



OREGON  
DEPARTMENT OF  
EDUCATION

Colt Gill, Director of the Oregon Department of Education

# **Senate Bill 1003: Best Practices for Screening Students for Risk Factors of Dyslexia and Providing Instructional Support**

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## Executive Summary

The Oregon Department of Education's goal is for all students to graduate from high school ready for college, career, and civic life. Learning to read plays a critical role in students' success in school and in life beyond. Students with dyslexia, who have weak word recognition skills in spite of strong language comprehension, may experience significant reading challenges if not provided with early evidence-based intervention. It is estimated that up to 15-20% of the population as a whole may exhibit symptoms of dyslexia.

Senate Bill 1003 directed the Department to submit a [report](#) to the legislature about best practices for screening students for risk factors of dyslexia and providing instructional support for students who show risk for or who are identified as having dyslexia. The following report identifies five best practices:

1. Districts screen for early identification of students at risk for reading difficulties, including dyslexia in kindergarten and provide early intervention to prevent reading difficulties from developing.
2. Districts continue universally screening for reading difficulties in grades 1-5 with targeted screening occurring at the secondary level.
3. Districts use universal screening as the first step in an iterative process that incorporates ongoing assessment and monitoring to provide increasing levels of support to students at risk for reading difficulties, including dyslexia.
4. Districts provide evidence-based, explicit, systematic reading instruction across all tiers of instructional support.
5. Districts ensure that qualified individuals provide appropriate instruction across multiple tiers of support.

It is not necessary to create a separate system of screening and support to serve students who are at risk for dyslexia. Districts can best meet the needs of **all students** at risk for reading difficulties regardless of the cause through implementing a comprehensive system of tiered support that provides appropriate instruction by qualified individuals. The best practices identified in this report will provide Oregon districts with a comprehensive support model that begins with screening for risk factors of reading difficulties in kindergarten and continues across the grade levels.

Members of the legislature can obtain a copy of this report by contacting [Jessica Ventura](#), the Department's Legislative Director, to request a paper or electronic version.

# Senate Bill 1003: Best Practices for Screening Students for Risk Factors of Dyslexia and Providing Instructional Support

## Background:

Senate Bill (SB) 1003, enacted in July of 2017, directed the Department of Education to submit a report to the legislature about best practices for screening students for risk factors of dyslexia and providing instructional support for students who show risk for or who are identified as having dyslexia. This legislation also requires that one K-5 teacher in each K-5 school complete dyslexia-related training and that districts begin universal screening for risk factors of dyslexia in kindergarten of the 2018/19 school year. The intent of this report is to provide a more comprehensive model for universal screening and instructional support that begins in kindergarten and continues across the grade span (K-12). As per SB 1003, the report also includes recommendations for future legislation.

A new dyslexia advisory council representing a broad range of stakeholders from across the state was formed in the winter of 2017 and met regularly in the 2017/18 school year to discuss issues related to dyslexia screening and instructional support. Work groups consisting of a subset of council members met over the summer to focus specifically on developing the content of the report. Carrie Thomas Beck, Dyslexia Specialist from the Department, reached out to experts in the field for input on report development as well as representatives from the National Center on Intensive Intervention (NCII) for additional guidance. A draft of the full report was shared with all council members as well as cross-office colleagues and the management team from the Department in August of 2018 to solicit additional feedback. The input from the council and cross-office colleagues at the Department, along with guidance from experts in the field, led to the development of the model for screening and instructional support outlined in this report.

## Recommendations:

### Introduction

The Oregon Department of Education's goal is for all students to graduate from high school ready for college, career, and civic life. To reach that goal, the Department has developed a strategic plan that focuses on supporting students throughout their Pre K through grade 12 journey. The plan begins with an emphasis on ensuring that all students enter school ready to learn and focuses on creating systems of support so that all students are on track to meet expected grade-level outcomes through a well-rounded education.

Oregon’s Equity Lens sets the direction of the Department to identify and end disparities in opportunities and achievement for all students, with an emphasis on students who identify with a protected class and/or have been historically and currently marginalized ([Oregon Equity Lens](#)). Disproportionality observed in achievement and graduation outcomes for students in Oregon point to the urgency of addressing opportunity and belief gaps through literacy within a comprehensive system of state supports. Through the early and accurate identification of children at risk for reading difficulties within a culturally responsive mindset, educators are better able to design and deliver services that will impact student achievement and lead to diminishing disparities among Oregon students.

Learning to read plays a critical role in students’ success in school and in life beyond. Reading is essential for all academic areas, affecting a child’s whole school experience. Students who experience difficulties with reading in the early grades are prone to develop loss of interest in school along with behavior problems (McGee, Piror, Williams, Smart, & Sanson, 2002; Morgan, Farkas, Tufis, & Sperling, 2008; Tomblin, Zhang, Buckwalter, & Catts, 2000). Significant reading difficulties may result in higher risk for depression for students later in elementary school (Maughan, Rowe, Loeber, & Stouthamer-Loeber, 2003). Moreover, students who are poor readers in third grade are 4 times more likely to become high school dropouts compared to skilled readers (Hernandez, 2012). Adults with low literacy skills have reduced opportunities to find meaningful work with the expectation of a living wage as well as a greater likelihood of poor health, increased vulnerability to substance abuse, under-employment and incarceration (Elliott & Grigorenko, 2014; Hernandez, 2012; West, Denton, & Germino-Hausken, 2000; West, Denton, & Reaney, 2000).

The good news is that research clearly demonstrates that early identification of students at risk for reading difficulties along with evidence-based early intervention can significantly prevent school failure and its lasting negative consequences (Cooper, Moore, Powers, Cleveland, & Greenberg, 2014). The best practices identified in this report will provide Oregon districts with a comprehensive model that begins with screening for risk factors of dyslexia in kindergarten and continues across the grade levels. The model outlines an iterative approach to providing instructional support for those students who show risk factors, monitoring student growth, and intensifying instruction as needed. The success of the model is predicated on evidence-based instruction that is provided across multiple tiers of support by well-trained educators.

### What is Dyslexia?

The *simple view of reading* provides a framework for understanding the reading process and the potential sources of reading difficulties (Gough & Tunmer, 1986). Gough and Tunmer provide a basic mathematical formula to capture the complex process of reading:

Word Recognition X Language Comprehension = Reading for Meaning

Gough and Tunmer (1986) use this framework to organize the different types of reading difficulties. The table below shows how the framework can be used to categorize four different reading profiles.

		Language Comprehension	
		Strong	Weak
Word Recognition	Strong	Typically Developing Reader	Hyperlexic
	Weak	Dyslexic	Mixed Reading Difficulty

A typically developing reader has both strong word recognition skills and strong comprehension of oral language. This leads to strong reading comprehension. In direct contrast are those students who exhibit weaknesses in both areas (i.e., mixed reading difficulty). Hyperlexic students can read words at a level above their oral language comprehension. These students are often referred to as “word callers” who read quickly and accurately, but have difficulty understanding what they just read. The term dyslexic is used to refer to students with strong language comprehension, but weak word recognition (decoding) skills.

Researchers have identified a phonological-core deficit as the source of the problem for students with word-reading difficulty (Kilpatrick, 2018). Kilpatrick identifies the characteristics of the phonological-core deficit as:

- poor phonemic awareness;
- poor phonemic blending;
- poor rapid automatized naming;
- poor phonological working memory; and
- poor nonword reading/letter-sound skills.

The word reading difficulties that characterize dyslexia are neurobiological in origin and result in spite of adequate student effort and learning opportunity. The difficulties are not attributable to deafness, blindness, or a severe intellectual impairment. These difficulties are also not solely the result of learning a second language.

The International Dyslexia Association estimates that up to 15-20% of the population as a whole may exhibit symptoms of dyslexia. While the term dyslexia is included within the

definition of Specific Learning Disability in the Individuals with Disabilities Education Act (Part II 34 CFR Parts 300 and 301), not all of these individuals will qualify for special education services. The population of individuals with dyslexia is heterogeneous. Each child is unique, and the severity of dyslexia varies. The environment plays an important role in determining how severely a child will experience dyslexia. The reading instruction provided to a student early in his/her educational career is one of the most important environmental factors that has an impact on future reading success and potential need for special education services. The International Dyslexia Association, in fact, stresses that the way dyslexia is best treated is through skilled teaching.

In the section that follows, five best practices for screening students for risk factors of dyslexia and providing instructional support for students who show risk are presented.

### BEST PRACTICES FOR SCREENING AND INSTRUCTIONAL SUPPORT

**1. Districts screen for early identification of students at risk for reading difficulties, including dyslexia in kindergarten and provide early intervention to prevent reading difficulties from developing.**

Current legislation in Oregon (SB 1003) requires that districts universally screen for risk factors of dyslexia in kindergarten. In order for early screening to be effective, it must be coupled with early intervention. The excerpt from the Oregon K-12 Literacy Framework below summarizes three empirical findings that support the power of early intervention.

Three Research-Based Reasons That Support Universal Screening for Risk of Reading Difficulties and Instructional Support in the Early Grades
1. Patterns of reading development are established early and are stable over time unless interventions are implemented to increase student progress (Torgesen, 2000; Torgesen, Alexander, Wagner, Rashotte, Voeller & Conway, 2001; Juel, 1988; Shaywitz, Escobar, Shaywitz, Fletcher & Makuch, 1992; Good, Simmons & Kame'enui, 2001).
2. Without intense interventions, struggling readers do not eventually “catch up” to their average performing peers – in fact, the gap between strong and weak readers increases over time (Torgesen, 2000; Torgesen et al., 2001).
3. Reading interventions that begin in grade 3 and extend beyond are likely to be less successful and less cost-effective than interventions that begin in the earlier grades. The later interventions begin, the longer they take to work, the longer they need to be implemented each day, and the less likely they are to produce desired effects (Torgesen, 2000; Torgesen et al., 2001; Stanovich, 1986; Adams, 1990; National Research Council, 1998; Good, Simmons & Kame'enui, 2001).

Researchers who have conducted studies on reading intervention estimate that if strong prevention and intervention approaches were used, the percentage of elementary students reading below a basic level could be reduced from 30-34% to about 5% (Kilpatrick, 2015). The components of early intervention are the same whether the student is at risk due to early environmental factors or because of genetic factors (Kilpatrick, 2018). As noted above, research suggests that a phonological-core deficit is the primary source of difficulty for students who struggle with word level reading.

Students who have difficulty with word-level reading typically perform low on one or more of the components of the phonological-core deficit: poor phonemic awareness, poor phonemic blending, poor rapid automatized naming, poor phonological working memory, poor letter-sound knowledge/poor nonword reading. Some students may perform low on all of them. An understanding of these component skills should help determine what areas to screen for and what elements early intervention should consist of. Screening for rapid naming, for example, is a strong predictor of reading difficulties and can also predict a student's responsiveness to reading intervention. While research does not support providing intervention on rapid naming or working memory to improve reading, teachers can adapt instructional techniques to help address these weaknesses. Early intervention in kindergarten should focus on developing phonemic awareness skills, including how to orally blend sounds into words, teaching letter-sound correspondences and how to use these skills to sound out and read words. These foundational skills are necessary for the development of reading fluency and contribute to reading comprehension.

Intervention provided in Oregon schools should begin no later than the fall of kindergarten, address skill deficiencies as indicated by the universal screening measures, and be presented with sufficient intensity based on student need. For many students, intervention can be provided within the context of the core reading program. Other students may require additional instructional support beyond the core reading as described below. Students who experience difficulties learning to read may also have other needs to address simultaneously – behavior, social-emotional skills, learning the English language, or trauma. The potential range of needs that children present to educators points to the importance of addressing dyslexia as part of a comprehensive continuum of supports in schools. Without early identification and effective intervention, initial learning challenges may develop into learning disabilities and referral for special education may be needed.

The Oregon Department of Education has embarked on strategic planning to advance the alignment and coordination of the prekindergarten and early elementary system to provide early intervention for our youngest learners. The goal is for all children to have a strong start to their school careers. Upon entering kindergarten, all students participate in Oregon's

Kindergarten Assessment, which provides a snapshot of their early literacy, early math, and approaches to learning skills. Results from Oregon’s Kindergarten Assessment demonstrate that students enter kindergarten with a variety of skills in early literacy. Third grade outcomes confirm that those who enter kindergarten with a deficit in literacy skills have a more difficult time achieving proficiency in literacy by third grade unless they receive tailored interventions. To be most effective, early intervention efforts should begin in the preschool years with a focus on developing early phonological awareness skills and print and alphabet knowledge. The state’s newly released [Oregon’s Early Learning and Kindergarten Guidelines](#) provides early childhood educators with a blueprint to align state-adopted learning standards in the area of literacy for children ages three through kindergarten.

**2. Districts continue universally screening for reading difficulties in grades 1-5 with targeted screening occurring at the secondary level.**

Universal screening for risk factors of reading difficulties, including dyslexia, supports early identification and intervention for students at risk. Current Oregon legislation (ORS 326.726) requires that districts universally screen for risk factors of dyslexia in kindergarten (and in first grade for students who first enroll in public school in Oregon in first grade). Screening for reading difficulties does not end in kindergarten, however, but rather is a process that should continue throughout a student’s school experience. Although early intervention is the most effective way to prevent reading difficulties, students with dyslexia and other reading difficulties can be helped at any age.

Universal screeners play two important roles as part of a district’s larger assessment system. First, they are brief measures that are designed to classify students into groups along a continuum, spanning from those at risk to those not at risk. The purpose is to identify which students will require more attention such as more intensive instruction and closer monitoring. Second, universal screeners also provide information regarding the effectiveness of a school’s core reading program. If, for example, a school’s universal screening data in the middle of kindergarten indicates that 70% of the students show risk factors for reading difficulties, this denotes the need for a close examination of the design and delivery of the adopted reading curriculum to determine how to better meet the needs of all students.

Screening measures need to assess specific skills that are highly correlated with broader measures of reading achievement in order to accurately determine student risk status. Speece (2005) characterizes the acquisition of reading skills as a moving target, with the skills that predict it changing at each point in reading development. Researchers select the combinations of measures that allow for the best predictions in the least amount of time at



each grade level. Skill-based screeners are needed at each grade level to identify the specific skill areas of focus and to align interventions for students who show risk.

The criteria for selecting a universal screener are outlined in Oregon Administrative Rule (OAR 581-002-1820). The criteria are:

- strong predictive validity;
- strong classification accuracy;
- includes measures of the skills that are most predictive of reading success for that grade level;
- include options for progress monitoring; and
- are cost effective.

In June of 2018, the Department released a list of approved universal screening tools for kindergarten and grade 1. Many Oregon districts had a universal screening system in place for kindergarten and grade 1 prior to the passage of SB 1003 that utilized one of the approved screening tools (e.g., DIBELS, easyCBM, Aimsweb). These screening mechanisms are adequate for screening for risk of dyslexia, and there is not a need for districts to invest in a new screening system.

While many Oregon districts already have universal screening in place in grades K and 1, not all do. Those districts that have universal screening procedures in place may only screen through 3<sup>rd</sup> grade. Universal screening in grades 1-5 along with the use of targeted screening in middle and high school is necessary to support student success across the grade span and continuum of reading abilities. Screening in third grade and above, for example, is important to identify students with late emerging dyslexia characteristics who acquire minimum proficiency skills up through the end of first grade and often remain invisible until about third grade when the reading tasks become more difficult. Other students may initially respond to intervention, but continue to struggle if not provided with additional support as their reading skills continue to develop. Districts need to ensure they are identifying students with sustained difficulties that require support across the grade levels. Below are recommendations for screening in grades 1-5 and at the secondary level.

#### Universal Screening in Grades 1-5:

Using the criteria above, districts should select universal screening tools in grades 1-5 that assess the following areas:

Grade	Areas to Screen
1	<ul style="list-style-type: none"> <li>• word identification</li> <li>• oral reading fluency</li> <li>• mastery of typical kindergarten skills (e.g., phonological awareness, letter/sound correspondences, rapid naming)</li> </ul>
2 - 5	<ul style="list-style-type: none"> <li>• word and passage reading</li> <li>• oral reading fluency</li> <li>• reading comprehension</li> </ul>

Source: National Center on Response to Intervention (January, 2013)

### Targeted Screening in Middle/High School:

The Department is committed to improving student progress toward graduation and has identified several critical elements to improve outcomes ([Oregon’s Graduation: Critical Elements Leading to Positive Graduation Outcomes](#)). These elements include the development of quality data systems to identify students at risk for not graduating and the provision of effective instructional practices. In order to create a P-20 seamless education system, districts should have an intentional focus on the transition students make from elementary to middle school and from middle school to high school. To make those transitions most successful, districts need to continue screening for possible reading difficulties to identify those students who may need additional reading instruction and support. Districts already collect many different types of academic and behavioral data for middle and high schools students. This data at a minimum typically includes information on student attendance, grades in core subjects, standardized test scores and office discipline referrals. Data on students who are “on track” for graduation based on the completion of 25% of credits needed to graduate by the beginning of sophomore year provides additional information for identifying students who may need additional screening. Districts can use this existing data as part of an early warning system to identify those students who are experiencing difficulties. The system would consist of three steps or gates:

**Step 1:** Review existing student data on attendance, grades, standardized test scores, and office referrals.

**Step 2:** If concerns regarding student performance, screen for oral reading fluency and reading comprehension\*.

**Step 3:** If a student scores below grade level on initial screeners of fluency and comprehension, utilize informal diagnostic measures to assess performance on specific component reading skills (i.e., real and nonsense word reading, spelling, and phonological awareness).

\*Maze and cloze reading measures can be used as screeners for reading comprehension. These measures present students with passages with a percentage of words removed from the passage. Students supply the word (cloze) or choose the correct word from three or four options (maze).

For students who are brand new to the district, it is important that districts have a system in place for reviewing student files or have a screening process in place if there is not adequate data in the student's file.

**3. Districts use universal screening as the first step in an iterative process that incorporates ongoing assessment and monitoring to provide increasing levels of support to students at risk for reading difficulties, including dyslexia.**

Identification of students with characteristics of dyslexia is a process that incorporates multiple steps and sources of information. This process begins with universal screening, and includes instructional support, progress monitoring, additional assessment to guide more intensive instructional support, and possible comprehensive evaluation for a specific learning disability in the area of reading for those students who continue to experience difficulties.

To most effectively serve all students, districts need to integrate dyslexia screening and instructional support within a larger multi-tiered system of support (MTSS). MTSS is a comprehensive continuum of evidence-based systemic practices with an emphasis on regular monitoring of student progress and data-based decision making to rapidly respond to student needs (Pub. L. No. 114-95, Sec.8002(33)). MTSS provides a fluid continuum of integrated supports.

The Oregon Department of Education has been working cross office to develop a coherent MTSS framework, the Oregon Integrated Supports (ORIS) framework, that will begin to be rolled out to districts beginning in the fall of 2018. The ORIS Framework is an MTSS framework that aims to de-silo improvement efforts at cascading levels of Oregon's educational system. It is a comprehensive, all-encompassing framework that aligns systems for the purpose of creating more equitable opportunities for all students, with an emphasis on those who have been historically and/or currently underserved or marginalized. The ORIS Framework is highly adaptable to the unique contexts of Oregon's schools and districts, grounded in implementation and improvement science, multi-tiered delivery systems and is based on equity principles. The domains of this framework include Leadership, Talent Development, Stakeholder Engagement and Partnerships, Inclusive Policy and Practice, and Well-Rounded, Coordinated Learning Principles. These domains represent the evidence-

based systems that districts and schools need to ensure are strong in order to achieve desired outcomes for their educational communities.

A model for dyslexia screening and support that is consistent with the principles of the ORIS framework is outlined below. The model consists of five main steps and includes engagement of parents and guardians throughout the process. See Appendix A for a flowchart that illustrates the steps of the model. [Guidance for districts regarding parent notification](#) can be found on the dyslexia page of the ODE website.

### Step 1: Complete Universal Screening

The universal screening process begins when students enter kindergarten in the fall. As noted above, universal screeners provide schools with information about which students are at risk for reading difficulties, including dyslexia, and which students are not at risk. Universal screening data also provides schools with information regarding the health of their core reading instruction. That is, how effective the core reading instruction (Tier 1) is in promoting the development of key foundational reading skills with a particular population of students.

OAR 581-022-2445 requires that districts universally screen in kindergarten using a screening test that is on the Department's approved list and administer measures of phonological awareness, letter/sound correspondences, and rapid naming with fidelity as per the guidelines of the test developers. The screening tools on the Department's list can accurately identify those students who are at risk for reading difficulties, but do not provide information as to *why* the student is at risk. Early intervention benefits the acquisition of reading skills for students who are at risk for reading difficulties regardless of the cause. To best serve all students, educators need to be less concerned with the cause of reading difficulties and instead focus on providing intervention to those students who are identified as at risk. The next steps in the process describe how schools can meet the needs of all students who show risk, including those who are at risk for dyslexia.

### Step 2: Provide Instructional Support for Students Who Show Risk on Initial Screening and Monitor Progress

Universal screening can often lead to large percentages of students showing risk for reading difficulties, particularly in the fall of kindergarten when students are new to the school environment. All students who demonstrate risk should receive appropriate support. Strong core reading instruction in Tier 1 will be critical to meet the needs of all students and will provide a solid base for additional support provided to those students showing the most risk. School teams can review other existing data sources to help identify those students who will

receive targeted, skills-based small group intervention (Tier 2) in addition to core reading instruction. These decisions need to be made based on the data and with consideration of the resources allocated to the school.

*The proverbial clock is ticking during the kindergarten year, and in order to improve the outcomes for at-risk students, it is essential that age-appropriate phonological awareness and letter-sound skills are developed on time. Doing a double-dose would presumably provide greater assurance that this will happen.*

Kilpatrick, 2015, pg. 261

### Step 3: Administer Informal Diagnostic Measures and Collect Information of Family History for Students Who Do Not Make Adequate Progress

If a student shows risk factors on the initial universal screening and does not make adequate progress when provided with evidence-based reading support that has been implemented with fidelity, districts are required to screen for a family history of reading difficulties (OAR 581-022-2445). The information collected through family history screening should be considered another indicator of risk for dyslexia. It provides the school with more evidence that a student's difficulties with reading may not be due to lack of instruction. The information does not, however, have instructional implications.

Administering informal diagnostic assessments that identify a student's specific areas of strength and weakness will provide the information that is needed to further inform instruction. Informal diagnostic assessment consists of completing a more in-depth skills development inventory on a narrow skill area such as phonological awareness, phonics/decoding, spelling, and fluency. By increasing the specificity of the measures in this step, school teams can gather information to increase the intensity of the intervention.

### Step 4: Intensify Instructional Support Based on Student-Level Assessment Data and Monitor Progress

Using the data collected from the informal diagnostic assessments, school teams will provide more intensive, individualized instructional support (Tier 3) to those students who do not make adequate progress in Tier 2. Tier 3 support is small group, systematic, explicit, and evidence-based. Tier 3 is identified by increasing intensification and individualization often using material at the student's instructional level rather than grade level. The intervention may be intensified by factors such as:

- providing more time
- reducing group size
- increasing engagement strategies
- addressing a broader range of skill deficits

Step 5: Begin Individual Problem Solving (IPS)/Data-Based Individualization (DBI) to Adapt Intervention and Monitor Progress for Students Who Do Not Make Adequate Progress

For the small percentage of students who do not make adequate progress after receiving quality core instruction and Tier 2/3 interventions, schools should utilize a data-informed problem solving approach to develop an individualized and more intensive plan of support. This approach is often referred to as Individualized Problem Solving (IPS) or Data-based Individualization (DBI; National Center on Intensive Intervention, 2013). This data-informed approach involves collecting detailed information about the curriculum, instruction, environment and learner characteristics to develop a comprehensive plan of support. In this phase of support, teams continue to collect diagnostic data and implement validated interventions, but use research-based adaptation strategies to further individualize the support.

The National Center on Intensive Intervention provides the following examples as possible adaptations to an intervention:

- increase length of intervention
- increase frequency of intervention
- decrease size of intervention group
- alter the way the content is delivered
- change how a student responds
- arrange environmental variables
- adjust adult feedback/error corrections

Engaging in this type of data-informed intensive intervention, ongoing progress monitoring, and adaptation leads to a more comprehensive support plan for a student that includes academic support, behavioral support, and takes into account home life factors. This level of Tier 3 support is still provided in small groups, but the group size may be further decreased. Teams monitor student progress at their instructional level on a regular basis (i.e., every week), and continue to adapt the intervention as needed. In some cases, the diagnostic data may indicate that the student needs a different intervention program or approach.

### Special Education Referral:

If student-level data indicate that additional accommodations or specialized instruction beyond tiered interventions may be required, school staff may refer a student for a 504 plan or special education evaluation. Schools or parents may also refer a student for a comprehensive evaluation at any point during this 5-step screening and instructional support process. The tiered service delivery model is still available if a student is identified as having a disability. The DBI process continues for those students who qualify for and receive special education services.

#### **4. Districts provide evidence-based, explicit, systematic reading instruction across all tiers of instructional support.**

*In short, when we focus on the needs of children with dyslexia, we implement robust educational systems that benefit all children – until everyone can read.*

Rick Smith, Chief Executive Officer, International Dyslexia Association

In order for MTSS to be effective, districts need to provide evidence-based, explicit, systematic reading instruction **across all tiers** of instructional support. This begins with implementing a solid, evidence-based core reading program in Tier 1. It becomes very difficult for schools to provide effective Tier 2 and Tier 3 support with small groups of students when a large percentage of students require Tier 2 or Tier 3 support due to an ineffective core reading program.

Based on an extensive review of the reading research, Kilpatrick (2015) identified a formula for word reading success. The formula includes three key components:

1. Provide instruction on phonemic awareness and teach to the advanced level;
2. Teach and reinforce phonics skills and phonic decoding; and
3. Provide ample opportunities for students to apply these developing skills to reading connected text.

The elements in this formula should be addressed across all tiers of support with increasing levels of intensity to ensure the success of all students, including those who show risk factors for reading difficulties. The explicit and systematic presentation of these elements is particularly critical for those students with a phonological-core deficit who will not develop these skills without explicit instruction.

### Tier 1 Reading Instruction:

Tier 1 should include high-quality classroom instruction for all students that is aligned with the state standards. Oregon’s State Board of Education adopted the Common Core State Standards in October of 2010. Within the Common Core State Standards for K-5 reading are foundational skills that include print concepts, phonological awareness, phonics and word recognition, and fluency. These are critical skills that underlie the development of independent reading and comprehension and are of particular importance for students with dyslexia as well as other students who struggle with word-level reading skills. Explicit and systematic instruction in the foundational skills of reading will benefit all students, including those who show characteristics of dyslexia.

To maximize the use of instructional time, schools can implement whole class phonological awareness instruction in kindergarten. Kilpatrick (2015) notes that given the minimal time investment involved in phonological awareness training, it makes sense to provide whole-class or small-group Tier 1 instruction to all students and supplement that with additional Tier 2 small-group instruction for at-risk students in kindergarten.

Tier 1 instruction in kindergarten should also focus on the development of letter-sound correspondences and beginning phonics skills. Texts with controlled vocabulary and phonics patterns should be part of the reading instruction to support practice in decoding and word recognition skills. As students finish kindergarten and move into first grade, they should have ample opportunities to read connected text at their instructional level with teacher support along with increased opportunities to read connected text independently with comprehension. This Tier 1 reading instruction should be differentiated based on students strengths and needs.

In addition to providing reading instruction that focuses on the formula for word reading success, it is equally important to ensure that tools and strategies to help all learners access curriculum are explored in Tier 1. When content knowledge is the target skill, options for taking in information may include the use of audio and digital formats. Technology offers countless modes for demonstrating knowledge, skills and abilities. Other accommodations such as allowing flexible work times, assignment substitutions and adjustments, and peer-mediated learning can also foster student learning. These tools and strategies ensure the provision of free and appropriate public education and equal access to all aspects of education for students. The goal is to develop learners who are purposeful and motivated, resourceful and knowledgeable, strategic, and goal directed. This goal is captured in the principles of Universal Design for Learning (<http://udlguidelines.cast.org/>). Providing accommodations allows students to utilize their strengths to access rich literature and



content area topics while also focusing on developing the foundational skills needed to be a successful reader.

### Selecting Interventions in Tier 2 and Tier 3:

*Teaching a dyslexic child to read is based on the same principles used to teach any child to read. Since the neural systems responsible for transforming print into language may not be as responsive as in other children, however, the instruction must be relentless and amplified in every way possible so that it penetrates and takes hold.*

Sally Shaywitz, *Overcoming Dyslexia*

As with Tier 1, Tier 2 and Tier 3 instruction should be evidence-based, explicit, systematic and focus on the components for word reading success. When determining Tier 2 and Tier 3 interventions, it is not necessary for schools to implement “dyslexia-specific” programs. Researchers have found that the main difference between instruction appropriate for all students and that required by students with more severe dyslexia relates to the manner in which the instruction is provided. Torgesen, Foorman, and Wagner (2007) point out that the instruction for students with severe dyslexia must be “more explicit and comprehensive, more intensive and more supportive than the instruction provided to the majority of children.”

One program or approach will not meet the needs of all students. As a starting point, districts can evaluate their existing intervention resources to ensure they include evidence-based interventions that are:

- explicit;
- systematic/cumulative;
- focused on the structure of language;
- allow for diagnostic teaching to automaticity; and
- sufficiently intensive to accomplish the objectives.

Instruction that is focused on the structure of language is characterized by the inclusion of five key elements:

phonology: the awareness of the sound structure of spoken words;

orthography: how to map speech to print (this includes sound-symbol association as well as syllable instruction later in a child’s reading development);

morphology: the study of base words, roots, prefixes and suffixes;

syntax: principles that dictate the structure of sentences; and

semantics: comprehension of written language.

(International Dyslexia Association, 2015)

Structured literacy instruction teaches these key elements through the integration of listening, speaking, reading and writing activities.

Districts need to begin by selecting evidence-based programs that explicitly and systematically teach the structure of language. Teachers can intensify the delivery and design of the programs according to students’ pattern of response. This may include adapting the teacher language, pace, format, content, strategy, or emphasis of the instruction. The use of diagnostic teaching techniques helps to promote the practice of teaching critical foundational skills to mastery and automaticity. Understanding research-based adaptations of instruction for students with weaknesses in working memory, attention, executive function, or processing speed will assist teachers in further supporting student needs (International Dyslexia Association, 2018).

**5. Districts ensure that qualified individuals provide appropriate instruction across multiple tiers of support.**

The International Dyslexia Association (IDA) stresses that although dyslexia may originate with neurobiological differences, **it is mainly treated with skilled teaching.**

In its more severe forms, a student with dyslexia may qualify for special education requiring specially designed instruction. Most students with risk factors for dyslexia, however, will be served through general education. Their difficulties with reading can be addressed and will depend on the instruction that is provided through tiered support in general education. Consequently, the knowledge and competence of general education teachers will play a pivotal role in determining which students will acquire the reading skills needed to succeed academically.

Unfortunately, the majority of educators have not been prepared with the depth of knowledge needed to teach students who show risk for reading difficulties, including dyslexia. Researchers have found that many teachers have limited knowledge on phonemic awareness and phonics and their importance for students at risk for reading difficulties (Moats, 2009;

Spear-Swerling, 2009). In addition, very few teachers have knowledge of specific evidence-based practices, may not understand how to use assessment data to guide instruction, or how to intensify intervention for students who do not respond to evidence-based practices (Leko, Brownell, Sindelar & Kiely, 2015; Spear-Swerling & Cheesman, 2012). Data from observation studies show that the use of evidence-based practices within Tier 2 and Tier 3 interventions is poor at best (Ciullo, Lembke, Carlisle, Thomas, Goodwin & Judd, 2016).

*Clearly, the responsibility for teaching reading and writing to all students resides first with classroom teachers and secondarily with reading specialists, providers of supplementary services, and special education personnel.*

International Dyslexia Association

Teachers need a great deal of knowledge and expertise to provide effective reading instruction. Specifically, primary grade teachers need to know:

- how reading develops;
- the structure of English language;
- the skills needed to be a proficient reader; and
- how to support students who struggle.

(Gillis, 2018)

This information must be based on the science of reading.

Licensed, practicing teachers can learn these critical skills through ongoing, high-quality professional development opportunities. Professional learning should focus on developing the knowledge and expertise of teachers to allow them to make well-informed instructional decisions rather than focusing solely on program-specific training. [The Knowledge and Practice Standards for Teachers of Reading](#) reflect the current state of scientific research and define the knowledge and skills needed by all teachers of reading to teach students to read proficiently. These standards outline the content knowledge needed to teach the essential reading and writing skills and include strategies for teaching students in general education as well as in intervention settings (International Dyslexia Association, 2018, March).

SB 1003 requires that at least one K-5 teacher in each K-5 school complete dyslexia-related training by July 1, 2018 and that the training comply with the knowledge and practice standards of an international association on dyslexia. In the spring of 2017, the Department developed a list of approved training opportunities with content that was aligned with the Knowledge and Practice Standards for Teachers of Reading. The training included three

components: Understanding and Recognizing Dyslexia, Foundational Skills in Reading, and Intensifying Instruction. To date, over 700 teachers in Oregon have completed the training from one of the approved vendors.

The Department developed an online survey for teachers to complete following the dyslexia training. The feedback on the training as reported by 736 teachers who have completed the survey to date has been overwhelmingly positive. 92% of the teachers reported that the information they received in the dyslexia training was useful or very useful. 97% of the teachers recommended that other teachers in their schools complete the dyslexia training. The majority of the teachers who completed the required training were general educators (72%) with an additional 20% who were special educators.

The survey results indicate a clear need for additional professional learning opportunities for teachers across Oregon. Only 21% of the teachers reported that they felt well prepared to teach struggling readers, including students with dyslexia, upon completion of their college program. When asked about the type of training that would be beneficial moving forward, 76% requested additional training on intensifying instruction for students who don't respond to intervention. The table below provides selected comments from teachers who completed the dyslexia training survey.

In Oregon, 37% of fourth grade students are reading at the Below Basic level based on the 2017 National Assessment of Educational Progress (NAEP) data. The proportion of struggling readers is higher in minority and poorer communities (<https://nces.ed.gov/nationsreportcard/>). Both nationally and at the state level, little progress has been made in closing the achievement gap in literacy between students of high and low social economic status and between White, African-American, and Hispanic ethnic groups.

#### Comments from Oregon's Survey on Dyslexia-Related Training Opportunities

*I now feel it [dyslexia] is something we can do something about . . . I feel like we CAN have every student read at grade level. I never felt that was possible before!*

*Regardless of the labels we use, I feel much more equipped to recognize, diagnose, and intervene with some more specific reading challenges.*

*I believe dyslexia has not become more prevalent, but that our teaching methods have gone so far in the wrong direction that we are no longer reaching all students, but only a select few.*

*I have a way to help my readers and writers who struggle the most. In a sense, the "code" has been cracked for me now that I've received the explicit instruction that I needed myself.*

*As we went through the days, specific students from my previous classes stood out to me. I wish I had this training earlier. As they say, when you know better, you do better.*

Research has shown that teachers with greater knowledge of reading concepts and who provide more explicit reading instruction results in students who on average score higher on tests of reading achievement than those students of teachers who are less knowledgeable (Piasta, Connor, Fishman & Morrison, 2009). If teachers are better prepared, the impact of reading difficulties, including dyslexia, will be lessened. Increased teacher preparation would allow Oregon educators to better serve all students and advance the 40/40/20 goal of preparing students for the higher skill demands of 21<sup>st</sup> century work and life.

To improve reading outcomes, districts must also address the preparation of administrators. Administrators can be most effective as instructional leaders who are capable of leading systemic change efforts if they possess knowledge of best instructional practices in literacy. Oregon's State Systemic Improvement Plan (SSIP) goal is to increase the reading performance of students with disabilities by grade 3. Oregon's State Personnel Development Grant (SPDG) is focused on creating and scaling up regional and district instructional coaching systems in support of MTSS to address academics including literacy. These statewide efforts can be most successful through systematic change along the educational cascade of administrators, coaches and teachers.

### **Recommendations for Future Legislation:**

Based on the best practices identified in this report, the following recommendations for future legislation are proposed:

1. Requirements for continued universal screening for risk factors of reading difficulties, including dyslexia, in grades 1-5.
2. Pilot study to examine effects of the implementation of the full screening and instructional support model conducted in a small number of Oregon districts. This may include examining different levels of implementation as well as the effectiveness over time and across grade levels. Collecting data over multiple years will help determine if there is a decrease in the number of students showing risk over time because of enhancements to core reading instruction.
3. Provision for providing training to more general education teachers on evidence-based systematic, explicit reading instruction that includes a dyslexia awareness component. Provide funding to districts to help offset the cost of the training.

4. Funding for ongoing training and support of the designated teacher in each K-5 school who completes the required dyslexia-related training. These teachers would benefit from designated FTE to focus on screening and providing instructional support within the MTSS framework as well as continued professional learning on intensifying intervention for students with more severe reading difficulties who do not respond to intervention.

## **Conclusion:**

Learning to read plays a critical role in students' success in school and life beyond. The Department is committed to student success and seeks to identify and end disparities in opportunities and achievement for all students, particularly those students who identify with a protected class and/or have been historically marginalized. One of the most powerful ways Oregon can address opportunity gaps is through strong literacy instruction provided within a comprehensive system of state supports. Research demonstrates that with early identification and early intervention students at risk for reading difficulties regardless of the cause can succeed in school and graduate ready for college, career, and civic life. Universal screening for risk factors of reading difficulties in kindergarten is a strong first step in a more comprehensive screening and support system that continues across the grade levels. This system offers schools an iterative approach to provide instructional support for those students who show risk of reading difficulty, monitor student growth, and intensify instruction as needed. The success of this model depends upon the provision of explicit, systematic, evidence-based instruction provided across all tiers of support by qualified educators.

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# Appendix A:

