

Oregon Department of Education

Best Practices for Screening Students for Risk Factors of Dyslexia and Providing Instructional Support

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. Newly passed legislation in Oregon (SB 1003) requires that districts universally screen for risk factors of dyslexia in kindergarten and screen any first grade student who first enrolls in a public school in this state for first grade. 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 intervention. Students with dyslexia benefit from evidence-based, explicit, systematic reading instruction based on the foundational skills in reading.

One of the most powerful ways Oregon can meet the needs of students who show risk factors of dyslexia is through strong literacy instruction provided within a comprehensive system of state supports. It is not necessary to create a separate screening and instructional support system for students who show risk for dyslexia. 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, including dyslexia, in kindergarten is a strong first step in a more comprehensive screening and support system for all students 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. The following guidance further defines dyslexia and presents five best practices for screening students for risk factors of reading difficulties, including dyslexia, and providing instructional support for all students who show risk within a more comprehensive system of support.

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 International Dyslexia Association (IDA) adopted the following definition of dyslexia in 2002. This definition has also been adopted in many state education codes and is included in Oregon’s Administrative Rules (OAR 581-002-1800).

Dyslexia is:

- a specific learning disability
- neurobiological in origin

- characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities
- typically a result of a deficit in the phonological component of language
- the difficulties are often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction
- secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge

The word reading difficulties that characterize dyslexia 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.**

As the IDA definition states, the word reading difficulties that characterize students with dyslexia are unexpected in relation to other cognitive abilities. The word reading difficulties are often isolated and can be accompanied by strengths in the areas of reasoning, general knowledge, vocabulary, problem solving, concept formulation, critical thinking and comprehension. Sally Shaywitz referred to this as a *sea of strengths* model.

One thing we know for certain about dyslexia is that it is one small area of difficulty in a sea of strengths. Having trouble with reading does not mean that you'll have trouble with everything.

Shaywitz, 2004

The term “learning difference” is often used to describe individuals with dyslexia rather than learning disability and is consistent with Shaywitz’s sea of strengths model. When educators replace the disability paradigm with a diversity perspective that acknowledges both the strengths and weaknesses of an individual with the idea that variation can be positive, this can help students feel empowered. Many individuals not only overcome struggles associated with dyslexia, but some of these successes may be a result of them (Saltz, 2017).

Special Considerations for English Learners

Dyslexia is manifested in every language. The incidence rates, proportion, severity and sources of reading impairment vary by language (Jimenez, 2012). For example, the prevalence of dyslexia is higher in languages with opaque orthographies like English (Landerl, Wimmer, & Frith, 1997; Paulesu et al., 2001; Ziegler & Goswami, 2005) as compared to those languages with more transparent orthographies such as Spanish and German. Deficits in decoding and phonology are more common in opaque orthographies (Wimmer, 1993; Wimmer & Mayringer, 2001) because of the lack of a direct one-to-one correspondence between all letters and sounds. In transparent orthographies, in which most letters have only one sound associated with them, deficits in reading rate and processing speed are more common as compared to difficulties with decoding (Holopainen, Ahonen, & Lytinen, 2001; Jimenez, 2012; Tressoldi, Stella, & Fraggella, 2001). Deficits in reading rate and processing speed are also more common in Chinese (Ho, Chan, Tsang & Lee, 2002) and Japanese. These distinctions are important when planning for screening and instructional support for students whose initial language and reading exposure is not English.

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 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 ultimately reading comprehension.

Early intervention 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, early 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.

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 3rd 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 | word identification oral reading fluency mastery of typical kindergarten skills (e.g., phonological awareness, letter/sound correspondences, rapid naming) |
| 2 - 5 | word and passage reading oral reading fluency reading comprehension |

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

Special Considerations Regarding Screening for Phonological Awareness:

Poor phonemic awareness is one of the hallmark characteristics of the phonological-core deficit, substantially affecting all points in a student’s development of word-level reading (Kilpatrick, 2015). The most common phonemic awareness task included in universal screening tools for kindergarten and first grade is phoneme segmentation. Kilpatrick (2015) points out that this particular task, however, is a less sensitive phonological awareness task and beyond first grade is not a good indicator of the degree of phonemic proficiency needed for skilled reading. Phonological awareness skills continue to develop in typical readers after first grade, but most common assessments (e.g., DIBELS, Aimsweb, easyCBM) do not continue assessing phonological awareness beyond the fall of first grade. There is a need to address screening on more advanced phonological awareness tasks (i.e., phoneme deletion, substitution, and reversal) beginning in first grade and continuing through third to fourth grade. Some students may develop basic phonological awareness skills, especially if they have been exposed to literacy rich environments prior to entering school, but fail to develop the advanced phonological awareness skills that are needed for skilled reading. Until these types of advanced tasks are included in the commercially available universal screening tools, schools will need to address screening for advanced phonological awareness skills as part of a multi-step process of screening and providing instructional support that is described below.

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 critical information. 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).

Poor fluency signals a problem, but what precisely is the problem? There is no clear evidence in the research literature to suggest that fluency represents its own problem unrelated to other aspects of reading.

Kilpatrick, 2015, pg. 218

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 which often includes three tiers of support as described in the table below.

| | |
|--|---|
| Tier 1: Instruction for All | All students receive evidence-based core instruction that is differentiated to address individual needs, and all students are screened three times a year to assess the efficacy of the core and to identify students who need supplemental instruction in addition to the core. |
| Tier 2: Additional Instruction for Some | Students identified as needing additional support are provided with supplemental, evidence-based, targeted, skill-based small group instruction in addition to the core. Frequent progress monitoring is used to assess student growth and guide instruction. |
| Tier 3: Intensified Instruction for Few | Students who do not make adequate progress with Tier 2 support are provided with intensified, evidence-based small group instruction (e.g., smaller group size, increased time, a more comprehensive intervention, etc.) and frequent progress monitoring is used to assess skill growth and guide instruction. Tier 3 support is modified/adapted/individualized based on the individual student progress. |

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 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.

Special Considerations for Screening English Learners

Oregon Administrative Rule requires that districts include students who are English Learners (ELs) in the universal screening process for risk factors of dyslexia (OAR 581-022-2445). Districts must carefully interpret the screening data when ELs are assessed in English. Measures of early reading are valid and reliable in providing information on ELs current skill level, but less reliable in predicting future performance (Gutiérrez-Clellen & Peña, 2001; Linan-Thompson, 2010). For this reason, districts must be aware of special considerations when screening ELs for risk factors of dyslexia to avoid inaccurate determination of reading risk. Best practices based these special considerations are outlined below.

Best Practice #1: Identify assessments that are technically adequate and have been normed on student populations that are similar to the population in your school.

Best Practice #2: If the district provides literacy instruction in the student's native language, screen in the student's native language.

- Using results from assessments in a student's native language allows teachers to appropriately identify students who are having difficulty *if they have received literacy instruction in their native language*.
- If instruction is in native language and assessment is in native language, then traditional early literacy assessments (i.e., phonological awareness, rapid naming) including word reading tasks are reliable.
- ELs who have difficulty distinguishing and isolating sounds (i.e., phonological awareness) in their native language will experience the same challenge in a second language.

Best Practice #3: If the district provides literacy instruction in English, screen students in English. Whenever possible, also assess in native language if the student has had some formal native language instruction.

- If assessing in native language is not an option, assessment in underlying cognitive or linguistic processes in English (i.e., phonological awareness and rapid naming) may be used to distinguish ELs at risk for dyslexia from those who are learning to read in a second language. When interpreting the scores from these types of assessments, keep in mind that ELs may underperform due to the cultural loading and linguistic demands inherent in standardized tests.
- More specific literacy tasks such as word reading in English may be a less valid indicator of risk when interpreting results.
- If a student's literacy instruction is in English, screening and progress monitoring in English will allow districts to determine a student's response to instruction and intervention. Disaggregating intervention data by student groups may better allow comparison to true peers (Brown & Doolittle, 2008) and create a fairer comparison for ELs screening and progress data.
- Disaggregating data by student groups allows school teams to examine the ELs as a group to determine how the group is progressing toward benchmarks as a whole. If the EL group is performing on the whole lower than English-only students, this can indicate that instruction needs to be more rigorous for the entire group of ELs to help address the achievement gap. Students who are making less individual

progress than their peer group should be monitored closely.

- Initial performance on literacy screeners in conjunction with growth when provided evidence-based instruction is especially important to consider for ELs who may start behind their monolingual English-speaking peers due to language differences. If an EL initially scores low on a screener but makes rapid growth even if still below benchmarks, there is less concern that the low performance is due to dyslexia. In contrast, low initial performance along with slow growth may be an indicator of risk for dyslexia.
- Use the same literacy benchmarks for ELs, but recognize that language may be a contributing factor to lower initial performance, and reasonable growth rates should be used to help ELs meet literacy goals.
- If possible, assess in native language especially in K and 1 or the first two years a student enters a school in the U.S. in addition to screening in English. This will provide more robust information about the student's literacy skills and may implicate lack of English proficiency as a possible cause of reading difficulty.

Best Practice #4: When possible, collect additional information about the student's literacy background including exposure to English and the structure of the native language. Use this information to help interpret screening results and to inform instruction.

Sample questions that can be used to obtain this information include:

- Did the student receive any reading or writing instruction in his/her native language?
- When was the student first exposed to English?
- When did the student begin to learn to read and write in English?
- What percentage of time is each language used in the home and community?
- What are the differences and similarities between the syntactic structures of the native language and English?
- What is the alphabetic structure of the native language?
- What is the consistency of the orthography across languages (native language and English)?
- Is there any overlap in vocabulary (i.e., cognates)?

Best Practice #5: For bilingual programs or dual-immersion programs, identify parallel assessment in English and the student's native language to ensure that student growth is adequately tracked across both languages.

- Ensure the native language assessment is not merely a direct translation of the English assessment. All native language assessments need to be based on the sequence of early literacy skills in that language.

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.

Tier 2 support consists of small-group, evidence-based intervention that targets specific skill deficits based on the universal screening measures. The instruction is explicit and systematic. Tier 2 support is provided in addition to core reading instruction. School teams can utilize curriculum-embedded assessments as additional information to help group students. In kindergarten, these skill groups will focus on phonological awareness, letter/sound correspondences, and early decoding skills based on the data. Tier 2 support can be thought of as prevention rather than intervention when providing at-risk kindergarten students with this additional instruction.

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

Effective instruction focuses on responding to students' needs while building on their strengths. Progress monitoring will provide school teams with data that will help further refine the Tier 2 intervention. Information from curriculum-embedded assessments as well as progress monitoring measures aligned with the universal screening tool should be administered. Schools should progress monitor in the skill areas that are being addressed in the intervention. The Oregon K-12 Literacy Framework provides the following guidelines regarding frequency of progress monitoring:

| Risk Level | Frequency of Progress Monitoring Recommendations |
|---------------|---|
| Moderate Risk | Twice per month (or once per month if funding is limited) |
| High Risk | Once a week (or twice a month if funding is limited) |

Beginning with Tier 2 support, progress monitoring should occur at the student’s instructional level rather than the grade level. School teams will utilize the progress monitoring data to problem solve at the group level, and adjust the Tier 2 support as needed. It is important for school teams to verify that the intervention has been implemented with fidelity before making changes. Teams must also have established decision rules and a team process to complete this problem solving. (See the [National Center on Response to Intervention](#) for information and resources on the teaming process.) Tier 2 interventions are typically provided for 6 to 8 weeks with the possible provision of a second Tier 2 intervention matched to student need if the first intervention is not effective.

Tiered Support

Typically, two small-group interventions matched to student need are provided, each roughly 6-8 weeks in length. This could be a series of two Tier 2 interventions or a Tier 2 intervention followed by a Tier 3 intervention. If a student doesn’t make adequate progress at the Tier 3 level, school teams can engage in the Individualized Problem Solving Process described below to adapt the intervention. Teams may also decide to immediately place a student in a Tier 3 intervention if the data clearly indicate a need. School teams should, however, be cautious to ensure a student starts with the least intensive level needed to make change.

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 Tier 2 reading support that has been implemented with fidelity, districts are required to screen for a family history of reading difficulties (OAR 581-022-2445). Dyslexia is neurobiological in origin and often runs in families, with estimates of probability of heritability that range between .3 and .7 (International Dyslexia Association, 2002; Norton & Wolf, 2012). The screening for family history consists of asking a parent or guardian if an immediate biological family member has experienced difficulty in learning to read, write, or spell and needs to include questions related to a student’s developmental history specific to meeting milestones related to speech and language as well as the display of characteristics of any additional learning or behavior problems. The screening may be completed by the classroom teacher, a school team member, or a designee of the team. The information may be requested either verbally or in a written format.

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. By increasing the specificity of the measures in this step, school teams can gather information to increase the intensity of the intervention.

Points to Consider When Collecting Informal Diagnostic Assessment Information
(Kilpatrick, 2015)

Phonemic Awareness:

- Phonemic awareness assessment is essential for readers who struggle with word-level reading. It is important to supplement the segmentation tasks on the universal screening tests with a manipulation task (i.e., deleting or substituting sounds in words).
- Include a timed element to phonological awareness tasks to ensure that students are not using an alternative strategy such as mental spelling that circumvents phonological awareness to get an item correct. (When poor readers get items correct, their responses are typically longer than 2 seconds.)

Phonics/Decoding:

- When assessing a student's phonics skills, it is important to include nonsense word tasks. It is possible that scores on regular word identification tasks in grades K-2 may be artificially inflated for students with a mild form of the phonological-core deficit because of exposure to a literacy rich environment at home and/or in preschool.
- Timed nonsense word reading tasks provide a better assessment of a student's proficiency in phonic decoding than untimed tasks. If possible, administer both timed and untimed nonsense word reading tasks to help further define the needed intervention. If a student is low on both tasks, this implies the need for explicit instruction on both phonemic awareness and basic phonics. If a student has an average untimed score, but performs lower on timed measures, he/she will likely require additional practice opportunities on phonic decoding.
- When there is a discrepancy between real and nonsense word reading performance, scores on nonsense word reading may be a more accurate reflection of the student's reading development.

Spelling:

- Nonsense word spelling tasks provide an index of phonemic awareness , but not orthographic knowledge. They can provide school teams with additional information to help inform instruction.
- Poor spelling is a good indicator of the phonological-core deficit, but average spelling does not rule it out.

Fluency:

- Students may sometimes mimic fluent reading by combining limited sight vocabularies with phonic decoding and the ability to predict words based on strong verbal skills.

Examples of informal diagnostic assessments in the areas of phonological awareness, phonics/decoding, spelling, and fluency are included in Appendix B. An example of a table that can be used for summarizing the data collected through informal assessments is included in Appendix C. Teams should only administer these types of in-depth assessments when the information will be used to further individualize and intensify 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 Tier 3 instructional support 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

School teams will monitor progress at the student’s instructional level more frequently (see guidelines above) and continue to problem solve at the group level. As in Tier 2, teams verify that the intervention has been presented with fidelity. The team then takes an iterative approach to problem solving by using student-level data to inform additional modifications to

the intervention before moving to the next level of support. A Tier 3 intervention is typically presented for 6 to 8 weeks before making team decisions to change the level of intervention.

Step 5: Begin Individualized 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. Diagnostic data that is collected in this level of problem solving can include standardized tools available through publishers as well as informal approaches such as error analysis of progress monitoring data, review of classroom assessments and work samples, and feedback from parents and teachers. The plan of support includes agreements regarding how intervention delivery will be monitored, who will monitor the plan, and the timeline for evaluating the impact of the plan.

Although validated intervention programs have been found to be effective for many students, some students will not respond to the intervention as designed. Interventionists should check for student mastery of lessons they've received to verify the student is actually performing at the instructional level in which they're being taught. If a child is not placed appropriately in an intervention program, this is an easy adjustment and can lead to improvements in progress. 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. Students who receive special education services including specially designed instruction in literacy may continue to receive these services within a general education setting. 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.

OAR 581-002-1800 defines evidence-based as “instructional practices with a proven record of success based on reliable, trustworthy, and valid evidence that when the practices are implemented with fidelity, students can be expected to make adequate gains in reading achievement.”

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. The sections below describe in greater detail what evidence-based, explicit, systematic instruction looks like in the core reading period (Tier 1) as well as in small-group reading intervention that provides increasing levels of support (Tiers 2 and 3).

Tier 1 Reading Instruction:

Tier 1 should include high-quality reading 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.

Universal Strategies for Success in Tier 1:

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. 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/>).

When content knowledge is the target skill, options for taking in information may include the use of audio and digital formats. The use of technology and study skills may increase learner engagement. Technology also offers countless modes for demonstrating knowledge, skills and abilities. Explicit instruction in the use and integration of these tools empowers learners to develop lifelong habits for success. Academic standards and expectations are not changed.

Tools and strategies need to be matched to individual learner needs and preferences. Best practice suggests strategies that support success for individual learners be documented in an individual learner profile. This profile should be reviewed over time, as learners with and without dyslexia will have different needs for remediation, accommodations, and compensatory strategies as demands and expectations change. Best practice also tells us that all appropriate accommodations need to be an integral part of the normal cycle of teaching and testing, before use in assessment situations.

Following are links to examples of strategies for success to implement with students with reading barriers, including dyslexia, from two organizations: Reading Rockets and The International Dyslexia Association. These strategies and accommodations are appropriate for learners of all ages, including those in kindergarten and first grade, which is the focus of early screening in Oregon's current legislation.

<http://www.readingrockets.org/article/accommodating-students-dyslexia-all-classroom-settings>

<https://dyslexiaida.org/accommodations-for-students-with-dyslexia/>

An accommodation is not a substitute for appropriate reading instruction and intervention. Rather, accommodations allow students to utilize their strengths to access rich literature and content area topics. Providing accommodations allows students to build background knowledge and expand vocabulary while also focusing on developing the foundational skills needed to be a successful reader.

Guidelines for 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 is evidence-based, explicit, systematic and focuses on the components for word reading success. Tier 2 and 3 support is typically provided in addition to core reading instruction. There are some cases where a student in Tier 3 may receive a core replacement.

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.

How Do Schools Make Structured Literacy Instruction More Explicit, More Supportive and Comprehensive?

Explicit Instruction. Explicit instruction refers to aspects of the delivery of lesson content. OAR 581-002-1800 defines explicit as “direct, face-to-face teaching that involves teacher explanation, demonstration, and the provision of ongoing corrective feedback.” For example, the teacher provides clear and precise instruction on letter-sound correspondences by modeling the sound for a letter (“This letter makes the sound /mmmm/.”) and directly teaches students phonic blending (“/mmmm/-/aaaa/-/nnnnn/. I’ll say it fast - man.”). Models are typically followed by guided practice (“Let’s do it together.”) and then independent practice (“Your turn.”).

Examples of how to make instruction *more explicit* include:


- Increase the clarity of the model (e.g., the teacher carefully enunciates the phonemes without distorting the sounds)
- Use consistent instructional language across models, guided practice and independent practice opportunities
- Increase the amount of modeling
- Provide more guided practice in the initial presentation of concepts, skills, and strategies
- Guide students in the application of a strategy or procedure

- Elicit frequent responses
- Prepare students for responding (e.g., precorrect for a difficult vowel sound by having the students say the medial vowel sound, and then sound out and read the word)
- Add additional structure to responding
- Increase the amount of think time
- Increase the amount of independent practice opportunities
- Ask questions to continually monitor understanding and inform immediate feedback
- Provide additional feedback to correct errors (e.g., for words that follow the CVCe rule like cape, ask “Is there an e at the end of this word? So will you say the name of the vowel? What is the name of the vowel?”)
- Monitor more frequently

(Archer, 2018)

Systematic Instruction. Systematic instruction refers to the lesson design. OAR 581-002-1800 defines systematic as “a carefully planned sequence of instruction with lessons that build on previously taught information, from simple to complex.” One way the design of instruction can be made *more supportive and comprehensive* is by increasing the amount of scaffolding (i.e., additional support) that is provided during initial learning of a new skill.

When a student experiences difficulty in completing phonological awareness tasks, for example, interventionists can use an increasingly supportive series of scaffolds. The goal is for students to instantly respond in an oral-only format to phonological awareness prompts (e.g., “Say ran, now say ran without the /rrr/”). The table below identifies a series of five increasingly supportive levels of scaffolding to support a student in reaching that goal.

| | Step | Type of Scaffold Provided |
|---|---|--|
| Easier  More Difficult | 1. Use letter-sound cues to illustrate phonological awareness concepts. | Visual-spatial, oral, plus letter prompts |
| | 2. Use tokens to illustrate phonological manipulations | Visual-spatial, oral (no letters) |
| | 3. Use clapping or tapping to reinforce segmentation | Visual-sequential and oral (no visual-spatial prompts) |
| | 4. Use stretching, repeating, or other verbal emphasis to assist in phonological isolation. | Oral only (no visual prompts) |
| | 5. Oral manipulation activities (deleting or substituting sounds) | None |

(Adapted from Kilpatrick, 2015)

Additional ways to make phonological awareness instruction more supportive and comprehensive include:

- Teaching articulatory features of phonemes;
- Directing students' attention to speech sounds during reading instruction using a mirror, discussion of articulatory features, etc.;
- Moving incrementally from selecting examples with dissimilar sounds to minimally contrasting pairs of sounds and words in instruction; and
- Supporting instruction with manipulative materials and movement.

(International Dyslexia Association, 2018)

Diagnostic Teaching. Teachers can further individualize instruction based on information collected from continuous assessment that includes a combination of informal diagnostic assessments and lesson observation. For example, students with the phonological core deficit often take longer to learn letter names and letter sounds. These students may require hundreds of exposures to letters and their corresponding names and sounds before they become permanently stored and automatically accessible. Teachers can utilize data from informal phonics/decoding inventories to identify letter sounds the students do not know, add these letter sounds to daily lessons, collect error data from lessons, and plan for additional practice opportunities for those letters sounds that are not mastered. Not only will teachers want to increase practice opportunities for the difficult sounds, but also carefully plan for distributed practice with the goal of teaching letter sounds to mastery and automaticity.

In summary, districts will want 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).

Special Considerations for Instructional Support for ELs

Language and literacy instruction for ELs should be based on results of screening and ongoing assessments of language and literacy skills. The instruction should incorporate the components that have been shown to be determinants of literacy achievement for both monolingual students and ELs: phonemic awareness, phonics, fluency, vocabulary, and comprehension. EL students must also have opportunities to engage in structured academic talk in educational settings (August & Shanahan, 2006). Specific best practices for providing instructional support for ELs are as follows.

Best Practice #1: Schools provide explicit, systematic instruction on the foundational skills in reading whether the literacy instruction is offered in English or in the student’s native language.

- ELs who are experiencing difficulty learning to read need the same intensification of literacy instruction as other students who are experiencing difficulty learning to read.
- ELs at risk for dyslexia will need additional phonological awareness and phonics instruction.
- Phonics instruction should focus on both decoding and encoding (i.e., spelling).

Best Practice #2: Schools provide explicit and systematic English language development (ELD) in addition to core reading instruction.

- Effective evidence-based curricula for ELs includes goals and objectives for English language development. This instruction should:
 - integrate the four language domains (listening, speaking, reading, and writing) into daily literacy instruction;
 - include direct and interactive approaches; and
 - include high-quality instruction in specific components of English language.

Best Practice #3: Teachers help students develop academic language proficiency.

- Developing academic language proficiency involves both high quality vocabulary instruction as well as teaching academic language structures including the forms (grammatical and syntactical structures of language) as well as the functions (or purpose) of language.
- Academic language proficiency is needed to:
 - understand the language of texts and teacher talk;
 - engage in academic discussions across the content areas; and
 - discern precise meaning from oral and written language.
- It is important to provide high-quality vocabulary instruction that incorporates words from the reading and content area curricula.

(Gersten, Baker, Shanahan, Linan-Thompson, Collins & Scarcella, 2007).

Best Practice #4: Schools carefully consider how to best utilize personnel to provide ELs support across tiers of instructional support.

School personnel have a range of diverse skill sets. In schools supporting ELs with English language development, take stock of not only the number of personnel in the building (e.g., ELD, Special Education, Title 1, educational assistants), but also determine the skill levels (e.g., speaking and writing skills in English, speaking and writing skills in other languages, etc.) of each.

Best Practice #5: Schools provide time for thoughtful collaboration between general education and ELD staff to make content more accessible to students learning English.

ELD staff may have great insights on how to make the content more accessible to students learning English (e.g., identify which stories may be particularly challenging for students to understand, provide suggestions for how to present new vocabulary concepts) and can also address these issues during the ELD time to support learning.

In general, if the ELD staff are aware of the content of what is being taught within the general education classroom, they can provide targeted instructional support that would enhance the language and literacy development of students learning English. Reaching out to parents or community members may help ELD staff gain additional valuable insights to further support student content learning.

Best Practice #6: School staff align common instructional practices in delivery across tiers of instructional support.

Having instructional personnel (e.g., general educators, ELD, Title 1, special educators) collaborate on not only what content is being taught, but also by sharing common instructional practices in delivery can gain efficiencies in learning as students will come to expect specific practices so their attention is focused on practicing and learning the new content.

Best Practice #7: Schools schedule EL supports outside of literacy instruction as ELs will need more instructional time to maximize learning of both English as well as literacy.

For additional strategies for teaching ELs, see the *10 Key Policies and Practices for Teaching English Language Learners* from The Meadows Center for Preventing Educational Risk at the University of Texas at Austin, College of Education: www.meadowscenter.org/library/resource/10-key-policies-and-practices-for-teaching-ells.

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 must 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 continue to 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 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 includes three components: Understanding and Recognizing Dyslexia, Foundational Skills in Reading, and Intensifying Instruction. Both face-to-face and online training opportunities are offered. To date, over 700 teachers in Oregon have completed the 3-part training from one of the approved vendors.

Districts can help ensure that **all** K/1 teachers feel prepared to implement evidence-based practices to explicitly and systematically teach the foundational skills in reading during the core reading block (Tier 1) by providing continued access to high-quality training opportunities. Reading Rockets offers a free, self-paced professional development course for K-3 teachers that consists of 9 online modules. This course, [What Every Teacher Should Know: Reading 101: A Guide to Teaching Reading and Writing](#), is included on the Department's list of approved training opportunities as a Foundational Skills in Reading training and offers a low-cost option for districts. The K-5 teacher who completed the required dyslexia training for the school could potentially serve as a facilitator, working with small groups of K/1 teachers to complete the online modules.

Districts can support the ongoing professional development of the K-5 dyslexia-trained teachers from each school by allowing time for collaboration and continued learning within district. These teachers will also have the opportunity to access resources and stay connected with the other teachers across the state who have completed the dyslexia training through participation

as a member of the Dyslexia Group on the Oregon Educator Network ([OEN](#)). The Dyslexia Specialist from the Department will provide monthly updates, share resources, and lead discussion boards for this virtual group.

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.

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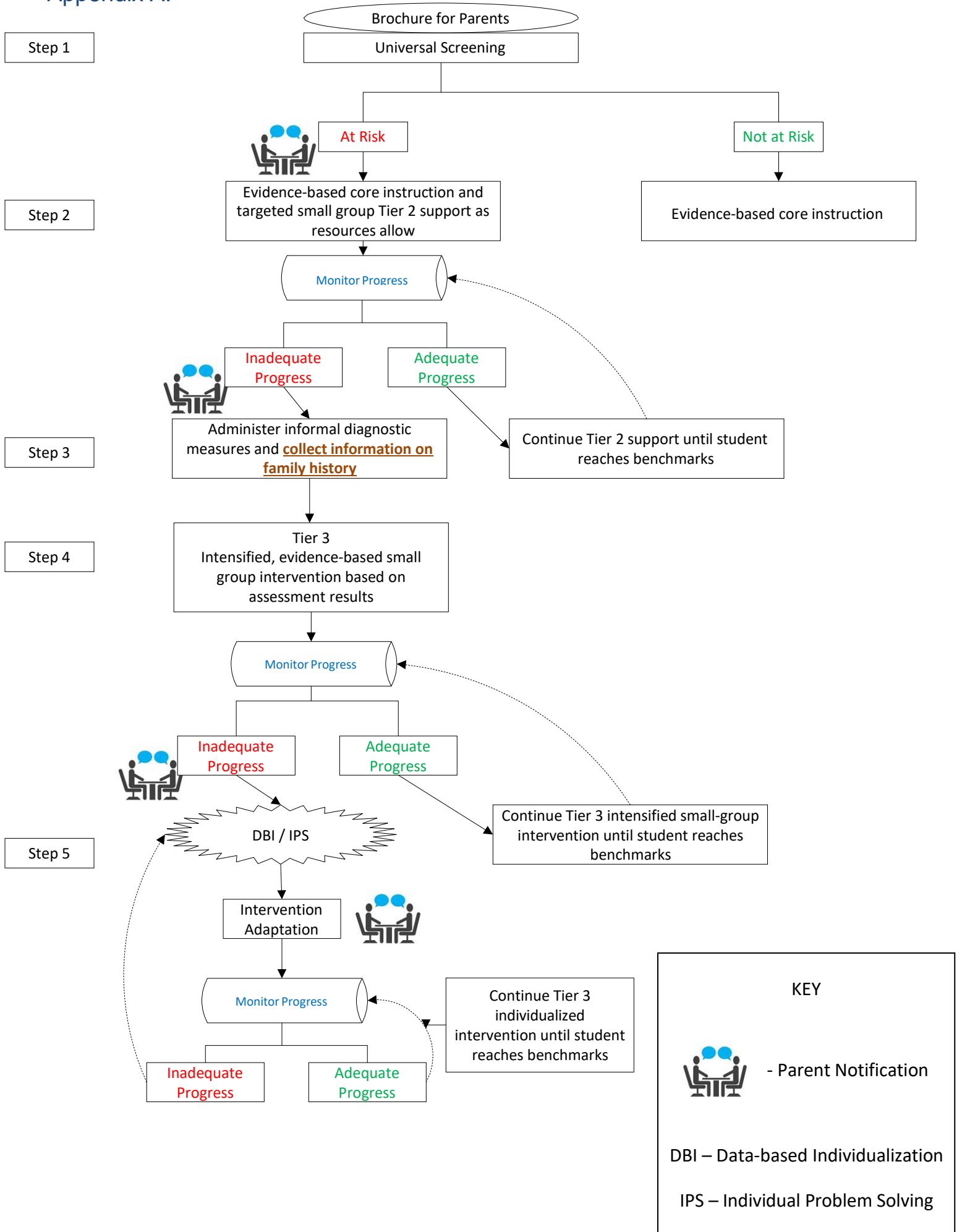
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Appendix A:



Appendix B: Examples of Informal Diagnostic Assessments

Phonological Awareness

- Phonological Awareness Screening Test (PAST)
Equipped for Reading Success: A Comprehensive, Step-by-Step Program for Developing Phonemic Awareness and Fluent Word Recognition (Kilpatrick)
- CORE Phoneme Deletion Test, CORE Phonological Segmentation Test
CORE Assessing Reading: Multiple Measures – 2nd Edition

Phonics/Decoding

- Houghton Mifflin Phonics/Decoding Screening Test
- CORE Phonics Survey
CORE Assessing Reading: Multiple Measures – 2nd Edition
- Quick Phonics Screener (QPS)
<https://readnaturally.com/>
- Really Great Reading:
 - K Foundational Skills Surveys
 - 1st Grade Foundational Skills Surveys
 - 2nd-12th Diagnostic Decoding Surveys<https://www.reallygreatreading.com/diagnostics>
- Gallistel Ellis Test of Coding Skills

Spelling

- Houghton Mifflin Phonics/Decoding Screening Test
- CORE Phonics Survey
CORE Assessing Reading: Multiple Measures – 2nd Edition
- Quick Phonics Screener includes Quick Spelling Survey
<https://www.readnaturally.com/>
- Barnell Loft Diagnostic Spelling Test

Fluency

- CORE MASI-R Oral Reading Fluency Measure
CORE Assessing Reading: Multiple Measures – 2nd Edition

Appendix C:

Summary of Informal Diagnostic Data

Student:

DOB:

Grade:

School:

Date:

| Phonological Awareness | | | |
|------------------------|-----------------|----------|--------|
| Tool | Skills Assessed | Score(s) | Status |
| | | | |
| | | | |
| | | | |
| Phonics/Decoding | | | |
| Tool | Skills Assessed | Score(s) | Status |
| | | | |
| | | | |
| | | | |
| Spelling | | | |
| Tool | Skills Assessed | Score(s) | Status |
| | | | |
| | | | |
| | | | |
| Fluency | | | |
| Tool | Skills Assessed | Score(s) | Status |
| | | | |
| | | | |

Instructional Implications:

Recommended Changes to Intervention:

Implementation Date: