will show progress, but not enough to close the achievement gap with peers. Often a small adjustment in the intervention instructional practices is enough to see the progress monitoring slope take a more positive turn.

Some general considerations when the trend line is showing some, but not enough, progress might be:

- How is the student's attendance? Have there been interruptions in this intervention? (teacher absence, intervention cancelled for other activities, etc.)
- How consistent has instruction been? Has the intervention curriculum been used as designed?
- Are we monitoring the correct skill? (Students with word-level reading difficulties are often inaccurate readers - progress monitoring should focus on increasing accuracy before

increasing rate).

- Is the pace of instruction too slow? How many opportunities to respond is this student getting?
- How does this student's performance compare to other members of the same intervention group?

For some students, we may see virtually no progress or response to the intervention and their trend line appears almost flat and the achievement gap is widening with peers. These students require deeper problem-solving and customization of the intervention.

- Some general considerations for these students could include (in addition to those outlined above):
- Is the goal for this student appropriate?
- Have we given the intervention enough time to have an impact?
- What will it take to enable learning for this student?
- Does this student have some unique needs we have not considered?

Even with adjustments or customizations, there may still be students who are not responding to the interventions provided. If regular progress monitoring reflects a persistent difficulty with fluent word recognition, accurate decoding, and/or reading comprehension, it may be appropriate to evaluate for dyslexia. Educators should be aware that a student may have reached middle school or high school without ever being screened, evaluated or identified.

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DYSLEXIA HANDBOOK

Appendices

APPENDIX A

Information for Parents and Families

If you suspect your child may have dyslexia, trust yourself. You know your child better than anyone. Here are some tips and steps from the American Brain Society that you can take to find out.

<https://americanbrainsociety.org/suspect-your-child-has-dyslexia-heres-what-to-do-next/>

1. Educate yourself using trustworthy references.
2. Early intervention - Dyslexia is not something your child will naturally outgrow. The earlier the interventions are started, the more impact they will have.
3. Work closely with your child's school - In the United States, schools have a legal obligation to create an action plan to help children with dyslexia and other learning challenges.
4. Be an advocate for your child. Stay informed, ask questions, tap into resources and know your child's rights.
5. Keep learning fun. Find ways to make reading enjoyable.
6. Be supportive and patient. Your child looks to you for comfort, love and encouragement.
7. Focus on the bright side. Many successful and famous people are dyslexic.
8. Seek support from other parents and caregivers.
9. Find other ways for your child to shine. Get your child engaged in art, music, sports or hobbies where your child can develop confidence.

Having a child who is struggling to learn to read can be confusing, and if a child is identified as having dyslexia, it can feel overwhelming. Rest assured, you are not alone and with the right instruction, almost all people with dyslexia can learn to read. It doesn't have to stop your child from reaching their full potential.

Resources

The resources listed below may provide parents and families with more information:

- [The International Dyslexia Association](#) has multiple Fact Sheets, many of which are translated into Spanish.³⁴
- [Why are Dyslexia Screeners Important? from the Kansas Parent Information Resource Center](#)³⁵
- [Parents Guide to Dyslexia](#) from [Childmind.org](#)³⁶
- [The Yale Center for Dyslexia and Creativity](#)³⁷

³⁴ <https://dyslexiaida.org/fact-sheets/>

³⁵ https://drive.google.com/file/d/1XG4LAZi7TkPYmEUF4acGRMI_V9dvLzGj/view

³⁶ <https://childmind.org/guide/parents-guide-to-dyslexia/>

³⁷ <http://dyslexia.yale.edu/resources/parents/>

APPENDIX B

Screening Information for Students with Reading Difficulties

(INCLUDING DYSLEXIA)

The recommendations from the Kansas State Board of Education and the Dyslexia Task Force include the universal screening of students for potential reading difficulties including, but not limited to, characteristics of dyslexia. These recommendations may leave a district with some questions. It is the intent of this quick reference tool to provide further information and guidance around these new recommendations.

Why Screen?

Screeners have been used for years in the medical field as a way to rapidly identify potential risk. When a doctor's office takes blood pressure, temperature and weight, this information does not tell the physician WHAT is wrong, but is a quick way to determine what potential health concerns MAY exist. None of us would want our caregivers to administer long, detailed, and sometimes painful assessments every time we walk through their door. Good physicians administer just enough assessment to determine potential health concerns and the best course of treatment to begin.

Likewise, universal screening of students for potential reading difficulties including, but not limited to characteristics of dyslexia, allows schools to identify these students early and intervene quickly. We know that early intervention is our best response to characteristics of dyslexia, so identifying essential skills will allow schools to quickly and efficiently identify needs to respond instructionally.

What is the difference between a Universal Screener and other assessments we give in our district?

While state assessments and other achievement measures look at summative growth, screeners are designed to be quick assessments that are easy to administer and formative in nature. In other words, they should provide a teacher with practical information that allows for rapid response in the form of instructional adjustments.

A good universal screener should be available in multiple forms so progress monitoring can occur to determine if those instructional adjustments are closing the gap for each student. A rubric outlining the other important components of a strong universal screener, along with a list of assessments currently being used in Kansas schools that fit those requirements, is available in a document on the KSDE website titled "Dyslexia Screening Rubric."

Does this mean that students who are identified by the screener are dyslexic and need special education services?

The short answer is no. Just like high blood pressure signals potential for health concerns, a student who the screener identifies as below benchmark is potentially at risk for not developing as a proficient reader. The screening data allows a school to respond immediately with evidence-based interventions that address reading deficits, with or without an official diagnosis, and regardless of whether the student has been identified as an exceptional learner.

We've given the screener to students. Now what?

The flowchart on the following page gives a visual pathway for schools to use the universal screening data and respond appropriately for each student based on the results of their screening assessment. Students who score within the benchmark range are considered on track for continuing to develop as proficient readers. Students who score below benchmark, however, are demonstrating a need for some sort of skill-based intervention. In some cases, additional informal diagnostics - for example, but not limited to, a Quick Phonics Screener (QPS) or a Phonological Awareness Skills Test (PAST) - may be needed to determine what specialized instruction a particular student may need. When assessment data is used to make instructional decisions, there needs to be a high degree of reliability in the measurement. Teacher-created instruments do not qualify as an informal assessment instrument that is valid and reliable.

Screeners are simply part of the general education intervention (GEI) process and districts will want to identify this when asked about their GEI system. As always, districts are tasked through Child Find to refer any student for an evaluation should they suspect an exceptionality.

Where can I go for more information about selecting and/or using a screener effectively?

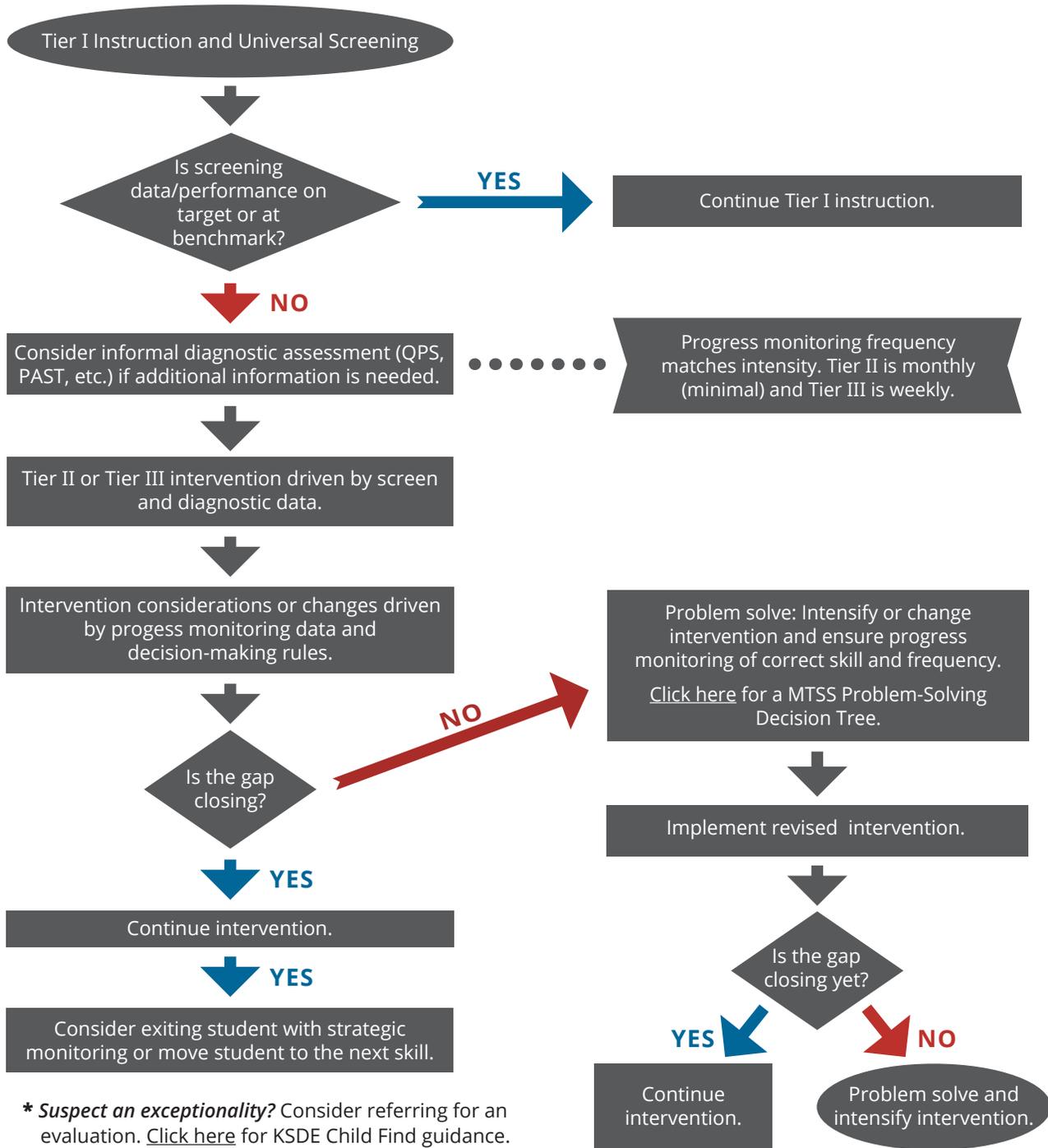
The Kansas Department of Education has released several documents that can be helpful. In addition, KSDE staff members are just an email away. Districts should contact

Cindy Hadicke
Elementary Education Program Consultant
Career, Standards and Assessment Services
(785) 296-2749
chadicke@ksde.org

The Technical Assistance System Network (TASN) is another great resource for schools. Specific questions can be posted by pushing the "Request Assistance" blue button found at <https://www.ksdetasn.org>.

The Kansas MTSS project can help your school build a framework to systematically respond to screening data, provide evidence-based interventions and measure the effectiveness of all three tiers of support. More information on this project and contact information can be found at <https://www.ksdetasn.org/mtss>

Screening Flowchart



Resources:

- MTSS Problem-Solving Decision Tree, <https://drive.google.com/file/d/1bdzS0Cnbu4hvFZvzxbENwFkfebZV3jH8/view>
- KSDE Child Find guidance, <https://www.ksde.org/Portals/0/SES/PH/PH-Ch02.pdf>

APPENDIX C

Screening Tool Rubric

Overview

The path to leading the world in the success of each student depends on the ability to read at grade level. When students enter kindergarten, teachers should be keenly aware of each child's oral language ability and ability to learn the written language of English.

Dyslexia is defined as “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 the growth of vocabulary and background knowledge.”

- International Dyslexia Association, 2002

In accordance with the Kansas State Board of Education vote in November 2019, all schools must screen students for dyslexia or characteristics of dyslexia. Common characteristics around reading that some children may display include: segmenting, blending, and manipulating sounds, learning names of letters and their associated sounds, holding information about sounds and words in memory, rapidly recalling the names of letters of the alphabet. All of these characteristics impede a student's ability to comprehend written text at grade level.

The early identification of individuals with characteristics of dyslexia will have a significant impact on their future academic success. Therefore, it is imperative that we catch them before they fail through the screening process.

KSDE has developed this rubric to help schools adhere to the recommendations set forth by the State Board of Education. This completed rubric shall be published and used in accountability measures in KESA and for EOYA reporting.

Screening tools must be reliable and valid to identify students at risk of reading difficulties. Reliable screeners refer to the consistency with which a tool classifies from one administration to the next. A tool is considered reliable if it produces the same results when administering the test under different conditions, at different times, or using different forms of the test. Validity is a measure of how well a given scale measures what it actually intends to measure, leaving nothing out and including nothing extra. In the case of reading screeners, it is validity that indicates how completely and accurately the assessment captures the reading performance of all students who take it.

Rubric

Description	Yes	No
All students in kindergarten were screened in Letter Naming Frequency.		
• Fall (F), Winter (W), Spring (S)	<input type="checkbox"/>	<input type="checkbox"/>
All students in grades K-1 were screened in Letter Word Sounds.		
• Kindergarten: F, W, S	<input type="checkbox"/>	<input type="checkbox"/>
• Grade 1: F	<input type="checkbox"/>	<input type="checkbox"/>
All students in grades K-1 were screened in Phoneme Segmentation Fluency.		
• Kindergarten: W, S	<input type="checkbox"/>	<input type="checkbox"/>
• Grade 1: F, W, S	<input type="checkbox"/>	<input type="checkbox"/>
All students in grades K-2* were screened in Nonsense Word.		
• Kindergarten: S	<input type="checkbox"/>	<input type="checkbox"/>
• Grade 1: F, W, S	<input type="checkbox"/>	<input type="checkbox"/>
• Grade 2: F*	<input type="checkbox"/>	<input type="checkbox"/>
All students in grades 1-5 were screened in Oral Reading Fluency.		
• Grade 1: W, S	<input type="checkbox"/>	<input type="checkbox"/>
• Grades 2 - 5: F, W, S	<input type="checkbox"/>	<input type="checkbox"/>
All students in grades 6-12 not reading at benchmark on a nationally normed reading comprehension assessment were screened using an Oral Reading Fluency assessment.		
Was the screener reliable?	<input type="checkbox"/>	<input type="checkbox"/>
*NWF see Appendix A		

The screening programs listed are not **required or recommended screeners** for dyslexia by KSDE. The screeners listed below are what most schools in Kansas use. Your system may select any screener, as long as it screens for the items in the table to the left.

School name	Screener name	Sub-test used

* NWF see [page 35](#) for more information.

Subtest Skills Defined

SUBTEST SKILLS	DEFINITION
Letter Naming Fluency (LNF)	<p>A one-minute timed assessment to screen the student's ability to name the letter on a page, both upper and lower case, in random order. Letter naming fluency identifies a student at possible risk of reading difficulties. This measure is highly predictive of reading success through grade 1. The screener your school chooses must:</p> <ul style="list-style-type: none"> • Screen for the above skills. • Use valid and reliable measures. • Allow for intervention and progress monitoring of letter naming skill. <p>If the screener being used meets the above requirements, then it is considered approved for LNF.</p>
Letter Word Sounds Fluency (LWSF)	<p>A one-minute timed assessment to screen the student's ability to make letter sounds, make the sounds of two-letter combinations, and read aloud consonant-vowel-consonant (CVC) words. This task is similar to the general developmental progression from letter-sound correspondence to oral word reading. Letter word sounds fluency can also measure the level of automaticity of the skills named above. The screener your school chooses must:</p> <ul style="list-style-type: none"> • Screen for the above skills. • Use valid and reliable measures. • Allow for intervention and progress monitoring of letter word sound skills. <p>If the screener being used meets the above requirements, then it is considered approved for LWSF.</p>
Phoneme Segmentation Fluency (PSF)	<p>A one-minute timed assessment that assesses the student's ability to segment three-and four-phoneme words into their individual phonemes fluently. The PSF measure is an excellent predictor of later reading achievement. The PSF task is administered by the examiner orally presenting words of three or four phonemes and then the student verbally produces the individual phonemes in each word. For example, if the examiner says "cat" and the student says "/k/ /a/ /t/", he or she segmented the word correctly. The screener your school chooses must:</p> <ul style="list-style-type: none"> • Screen for the above skills. • Use valid and reliable measures. • Allow for intervention and progress monitoring of phoneme segmentation skills. <p>If the screener being used meets the above requirements, then it is considered approved for PSF.</p>

SUBTEST SKILLS	DEFINITION
Nonsense Word Fluency (NWF)	<p>A one-minute timed assessment that assesses the student's ability to utilize the alphabetic principle. The alphabetic principle is the ability to associate sounds with letters and use these sounds to form words; therefore, the alphabetic principle is a prerequisite to word identification. It has two parts: alphabetic understanding and phonological blending. In alphabetic understanding, letters represent sounds in words. In phonological blending, letter sounds can be blended together; and knowledge of the systematic relationships between letters and phonemes can be used to read/decode words. The screener your school chooses must:</p> <ul style="list-style-type: none"> • Screen for the above skills. • Use valid and reliable measures. • Allow for intervention and progress monitoring of nonsense word fluency. <p>If the screener being used meets the above requirements, then it is considered approved for NWF.</p> <p>* If the screener your system uses does not have a valid and reliable screening tool for NWF in second grade, then follow this procedure. After giving the ORF, those students not reaching benchmark with ORF (according to your testing system) should be given the NWF. Systems would need to use the Spring 1st Grade NWF screener to those students needing further screening.</p>
Oral Reading Fluency (ORF)	<p>A one-minute timed assessment that assesses accuracy and fluency with connected text. The ability to effortlessly translate letters to sounds and sounds to words is the hallmark of reading with automaticity. The fluent reader is one whose decoding processes are automatic, requiring no conscious attention to the details of words in the text. Such capacity then enables readers to allocate their attention to the comprehension and meaning of text. The screener your school chooses must:</p> <ul style="list-style-type: none"> • Screen for the above skills. • Use valid and reliable measures. • Allow for intervention and progress monitoring of oral reading fluency. <p>If the screener being used meets the above requirements, then it is considered approved for ORF.</p>

Critical Screening Elements

* Screening products listed are those approved entirely by school districts. **KSDE plays no part in advising or approving local assessments.** The products are listed here merely as courtesy examples of assessments used. This list is not complete or exhaustive.

Screening component:	Grade levels to be screened:	Other subtests that may measure this:	Products approved by school districts.*
Letter Naming Fluency (LNF)	Kindergarten: Fall (F), Winter (W), Spring (S)		<ul style="list-style-type: none"> • DIBELS 8th Ed. • FASTBridge • AIMS+ • easyCBM • Acadience • StarCBM
Letter Word Sound Fluency (LWSF)	Kindergarten and Fall 1st Grade <ul style="list-style-type: none"> • Kindergarten: F, W, S • 1st grade: F 	<ul style="list-style-type: none"> • Letter Sound Fluency • Word Reading Fluency • Sight Word Fluency • First Sound Fluency 	<ul style="list-style-type: none"> • DIBELS 8th Ed. (NWF, WRF) • Acadience (NWF) • FASTBridge (LS, WS, SW, NW) • AIMS+ (LWSF, NWF) • easyCBM (LS, WRF) • StarCBM
Phoneme Segmentation Fluency (PSF)	Kindergarten First Grade <ul style="list-style-type: none"> • Kindergarten: W, S • Grade 1: F, W, S 	<ul style="list-style-type: none"> • Word segmenting • Phoneme segmentation 	<ul style="list-style-type: none"> • DIBELS 8th Ed. • Acadience • FASTBridge • AIMS+ • easyCBM • StarCBM
Nonsense Word Fluency (NWF)	Grades K-2. <ul style="list-style-type: none"> • Kindergarten: S • Grade 1: F, W, S • Grade 2: F* 		<ul style="list-style-type: none"> • DIBELS 8th Ed. • Acadience • FASTBridge • AIMS+ • StarCBM
Oral Reading Fluency (ORF)	Grades 1-5 <ul style="list-style-type: none"> • Grade 1: W, S • Grades 2-5: F, W, S 	<ul style="list-style-type: none"> • cbmReading • Passage Reading Fluency 	<ul style="list-style-type: none"> • DIBELS 8th Ed. (1st-8th) • Acadience (Winter 1st-9th) • FASTBridge (1st-12th) • AIMS+ (1st-12th) • easyCBM (1st-6th) • StarCBM
Comprehensive Measure (Kansas MTSS recommendation)	Grades 6-12, used as a "gate" to determine if ORF should be given to students demonstrating risk in grades 6-12.	<ul style="list-style-type: none"> • aReading • Maze • Dave • Reading Comprehension • Multiple Choice Reading comprehension 	<ul style="list-style-type: none"> • DIBELS 8th Ed. (2nd-8th) • Acadience (3rd-9th) • AIMS+ (2nd-12th) • FASTBridge (1st-12th) • easyCBM (2nd-6th) • STAR Reading (9th-12th) • NWEA Map (9th-12th)

* NWF see [page 35](#) for more information regarding 2nd grade.

For the most up-to-date information, please refer to the [KSDE Dyslexia webpage](#).³⁸

38 <https://www.ksde.org/Agency/Division-of-Learning-Services/Career-Standards-and-Assessment-Services/Content-Area-A-E/Dyslexia>

APPENDIX D

Sample Scope and Sequence of Phonogram Instruction

* Structured literacy instruction is systematic and cumulative. This is a sample document and should be considered an illustration of possible skill sequence. This is not a comprehensive sample.

Beginning Level

- a /ă/, b, c, f, h, i /ī/, j, k, m, p, t
- g, o /ō/, r, l, n, u /ū/, e /ĕ/, s, d, w, y (consonant), v, x, z, q, th, sh, ch, wh
- Ending Rimes -all, -ing, -ong, -ang, -ung, -ang, -ink, -ank, -onk, -unk
- Suffixes -s /s/ /z/, -ed /d/ /t/ /ed/
- Floss Letters -ff, ll, ss, zz
- Concepts - blending, digraph, short and long vowel sounds, trigraph
- Vowel teams - ai, ay, ee, ea, oi, oy, oo, ow, ie, ou, y (vowel)
- Syllable types closed (one and two syllable words), open, and vowel-consonant-e

Middle Level

- r-controlled vowels - ar, or, ir, er, ur
- Suffixes -es, -er, -est, -ly, -y, -ful, -less, -en, -ment
- Prefixes un-, dis-, mis-, in-, non-, pre-, re-
- Concepts - diphthong, compound word, base word, tense (present, past), singular, plural, contraction
- Syllable types - r-controlled, vowel teams
- Intermediate Level
- Vowel teams - ea /ē/ and /ā/, oe, igh, ew, au, aw, ue, ou, eu, hard and soft c and g
- Suffixes -able, -ive, -ion
- Prefixes anti-, con-, de-, ex-, inter-, per-, pre-, pro-, semi-, sub-, super-

- Latin Roots - cept, dict, duct, fort, ject, port, rupt, sists, spect, vert, flex, fic, fin, gen, mit, pos, plic, scribe, vis
- Syllable types consonant -le

Advanced Level

- Vowel sounds - ei, eigh, ey, schwa
- Silent letters -wr (wreck), kn (knee), gn (gnat), mb (lamb), gh (ghost), stle (castle), ps, pn, alk, ough, augh
- Suffixes - -lure, -ous, -al, -ic, -ure, -age, -an, -able, -ible, -ate, -ite, -ine, -ology
- Prefixes - uni-, bi-, micro-, sy-, hyper, hydro-, tele-, phone-, auto-

DYSLEXIA HANDBOOK

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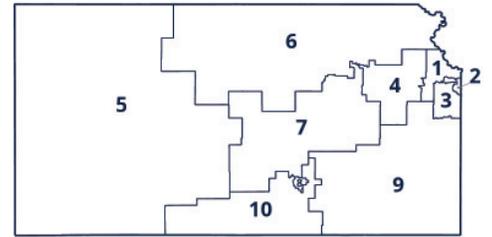


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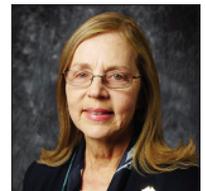
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amah@ksde.org

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jclifford@ksde.org

LEGISLATIVE LIAISON
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dhorst@ksde.org

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