



Washington State Association of School Psychologists

Dyslexia Guidance Paper

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WSASP Guiding Principles

Mission

Uniting school psychologists to support all students through advocacy, leadership and professional development.

Vision

School psychologists are an integral and dynamic force in fostering student success.

Values

- Social Justice*
- Problem Solving
- Whole Student Focused
- Collaborative Communication
- Integrity
- Advocacy
- Courageous Leadership
- Continuous Improvement

**WSASP endorses and operates from the National Association of School Psychologists' (NASP) [definition of social justice](#)*

Land Acknowledgement

WSASP acknowledges the commitment of all Pacific Northwest Tribes to the resurgence of their traditional ways and their respect and protection of all peoples, not only those who are living, but also those who have gone before and who are yet to be born. We pay our respect to the elders both past and present and to a valued resource the Tribes have defined as their children. They are the Tribes' future. They are the future for us all. We raise our hands to all sovereign Tribes who have stewarded these beautiful lands throughout the generations. We ask each of you to show gratitude to the Tribal Nations where you are currently located.



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Introduction

In 2018, the Washington Legislature passed Senate Bill (SB) 6162, defining dyslexia as a specific learning disability and requiring regular early screening for dyslexia. Beginning in fall 2021, students in grades K-2 will be screened for indications of or areas of weakness associated with dyslexia and school districts are tasked with using a Multi-Tiered System of Supports (MTSS) in grades K-2 to communicate and collaborate with parents and families about student literacy development, screening results, and potential literacy interventions.

As public awareness and understanding of dyslexia has increased, requests for special education evaluations for dyslexia have also risen at all grade levels. In February 2021, the Washington Office of Superintendent of Public Instruction (OSPI) reached out to the Washington State Association of School Psychologists (WSASP) for guidance defining what constitutes a comprehensive evaluation and diagnosis of dyslexia when a student is suspected of having a disability that may require specially designed instruction under the umbrella of special education services.

School psychologists are well-qualified to collect and interpret data and make a diagnosis of dyslexia. We are trained to provide both direct and indirect support to students through the MTSS model; we have extensive knowledge of how biological, developmental, cultural and social factors impact student growth; and we're data experts who utilize a problem-solving framework to make data-based decisions to help students meet and exceed their potential.

We're also different from an outside clinician because we are directly part of the school teams working with students on a daily basis. We are part of building teams reviewing data and designing interventions. We have the opportunity to evaluate the student's learning and identify their strengths and needs within the context of the classroom setting. We have ongoing relationships with families and teachers that allow us to monitor student growth and response to intervention over time. This is incredibly important data as we determine not only whether or not a student has dyslexia, but whether the student's dyslexia impacts their ability to learn within the context of the classroom setting and whether there is a need for specially designed instruction.

WSASP is honored to be able to provide guidance not only for our profession, but for all educators within the state of Washington. This document was developed by WSASP and reviewed by OSPI to help guide the implementation of this important work. Thank you our partners at OSPI for your continued collaboration and support.

With Appreciation,

Cassie Mulivrana, M EdS, NCSP
WSASP President 2021-22



What Is Dyslexia?

Fluent readers make automatic associations between sounds and symbols. Students with dyslexia struggle to make connections between speech sounds and printed letters or letter groupings. As a result, they will need additional exposures and repeated instruction to build these connections compared to the typical learner. There is no one-size-fits-all method of identification or intervention, and not every child with dyslexia will require an individual education program (IEP). Students may exhibit different levels of success with instruction and intervention in a multi-tiered system of supports (MTSS). The diagnosis of dyslexia does not obligate or require use of a specific, trademarked curriculum.

The definition of dyslexia has evolved over the years as our understanding of this concept has grown. In 1994, the Definition Consensus Project, led by the International Dyslexia Association (IDA) in partnership with the National Center for Learning Disabilities (NCLD), and the National Institute of Child Health and Human Development (NICHD), established a definition of dyslexia. This definition was adopted by the IDA Board of Directors in 2002:

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

Recent research shows that dyslexia affects reading due to auditory (hearing) and phonological (hearing the sound and connecting to the symbol) processing challenges and is not due solely to visual (seeing) processing as previously thought. Often, dyslexia occurs with co-existing neurological differences including but not limited to: ADD, ADHD, anxiety, dysgraphia, dyscalculia, dyspraxia, specific language disabilities, oral language delays, slow processing speed, and giftedness (Margari et al., 2013).

Myths about Dyslexia

Misinformation about the qualities and characteristics of dyslexia are wide-spread and deeply ingrained in public knowledge. It is critical for school psychologists to correct misperceptions by providing clarification about dyslexia and educational impacts. Some common misconceptions and myths include:



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Dyslexia causes people to see letters and words backwards.

Fact: Dyslexia is not a visual processing issue and students with dyslexia don't "see" words backwards. Letter reversals are common for young children from kindergarten until about age seven, or into second grade and are not typically cause for concern (Understood.org).

Dyslexia stems from a lack of interest in learning to read.

Fact: Dyslexia has nothing to do with motivation; students with dyslexia may appear to avoid reading because of the challenge and struggle involved.

Having Dyslexia means you're not very smart.

Fact: Research shows that dyslexia is not linked to intelligence, and dyslexia has been described as an "island of weakness surrounded by a sea of strengths" by Sally Shaywitz, M.D.

Dyslexia will be outgrown and someday it will all just 'click.'

Fact: Dyslexia is a neurological learning difference and will not be magically outgrown.

What are Washington's policies for dyslexia?

In 2018, the Washington State Legislature adopted the following definition of dyslexia:

Dyslexia is a specific learning disorder that is neurological in origin and that is characterized by unexpected difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities that are not consistent with the person's intelligence, motivation, and sensory capabilities.

Screening and Intervention Requirements

Beginning in the 2021-22 school year, all Washington State students in grades K-2 will be screened for indications of or areas of weakness associated with dyslexia. School districts will use a Multi-Tiered System of Supports (MTSS) in grades K-2 to communicate and collaborate with parents and families about student literacy development, screening results, and potential literacy interventions. This is a **general education initiative** to provide appropriate general education instruction and intervention to students (RCW [28A.320.260](http://leg.wa.gov/RCW/default.aspx?cite=28A.320.260)).

If a student shows indications of below grade level literacy development or indications of, or areas of weakness associated with, dyslexia, the school district must provide interventions using evidence-based instruction and intervention consistent with MTSS (OSPI).



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For a student who shows indications of dyslexia, each school district must notify the student's parents and family of the identified indicators and areas of weakness, as well as the plan for using MTSS to provide support and interventions. The initial notice must also include information relating to dyslexia and resources for parental support [developed by the superintendent of public instruction](#). The school district must regularly update the student's parents and family of the student's progress.

Whenever possible, a school district must begin by providing student support in the general education classroom. If screening tools and resources show that a student requires interventions after receiving the initial tier of student support, the school district may provide the interventions in either the general education classroom or a learning assistance program setting. OSPI has provided a [decision tree](#) to guide teams through the intervention process. If after receiving intensified interventions, further screening tools and resources indicate that a student continues to have indications of, or areas of weakness associated with, dyslexia, the school district must recommend to the student's parents and family that the student be evaluated for dyslexia or a specific learning disability.

Dyslexia Screening Requirements:

- Phonemic Awareness: the ability to hear, identify, move or change the sounds of the smallest units of sound in spoken words.
- Phonological Awareness: encompasses speech sounds, such as rhyming, alliteration, the number of words in a sentence, and the syllables within words.
- Letter Sound Knowledge: the sounds represented by the letters of the alphabet (this also includes combinations of letters that represent speech sounds).
- Rapid Automatized Naming: the ability to quickly name aloud a series of familiar items. This includes letters, numbers, colors, and objects found in a classroom.

What is the role of school psychologists in dyslexia screening and diagnosis/identification of dyslexia for special education eligibility?

School psychologists should play a key role in both direct and indirect service delivery, based on student need, to maximize educational outcomes for all children. School psychologists may have a role in the selection of appropriate universal screening instruments for dyslexia, as well as evidence-based curriculum, strategies, and intervention. Using data from universal screening and student response to instructional intervention, school psychologists play a major role in analysis of school-wide screening data; intervention identification, consultation, and fidelity assessment; progress monitoring data analysis; problem-solving and intervention intensification consultation for students not responding or having an insufficient response to intervention; and



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planning and conducting comprehensive evaluations to determine eligibility for special education services and the educational needs of the child. In the course of designing or conducting assessments, both in general and special education, school psychologists should strategically select assessment procedures with clearly defined purposes in mind ([NASP SLD Position Statement](#)). Additionally, school psychologists should work with administration to determine the need for professional development around dyslexia and the MTSS process for staff. As content experts, school psychologists may wish to facilitate professional development in this area.

Am I required to initiate a special education evaluation if a parent requests a screening or evaluation for dyslexia?

Special Education evaluations are required only if the district has reasonable suspicion that a student has a disability that adversely affects their educational performance and requires specially designed instruction beyond accommodations within the general education setting. In the absence of data to demonstrate a student's response to evidence-based instruction, it may be challenging to justify a suspected disability. If there is a suspected disability and no such data, the team may implement an intervention and progress monitor the student's response to that intervention during the evaluation period as part of the evaluation. When a parent makes a referral for a dyslexia evaluation, the district should follow the regular timelines and requirements in place for special education referrals ([OSPI](#)). Regardless of whether the team decides to evaluate, the parent should be provided with a prior written notice documenting the team decision ([OSPI](#)).

If a parent provides the district with an outside evaluation report documenting a diagnosis of dyslexia, is the district required to qualify the student for special education services and an IEP?

No, students determined eligible for special education services must meet all three of the following criteria:

- The student must have a qualifying disability or disabilities.
- The student's disability/disabilities adversely affect educational performance.
- The student's unique needs cannot be addressed through education in general education classes alone, with or without individual accommodations, and requires specially designed instruction (SDI) ([OSPI](#)).

The team may still consider completing a comprehensive evaluation, which in many cases may be a review of the outside evaluation with the addition of school-based information around student performance and teacher input; however, eligibility for special education services is not guaranteed even with a diagnosed disability. Recently, in *William V. v. Copperas Cove ISD* (2019), the 5th Circuit Court of appeals vacated a District Court Decision at 73 IDELR 181 and

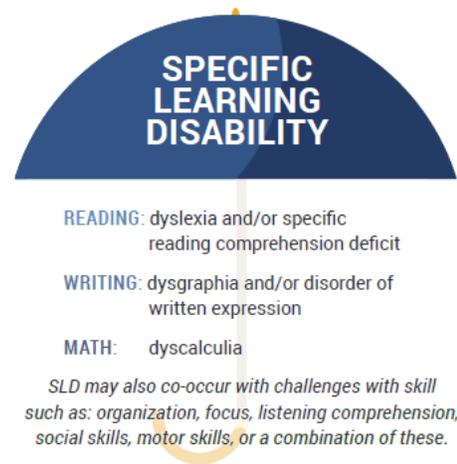


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found that a district only has to develop an IEP for a student who qualifies as a “child with a disability” under IDEA ([Zirkel, 2019](#)).

Can school districts or school psychologists diagnose or identify dyslexia?

In accordance with the WAC criteria for SLD, evaluation teams should be especially focused on the presence of SLD in basic reading, which aligns most closely with the underlying causes of dyslexia. In 2015, the US Department of Education released a [Dear Colleague Letter](#) confirming that “there is nothing in the IDEA that would prohibit the use of the term dyslexia (...)” The Dear Colleague Letter further states that “there could be situations where the child’s parents and the team of qualified professionals responsible for determining whether the child has a specific learning disability would find it helpful to include information about the specific condition (e.g., dyslexia, dyscalculia, or dysgraphia) in documenting how that condition relates to the child’s eligibility determination” (US Department of Education, 2015). (Image: [NCLD, 2017](#))



In more plain language, a special education evaluation may find a student eligible under the category of Specific Learning Disability, and as part of that evaluation may establish that a student has dyslexia, which would in turn inform educational planning for the student. Using terms like dyslexia can capture and share information about the child’s instructional and behavioral needs and can help the IEP team choose interventions and appropriate instructional strategies.

What are the Child Find obligations for dyslexia?

Teams should not wait for an MTSS process if they suspect a disability which may require special education, such as Autism or a Developmental Delay. According to [WAC 392-172A-02040](#), Child Find methods can include a systematic, intervention based process within general education for determining the need for a special education referral. In order to suspect dyslexia, a Specific Learning Disability, a team needs to determine a student’s response to evidence-based intensive instruction. Once there is a suspicion however, an evaluation may not be delayed while waiting to determine a student’s response to intervention RtI. The process of identifying a need for specially designed instruction (the third question in special education eligibility) requires the team to identify how the student has responded to high quality evidence-based instruction within general education; however, other areas of potential disability



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impact may require special education services and should be considered if there is a suspected disability (adaptive skills, communication, motor, etc.). If a team suspects a disability and interventions have not been implemented, interventions can be implemented during the evaluation timeline to help inform that third eligibility question.

What does a comprehensive evaluation for dyslexia look like?

Dyslexia falls under the eligibility category of a Specific Learning Disability in reading, and as such, standards for a comprehensive evaluation should be followed based on the procedures outlined in [WAC 392-172A-03020](#). Recommendations for achievement and cognitive measures are described below. In addition to these areas, it is important to gather a thorough background history for a student suspected of having dyslexia. For example, information should be gathered about developmental milestones, if there is a history of ear infections and/or hearing concerns, and any family history of dyslexia or language-based learning disabilities.

Review of Intervention Data

When evaluating students through an MTSS framework for specific learning disabilities like dyslexia, the school psychologist will complete a dual discrepancy analysis:

1. Is there a performance discrepancy, defined as student performance below the 10th percentile on grade level assessments compared to their same grade peers?
2. Is there a progress discrepancy, defined as lack of, or insufficient, student progress in evidence-based, intensified intervention?

An MTSS protocol ([example from Franklin Pierce](#)) provides support in making these two determinations. The performance discrepancy can be established with benchmark assessments, grade level screening instruments, or individually administered academic achievement assessments mentioned below if benchmark assessments are not available.

To identify the progress discrepancy, the school psychologist will analyze the intervention and progress monitoring history. Students should be provided with intervention if at risk for dyslexia, identified with screening results below the 10th percentile compared to same-age peers. Following the Instruction, Curriculum, Environment, and Learner ([ICEL](#)) protocol or intervention intensification as outlined by the [NCII](#), intervention should be intensified at least two times, with eight to ten weeks of instruction in between intensifications. Note that between eight and ten data points are needed to calculate a reliable trendline to predict intervention success. This protocol results in a total of three evidence-based interventions provided to the student prior to considering if the student has a disability - in this case dyslexia, a specific learning disability impacting reading - which may require specially designed instruction. It should be noted that sometimes students are provided with highly intensified interventions immediately, in which case



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it can be challenging to intensify, and team professional judgement should be used. The school psychologist will assist the team in determining if interventions were reasonably intensified, were implemented with fidelity, and if progress is made at a rate sufficient to approach grade level expectations within a reasonable time frame.

Achievement Measures

Like any evaluation for a learning disability, a comprehensive academic assessment should be completed. This may have been completed with the analysis of progress monitoring data, particularly if it is norm-referenced (compared to national norms, or local norms if available), administration or review of previously administered diagnostic assessments such as curriculum placement tests or in-program assessments from evidence-based curriculum, criterion assessments of basic reading skills (such as the Criterion Test of Basic Skills, Second Edition (CTOBS-2)), survey level assessment using curriculum based measures or an informal reading inventory (such as the Ekwil Shanker), or the school psychologist may choose to use an individually administered standardized achievement measure such as the Woodcock Johnson Test of Academic Achievement - Fourth Edition (WJ-IV ACH), the Wechsler Individual Achievement Test - Fourth Edition (WIAT-4), or the Kaufman Test of Educational Achievement - Third Edition (KTEA-3). All three of these assessment batteries offer a Dyslexia Profile or Dyslexia Index which considers performance on specific subtests. Subtests to consider measure skills such as letter and word recognition, decoding, spelling, and reading fluency and comprehension. In addition to oral language skills, the recently released WIAT-4 also includes supplemental subtests to measure orthographic processing and phonological processing. An evaluation team may choose to administer more specific reading assessments instead of, or in addition to, those listed above, such as the Feifer Assessment of Reading (FAR), Gray Oral Reading Tests - Fifth Edition (GORT-5), or the Process Assessment of the Learner, Second Edition: Diagnostics for Reading and Writing (PAL-II).

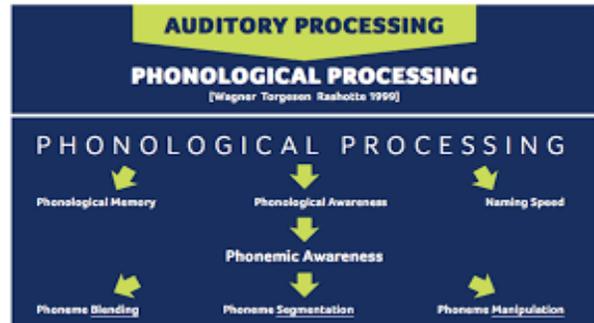
Cognitive Measures

As referenced above, Washington's definition of dyslexia specifies "unexpected difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities that are not consistent with the person's intelligence." As such, many evaluation teams may decide to include a comprehensive cognitive assessment, particularly if there is concern that the student may have an intellectual disability. An intellectual disability may preclude an individual from being identified as having a Specific Learning Disability such as dyslexia, although instructional recommendations may be similar. It is important to note that based on [most recent OSPI-released data](#), students who were American Indian or Alaska Native were disproportionately overrepresented as having an Intellectual Disability, and students who were Black were at-risk for disproportionate overrepresentation.



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Two of the best predictors of dyslexia are phonological awareness and rapid automatized naming (Kirby, Parrila, & Pfeiffer, 2003; Schatschneider & Torgesen, 2004; Frijters et al. 2011). Using Cattell-Horn-Carroll (CHC) theory of intelligence, phonological awareness falls under the cognitive ability of *Ga* and has a strong relationship with reading achievement, especially during early elementary school years (Flanagan, Ortiz, Alfonso, 2013). Within phonological awareness, and more specifically phonemic awareness, are skills such as phoneme blending, segmentation, addition, deletion, and substitution. According to Dr. David Kilpatrick (2015), tasks involving phoneme manipulation (adding, deleting, and substituting) is the layer of phonemic awareness that most closely relates to reading connected text. (Image: [CA Dyslexia Guidelines, 2017](#). The elements of phonological processing. Developed by Nancy Cushen White.)



Rapid automatized naming (RAN) refers to the ability to name as quickly as possible an array of highly familiar visual stimuli presented on one page (Kirby et al., 2010). RAN has been identified as the best predictor of reading fluency across alphabetic orthographies (Landerl et al., 2019; Moll et al., 2014). Using CHC theory, this skill falls under *Glr's* narrow ability of Naming Facility (NA), which is particularly important during the elementary school years (Flanagan, Ortiz, Alfonso, 2013). Both RAN and phonemic awareness can be measured with the FAR or with the Comprehensive Test of Phonological Processing - Second Edition (CTOPP-2). The CTOPP-2 also measures phonological memory. Orthography may also be considered, which refers to the writing and spelling system of a language. Orthographic skills can be measured through the FAR, WIAT-4, or other assessments such as the Test of Orthographic Competence (TOC).

It should be noted that both phonological awareness and RAN are among the skills included in the required dyslexia screening for students grades K-2, so this data may be available for review and may not need to be assessed again. Currently, [OSP](#) is recommending the Rapid Automatized Naming published by Pro-Ed and available through Gander Publishing to be used for the purpose of universal screening for schools whose other tools, such as FASTBridge or AIMSweb, do not assess this area. This assessment or others used for universal screening already available in your district could also be used for students not screened. It is possible that data reviewed in the academic section will also address phonological awareness and other basic reading skills. In this case, additional cognitive testing may not be necessary.



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Other Factors

Dyslexia can be considered a language-based learning disability based on difficulties with the phonological aspect of language (Catts & Kamhi, 2005). As such, children with dyslexia often have early speech and language delays and later comorbid deficits in broader language skills beyond phonology (Adlof & Hogan, 2018). The [American Speech-Language-Hearing Association \(ASHA\)](#) acknowledges dyslexia as a potential etiology of communication disorders. Speech-language pathologists can be seen as partners within our schools to assess areas such as phonology, auditory comprehension, and expressive and receptive language, as well as to determine the presence of a communication disorder.

It is also common for students with delays in reading to have delays in written expression, particularly in spelling. Research has shown the progression of language acquisition for those with limited English Proficiency is typically listening, speaking, reading, and then written expression (de Avila, 1997). Teams may want to consider written expression as an area of need for a student suspected of dyslexia. A record of high quality, evidence-based instruction, intervention, and progress monitoring to show how a student has responded to writing instruction is important to determine if specially designed instruction is needed. In the absence of this data, teams may consider implementing an intervention or progress monitoring written expression in the general education setting during the evaluation period as a method of informing this determination.

As with all special education evaluations, teams have an obligation to determine if specially designed instruction is required for any areas of need, whether or not they are commonly associated with the disability.

Evaluations for the eligibility category of Specific Learning Disability, which includes dyslexia, also need to determine that the disability is not primarily a result of several factors based on [WAC 392-172A-03055](#). These factors include a visual, hearing, or motor disability; intellectual disability; emotional disturbance; cultural factors; environmental or economic disadvantage; limited English proficiency; and lack of appropriate instruction in reading or math. As Whittaker & Ortiz discuss in their [NCLD White Paper](#), the ability to definitively rule out these factors relative to learning problems, particularly with tests, is exceptionally limited and requires consideration and integration of a wide range of research and pedagogical knowledge. School teams may find their considerations and recommendations to be helpful.



What equity considerations need to be taken into account when evaluating students for dyslexia?

It is the responsibility of school teams to consider factors such as culture, economic disadvantage, and limited English proficiency carefully, particularly as identification with a learning disability has been found to be associated with a student's socio-demographic (non-cognitive) characteristics, academic history, and aspects of having limited English proficiency (Shifrer, Muller, & Callahan, 2011). Exposure to risk factors is not evenly distributed among racial and ethnic groups. For example, factors such as low socioeconomic status and school racial segregation cause educational opportunity gaps, whereas Black students have fewer educational opportunities than white students in almost every American school district (Reardon, Kalogrides, & Shores, 2019).

According to the most [recent OSPI-released data](#), students identified as American Indian or Alaska Native, Black, or Hispanic were at-risk of disproportionate overrepresentation in the special education eligibility category of SLD. Claims from national studies about disproportionality of SLD after controlling for factors such as family income have varied (Morgan et al. 2017; Grindal et al. 2019). However, Grindal et al. (2019) posited that achievement measures and teacher ratings may also include bias and stated "discrimination and implicit biases against students of color lead to disproportionately high representation of Black and Hispanic students in special education." It is important to consider this potential for bias alongside knowledge that in regard to dyslexia specifically, many families find the path to accessing a diagnosis to be unclear and limited to privileged circles who pursue private psychoeducational evaluations. In a recent study of one state that has implemented universal screening for dyslexia, schools were "less likely to classify African American and Hispanic students as having dyslexia than Caucasian students, controlling for both literacy skills and free and reduced-price lunch status," despite data from the universal screener (Odegard et al. 2020). Although not yet fully implemented statewide, one of the primary focuses of [Washington's MTSS framework](#) is to ensure equitable access to universal instruction and supports that are culturally and linguistically responsive, universally designed, and differentiated to meet unique student needs.

When considering evaluation of English Learners, school teams may consider the use of pre-referral tools such as the ELL Critical Data Process (Gill & Nanayakkara, 2014). This process, often completed by an MTSS team, considers factors for English Learners in a data matrix that suggest either a need for more intervention or need for a special education referral. If it is determined necessary to administer standardized assessments, a school psychologist may assess the validity of their results with The [Culture-Language Interpretive Matrix \(C-LIM\)](#) through which a student's performance is analyzed to see if the pattern of performance is within the range that would be expected of other individuals with similar cultural and linguistic



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backgrounds (Flanagan, Ortiz, & Alfonso, 2013). An important feature of both tools is comparison with like-peers who share similar demographic and background characteristics.

Some evidence suggests that languages with shallow or transparent orthographies, such as Spanish, promote faster rates of reading acquisition (Aro & Wimmer, 2003; Seymour et al., 2003; Ellis et al., 2004). This claim refers to languages that have a higher regularity between speech sounds and letters, compared to languages like English and French which are considered to have deep or complex orthographies (Mather, 2019). Although previous research suggested that slow reading rate may be the best predictor of dyslexia for English Learners, Ziegler et al. (2010) determined that phonological awareness is a relatively universal predictor of reading performance in alphabetic languages. In a recent study with Spanish-speaking ELLs, Youman & Mather (2019) found that tasks of phonological awareness and RAN were found to be highly correlated to basic reading skills and recommended that these measures should be part of a dyslexia assessment with this population.

In regard to universal dyslexia screening, OSPI's [Dyslexia Advisory Council recently endorsed](#) the "recommendations of the Dual Language Steering and Bilingual Education Advisory Committees to use the WIDA English Language Development assessments & proficiency levels to determine when an English learner will be administered the literacy screener in English." They further specify: "A student who has received English Language Development instruction since kindergarten and has not meet the threshold recommendations of the Dual Language Advisory and Bilingual Steering Committees by late spring of 2nd grade -- the student may be administered the literacy screener associated with the Early Screening of Dyslexia statute before the conclusion of 2nd grade."

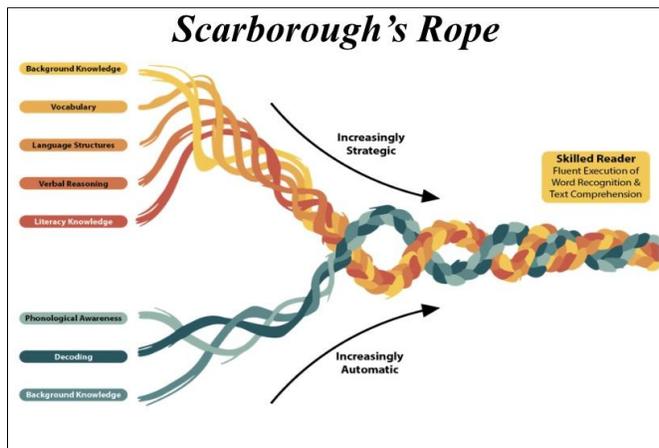
In alignment with evaluation procedures outlined in [WAC 392-172A-03020](#), assessments must be provided and administered in the student's native language or other mode of communication and in the form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally unless it is clearly not feasible to so provide or administer. NASP maintains a [directory of bilingual school psychologists](#), and the [NASP 2020 Professional Standards](#) assert that when interpreters are required, school psychologists request the assignment of interpreters who are qualified and are acceptable to clients. It should be noted that not all Spanish speakers speak the same dialect. Spanish language tests may still be inappropriate for use depending on the student's dialect. Review the norm sample and the dialect of Spanish to determine if a test is appropriate for a specific student. Direct translation of cognitive assessments void standardization and are not legally defensible (Harris, 2016). If a bilingual school psychologist is not available to administer the assessment, or an assessment is not available and normed with the specific language and dialect the student speaks, it is recommended to administer the assessment in English first, following all standardization, and repeat administration with an interpreter in a testing the limits procedure for all subtests in which the student demonstrated a normative weakness, or on any subtests which were not validated



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with the C-LIM analysis, for qualitative information ([Ortiz, 2014](#)). Ultimately, teams should critically consider the necessity of cognitive testing for any evaluation, but specifically for students who are culturally and linguistically diverse. If an evaluation team has determined that a cognitive assessment is required and the student has both limited English language abilities and limited native language abilities, administering a nonverbal assessment may be the most appropriate method (Harris, 2016). According to a [NASP position paper](#), it is also important to consider that nonverbal tests also rely on some form of effective communication between examiner and examinee, and therefore may be as culturally loaded as verbal tests.

What interventions are recommended for dyslexia? Are there specific trademarked curriculum required?



There are two steps for school teams to follow when selecting an evidence-based intervention. First, there needs to be a working knowledge of the component skills of reading. Second, based on screening or assessment, instruction needs to be selected to match an underlying component skill weakness (Truckenmiller, Yohannan, & Cho, 2020). It is important for school psychologists to be well-informed about reading instruction particularly as it relates to MTSS interventions and decision-making. The Simple View of

Reading, originally from Gough and Tunmer (1986), is one of the most prevalent theories of reading and provides a useful framework to learn from ([California Dyslexia Guidelines, 2017](#)). In this view, reading comprehension is seen as a product of decoding and language comprehension skills. Scarborough's Reading Rope from Dr. Hollis Scarborough (2001) provides a visual representation of skills needed to be a proficient reader within the two major categories of word recognition and language comprehension. In 2000, [The National Reading Panel](#) found that explicit instruction in phonemic awareness, phonics, vocabulary, fluency, and comprehension with a foundation of oral language, will best support students in their literacy development. (Image: Scarborough's Reading Rope. Originally by Dr. Hollis Scarborough and adapted by OSPI.)

OSPI's Dyslexia Advisory Committee has approved recommended dyslexia screeners, but **does not require specific curriculum** to be used for students with dyslexia. Educators are encouraged to use evidence-based curricula and interventions for students with dyslexia and other learning disabilities. OSPI's [English Language Arts web page](#) provides resources for



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information about the Science of Reading and Structured Literacy. School psychologists are encouraged to use resources such as the What Works Clearinghouse (WWC) (<http://ies.ed.gov/ncee/wwc>) or the National Center on Intensive Intervention ([NCII Intervention Tools Chart](#)), Intervention Central ([Academic Interventions](#)) or the University of Missouri's [Evidence Based Intervention Network](#) to identify and review high quality research about the effectiveness of current interventions and curricula. School psychologists are also likely to find the recent NASP Communique article titled "Linking Reading Assessment Data to Instructional Planning: A Component-Skills Approach" to be helpful. In this article, Truckenmiller, Yohannan, & Cho (2020) reviewed evidence-based reading instruction programs and their effect sizes based on WWC standards.

Will there be parent handouts or infographics to facilitate these discussions?

OSPI has produced resources for families about understanding the new literacy requirements, which is available in English and Spanish. This document provides information about screener administration, including what is administered, how it is being used, and why screening is taking place. OSPI has also produced a family and caregiver discussion guide with educators and schools, available in 10 languages. The discussion guide includes questions and suggestions related to collecting additional information, such as social-emotional well-being, physical factors, existing academic performance information, attendance, and discipline. These resources are available on the [OSPI website](#). Family-friendly handouts and articles about dyslexia can also be found through websites such as [understood.org](#) and [childmind.org](#). General resources for using an interpreter can be found on the [Office of the Education Ombuds website](#).

Additional Resources

Office of Superintendent of Public Instruction (OSPI)

- [OSPI Dyslexia Fact Sheet](#) (PDF)
- [Early Literacy Screening Guidance for Multilingual/English Learners](#) (PDF)
- [Decision Tree](#) (PDF)
- [Best Practices for Early Literacy Screening Implementation: Educators](#) (PDF)
- [Educational Information for Parents and Families](#) (PDF) ([additional languages available](#))
- [Family Caregivers Discussion Guide](#) (PDF) ([additional languages available](#))
- [MTSS Resource Page](#)

National Center for Learning Disabilities

- [What a Specific Learning Disability is *Not*: Examining Exclusionary Factors](#) (PDF)



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- [Five Questions Parents and Educators Can Ask To Start Conversations About Using Terms Like Learning Disabilities, Dyslexia, Dyscalculia, and Dysgraphia](#) (PDF)

US Department of Education

- [Dear Colleague Letter, October 2015](#) (PDF)
- [What Works Clearinghouse](#)

US State Centers and Guidelines

- [Florida Center for Reading Research](#)
- [Texas Center for Learning Disabilities](#)
- [California Dyslexia Guidelines](#)

Further Reading on Assessment

- Council for Exceptional Children: [Dyslexia in The Schools - Assessment and Identification](#) (PDF)
- Essentials of Dyslexia Assessment and Intervention by Mather, N., & Wendling, B. J. (2011). John Wiley & Sons (Book)
- Essentials of Assessing, Preventing, and Overcoming Reading Difficulties by Kirkpatrick, D. (2015). John Wiley & Sons (Book)

Washington District MTSS Procedures for SLD Identification

- Franklin Pierce School District
 - [Multi-Tiered System of Supports Framework](#)
 - [MTSS-Academic Guide](#)

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Appendix A: Elementary Case Study (Jordan)

This case study is provided as a demonstration of how a student may move through screening, intervention, referral, and evaluation for special education for dyslexia at the elementary level. This example will not consider other areas of concern. In a real situation, teams would consider all areas of suspected impact in the intervention, referral, and evaluation processes.



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Screening for Dyslexia

Jordan completed screening as scheduled, beginning in preschool since they attended the school district's preschool program. District wide CBM benchmark testing for Early Reading is approved for kindergarten and first grade as a composite score to screen for dyslexia, with the addition of RAN being administered in Winter.

In the tables below, (f) refers to fall, (w) refers to winter, (s) refers to spring, and na refers to not available.

Test	2018-2019 (PK)	2019-2020 (K)	2020-2021 (1st)
Early Reading	28 (f); 24 (w); 29 (s)	20; 26; na	19; 17, na
Concepts of Print	5; 0; 6	6; na; na	na
Letter Names	0; 0; 0	0; na; na	na
Letter Sounds	0; 0; 0	0; na; na	na
Nonsense Words	na	na; 0; na	0; 0; na
Onset Sounds	7; 2; 4	5; 0; na	na
Sentence Reading	na	na	6; na; na
Sight Words	na	na	0; 0; na
Word Segmenting	na	na; 0; na	0; 0; na

Kindergarten Rapid Naming Score: Objects: 130 seconds – 1st %ile; Colors: 135 – 1st %ile (could not identify example letters and numbers)

1st grade Rapid Naming Score: Objects: 105 seconds – 1st %ile; Colors: 99 seconds – 1st %ile (could not identify example letters and numbers)

Subtest Schedule and Description:

Kindergarten:

Fall: Composite Score includes Concepts of Print, Onset Sounds (phonological awareness), Letter Names and Sounds (letter sound knowledge)

Winter: Composite Score includes Onset Sounds (phonological awareness), Letter Sounds (letter sound knowledge), Word Segmenting (phonemic awareness), Nonsense Words (letter sound knowledge)



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Additional Testing needed: Rapid Naming: Tool - Rapid Automated Naming (objects, colors, numbers, and letters)

Spring: Composite Score includes Letter Sounds (letter sound knowledge), Word Segmenting (phonemic awareness), Nonsense Words (letter sound knowledge), Sight Words (Fluency)

First Grade:

Fall: Composite Score includes Word Segmenting (phonemic awareness), Nonsense Words (letter sound knowledge), Sight Words 150 (fluency), Sentence Reading (fluency)

Winter: Composite Score includes Word Segmenting (phonemic awareness), Nonsense Words (letter sound knowledge), Sight Words 150 (fluency), CBM Reading (fluency)

Additional Testing needed: Rapid Naming: Tool - Rapid Automated Naming (objects, colors, numbers, and letters)

Spring: Composite Score includes Word Segmenting (phonemic awareness), Nonsense Words (letter sound knowledge), Sight Words 150 (fluency), CBM Reading (fluency)

General Education Response to Screening Data

Based on Fall benchmark testing in Kindergarten, Jordan was provided with the following Tier 3 Intervention using evidence-based instruction and implemented with fidelity:

Reading:



Special Education Referral

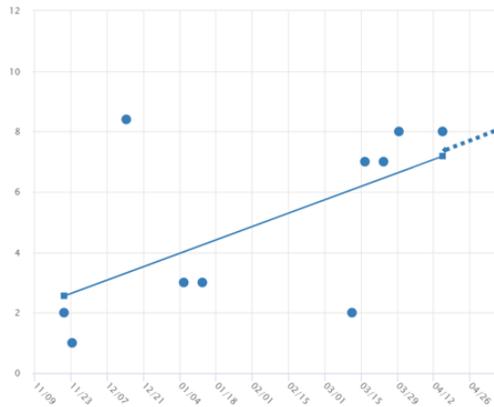
Jordan was referred by their parent in Winter of first grade, just following winter benchmark testing, with the support of the intervention teachers. Intervention records indicate Jordan had intervention in reading, which went through three intensifications.



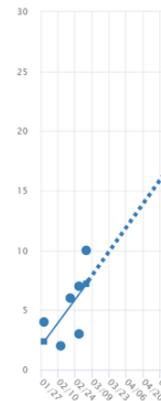
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Progress monitoring data:

CURRENT PROGRESS: LETTER SOUNDS (1 TO 8)



KINDERGARTEN PROGRESS: LETTER SOUNDS (4 TO 10)



Kindergarten Letter Sound Norms:

	Fall	Winter	Spring
50%ile	5	29	45
25%ile	1	20	33
10%ile	0	9	22

*First Grade Letter Sound is not included in grade level benchmarking

Intervention data reflects that Jordan did make progress in kindergarten or first grade interventions, but the progress was insufficient to close the gap with same-age peers, remaining below the 10th percentile on kindergarten level skills through kindergarten and first grade.

Other information: Jordan was provided with special education services in preschool for speech and social skills under the category of developmental delay. Jordan was found ineligible for specially designed instruction in fall of Kindergarten. Jordan has attended private tutoring for two hours, two days a week for additional reading and math instruction since October of kindergarten, and tutoring staff have raised concerns about their lack of progress as well.

Referral Team Meeting: Based on a review of this data at the referral meeting, the team agreed to proceed with a special education evaluation to determine if Jordan has a specific learning disability, specifically dyslexia. English is their primary language; however, Jordan was also exposed to Spanish from birth via their grandmother from birth to age one when they lived together. Jordan’s parents speak English, and they have had continuous exposure to English in the home, and do not speak Spanish now. Jordan has only received instruction in English. The referral team did not have concerns about adaptive or global functioning level, so an intellectual



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disability was ruled out as a concern. For this special education evaluation, the team agreed to the following assessment plan.

Assessment Plan

Academic

Analysis of intervention and progress monitoring data in reading. Additional data may be collected if needed to identify specific deficits. This is done by addressing the question of a dual discrepancy (i.e. student performance compared to peers, and student progress compared to appropriate goal or expected rate of improvement).

Observation

Jordan will be observed in their general education learning environment. An observation may also be completed in their intervention setting with a fidelity inventory to assess the fidelity of the intervention implementation if needed.

Medical/Developmental

Jordan's parent will complete a developmental interview with the school psychologist, which will include information around emotional disability, cultural factors, environmental factors, and English proficiency. If determined necessary, medical records may be requested. Jordan will also have hearing and vision screened.

General Education

The classroom and intervention teachers will provide input regarding Jordan's performance, behavior, and participation in their classes.

Review of Existing Data

In addition to the review of intervention above, Jordan's school history will be reviewed including attendance and school moves to address lack of appropriate instruction.

Cognitive

In a district with MTSS in place: The team discussed the need for any cognitive testing, due to concerns around memory. It was concluded, however, that since there was not a suspected intellectual disability, this information would not impact or inform intervention, and so was determined to be unnecessary for this evaluation. If the team determined it necessary, they could complete cognitive testing to consider a pattern of strengths and weaknesses; however this is not required in the identification of a SLD (including dyslexia) and does not inform or impact instruction or intervention, and was not recommended at this time.

In a district without MTSS and still required to use the discrepancy model: The team discussed the need for any cognitive testing, as part of the process to identify a SLD (including dyslexia). It was concluded there was not a suspected intellectual disability, this information would not



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impact or inform intervention, but was determined to be necessary for this evaluation due to the current state criteria. If the team determined it necessary, they could also complete cognitive testing to consider a pattern of strengths and weaknesses, however this is not required in the identification of a specific learning disability including dyslexia and does not inform or impact instruction or intervention.

Evaluation Results

After receiving written consent, the team begins the evaluation with the following results.

Reading

Screening results

Early Reading Composite:

Early Reading Composite	2018-2019 (PK)	2019-2020 (K)	2020-2021 (1)
Student Score	28 (f); 24 (w); 29 (s)	28; 26; na	19; 17; na
National Percentile	63; 1; 1	13; 1; na	1; 1; na

CBM Reading: Oral Reading Fluency

Oral Reading Fluency	2020-2021 (1)
Student Score	0; 0; na
National Percentile	1; 1; na

In the area of reading, Jordan has demonstrated a performance discrepancy between their reading and their peers' grade level reading skills with performance below the 10th percentile (nationally and locally) on grade level skills.



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Intervention History



Instruction: Instructional Strategies: small group, direct instruction, choral responses, individual turns, mastery tests, progress monitoring, preteaching, one to one, push-in

Motivational Strategies: PAW slips for participation, specific positive praise, mastery test feedback, self-monitoring progress, token system for engagement

Curriculum: Student was given placement testing for district approved direct instruction curriculum and was placed in a corresponding intervention. There were 3 intensifications of intervention.

In-Program Assessments

Assessment	Pass/Fail
Reading Mastery K Phoneme Test	Failed several times, before passing in April
Reading Mastery K Mastery Test Decoding CVC Words	Pass

Environment: Jordan was initially provided instruction within the classroom, but due to lack of progress was provided instruction in a small group alternate setting.

Learner: Jordan's primary challenge is retention of newly learned skills even after extensive repetition. Jordan also struggles to access skills and use them in different learning environments and media. For example they can blend a CVC word in the instructional program text but struggles to employ the same skill with the same word in an alternate text or setting. Jordan also

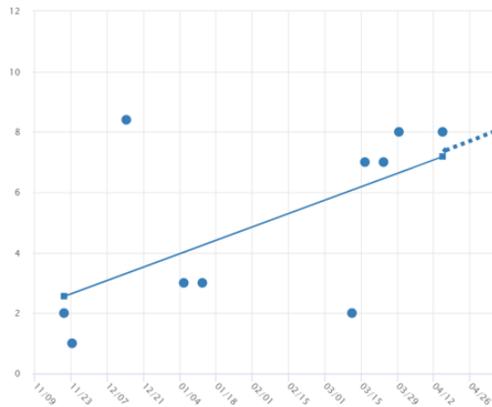


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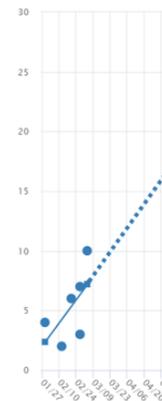
struggles with categorizing information and will confuse a letter name for a letter sound or a vocabulary word for a letter name.

Progress Monitoring:

CURRENT PROGRESS: LETTER SOUNDS (1 TO 8)



KINDERGARTEN PROGRESS: LETTER SOUNDS (4 TO 10)



Jordan has demonstrated a progress discrepancy in reading with a current rate of improvement of .23 where a rate of improvement of 1.92 is required to meet the goal of 23 letter sounds, which would be just above the 10th percentile at the end of kindergarten and still not grade level skills.

Based on this data, Jordan has demonstrated a dual discrepancy in reading.

If a student's progress and screening data does not cover the areas of basic reading (phonics, phonological awareness, letter/sound relationship, and rapid naming) the evaluation team may decide to assess these areas. These will all be included in OSPI-approved dyslexia screening, so in this case, these do not need to be completed again.

Observation

Jordan was observed utilizing the Behavioral Observation of Students in Schools (BOSS). The BOSS defines behavior in five categories, two for engagement and three for non-engagement.

Academic engagement is categorized into:

- Active Engagement Time (AET): times when the student is actively attending to the assigned work or instruction.
- Passive Engagement Time (PET): times when the student is passively engaged in assigned work or instruction.

Non-engagement is categorized into:



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- Off-Task Motor (OFT-M): motor activity that is not directly associated with an assigned academic task.
- Off-Task Verbal (OFT-V): audible verbalizations that are not permitted, and/or not directly associated with an assigned academic task.
- Off-Task Passive (OFT-P): passively not attending to assigned academic activity for a period of three or more consecutive seconds.

General Education ELA Lesson	AET	PET	OFT-M	OFT-V	OFT-P
Jordan	20%	75%	0%	0%	5%
Peers	70%	20%	5%	0%	5%

Narrative: Jordan was engaged during discussion, raising their hand to participate and contribute ideas, however, when the teacher was giving instructions referring to reading material or writing, Jordan was passive, ie, looking at the teacher, showing active listening, but not engaging with information, not referring back to reading material. Jordan did not appear off task, other than for a moment during work time, prior to the teacher checking in with them and providing them alternative directions. Jordan's teacher provides differentiated work, and on this day it was tracing letters. There were no difficulties with behavior noted, other than disengagement until work was provided at Jordan's level.

Medical/Developmental

No remarkable medical history. Both full-term, healthy, via planned C-section after an unremarkable pregnancy. There was no reported substance use or excessive stress during pregnancy. No concerns at birth or in the neonatal period. Jordan did have early intervention for speech and social skills via school district services under the Developmental Delay category at the Early Learning Center where they attended preschool with Head Start. Jordan was evaluated and exited prior to entering kindergarten. There is a family history of difficulty in school, particularly with reading, but no history of special education services. Family speaks English. Jordan is reported to be a generally healthy child. Parent noted strengths in being caring and compassionate, enjoying being a helper, and loving school.

The remote learning model was a challenge at first, but with parent support they were able to attend and participate. They prefer to go to school in person and were happy to get to be back four days a week. At home they read together in the evenings, usually with Jordan listening to their mom read. Jordan has attended tutoring for additional instruction in math and reading since October. The staff reported concerns about Jordan's progress in February which led to their mother asking the school about a special education referral.



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Jordan passed the hearing and vision screening last year; new screening was not completed due to COVID-19 restrictions and the team having no new concerns in this area.

General Education

Jordan is eager to participate and work with peers in class, however, is not able to do much of the grade level work. Jordan is given differentiated work, which helps their ability to participate in work time. Jordan loves to be a classroom helper and regularly has a class job to keep them integrated into the class community even though they are in pull-out lessons for much of the day. Jordan's inability to engage in grade level work is impacting their ability to work with peers.

Review of Existing Data

Jordan attended developmental preschool prior to attending their current school, and has had no extended absences prior to the COVID-19 pandemic. Jordan did have to quarantine during this evaluation period, and participated remotely during that time. In kindergarten, Jordan had three absences and four tardies. This year, in first grade, Jordan has had four absences that were not related to their quarantine. Jordan is logging in to attend virtual lessons on remote Wednesdays and is completing their differentiated work. They have not missed intervention lessons other than the noted absences above.

Cognitive

If in a setting where SLD is not able to be identified through response to intervention per [WAC 392-172A-03060](#), cognitive testing is needed.

There is not a specific profile expected for a student with dyslexia, though you *may* expect to see low scores on rapid naming and phonological awareness if those are assessed on your battery. These areas were screened for this student, so information was already available for the evaluation team. A school psychologist may choose to complete additional phonological testing, such as the CTOPP-2, however, Jordan's existing data indicated where weaknesses lie (at the letter/sound level) and no additional testing is needed.

Conclusions/Recommendations

Jordan has demonstrated a specific learning disability. This includes a specific learning disability in basic reading skills - commonly known as dyslexia. Although there is no history of intervention in writing, Jordan is also significantly behind peers in this area, and is not currently making progress in general education.

Jordan is not able to make meaningful progress to close the achievement gap without specially designed instruction. The team recommends that Jordan have specially designed instruction in basic reading. The IEP team will determine goals. Instruction in reading should be based in the science of reading and should include explicit instruction in phonics and phonological awareness. The identification of dyslexia does not indicate that specific copywritten curriculum



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must be used; however, evidence-based instruction must be in place, and the team should monitor Jordan's progress and intensify intervention as needed to achieve meaningful growth.

Appendix B: Secondary Case Study (Taylor)

This case study is provided as a demonstration of how a student may move through screening, intervention, referral, and evaluation for special education for dyslexia at the secondary level. This example will not consider other areas of concern. In a real situation, teams would consider all areas of suspected impact in the intervention, referral, and evaluation processes.

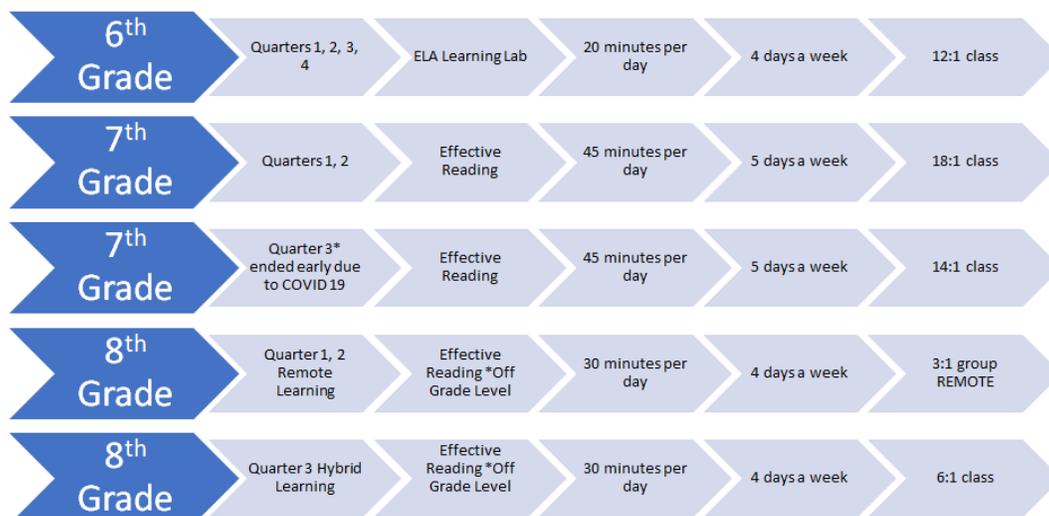
Screening/Benchmarking

Taylor completed screening three times per year, except for Spring 2020 which was canceled due to school closure for COVID-19 pandemic and subsequent remote learning.

Oral Reading Fluency	2018-2019 (6)	2019-2020 (7)	2020-2021 (8)
Student Score	80 (f); 82(w); 80(s)	69; 91; na	71; 90; na
National Percentile	5, 4, 2	1, 2, na	2, 5, na

General Education Response to Screening Data

Based on Fall benchmark testing, Taylor was provided with intervention as follows:





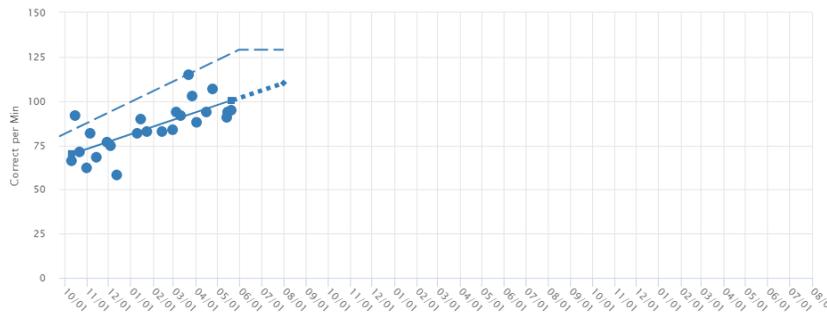
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Special Education Referral

Taylor was referred by their parent in the Winter of 8th grade, following winter benchmark testing, with the support of the intervention teachers. Intervention records indicate this student had intervention in reading which went through three intensifications.

Progress Monitoring

Sixth grade progress monitoring was completed at the sixth grade level. Accuracy was poor in fall, but improved in January and throughout the year with fewer than three or four errors per passage. Taylor’s fluency also increased, but maintained below the 10th percentile range across the year.



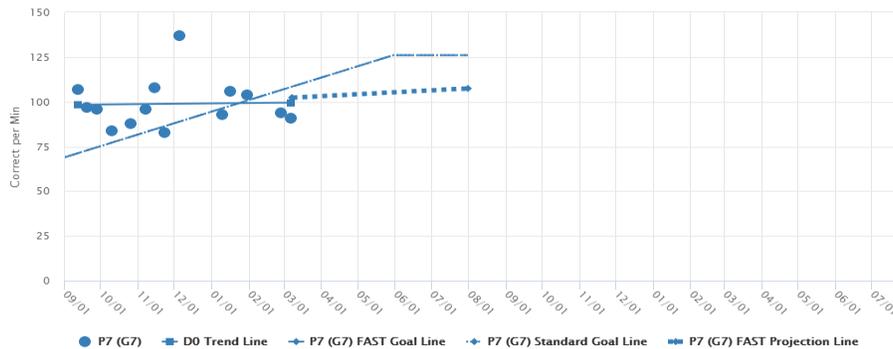
6th grade oral reading fluency norms:

	Fall	Winter	Spring
50%ile	155	168	180
25%ile	125	141	154
10%ile	96	110	122

Seventh grade progress monitoring was completed at the seventh grade level. Taylor’s accuracy was good across the year with fewer than three or four errors per passage. Fluency had a negative trendline, with notable high and low scores, and all scores fell below the 10th percentile across the year.



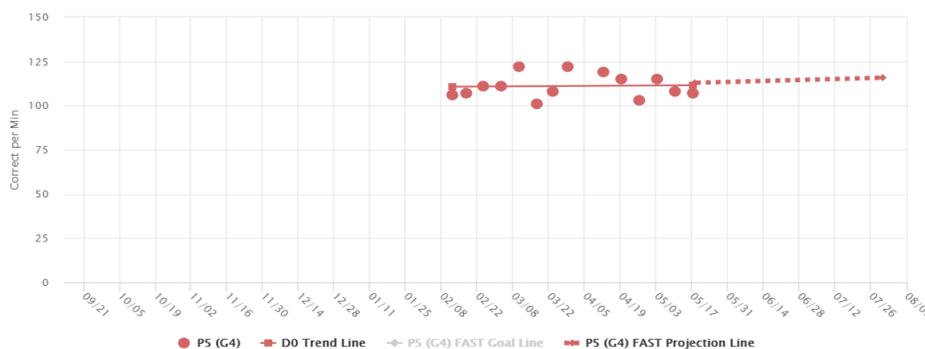
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7th grade oral reading fluency norms:

	Fall	Winter	Spring
50%ile	176	185	198
25%ile	147	157	168
10%ile	123	130	137

Eighth grade progress monitoring was completed at the fourth grade level. After completing placement testing for the intervention curriculum this fall, Taylor placed into fourth grade reading instruction. Though a survey level assessment was not completed, the teacher determined they should be progress monitored at the fourth grade level to match instruction.



Fourth grade oral reading fluency norms:

	Fall	Winter	Spring
50%ile	176	185	198
25%ile	147	157	168
10%ile	123	130	137



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50%ile	125	142	156
25%ile	98	116	130
10%ile	73	90	102

This data reflects that Taylor did make progress in sixth grade intervention, and progress has not improved significantly since then. Taylor is reading around 100 words correct per minute at the seventh grade level for all of seventh grade, and between 100 and 125 words per minute at the fourth grade level in eighth grade.

Other information:

Taylor experienced two school moves, one mid-year during third grade and one at the onset of sixth grade. Taylor's family speaks English, and parent reported a history of dyslexia in the family. There are no known health problems. Taylor is the oldest child, with a younger brother (fifth grade) and sister (first grade). Parent shared that working on homework is a battle at home, so they primarily focus on reading together at bed time. The family is reading *Percy Jackson* together.

Team Meeting Notes:

Based on this review of data at the referral meeting, the team agreed to proceed with a special education evaluation to determine if Taylor has a specific learning disability, specifically dyslexia. There were also concerns in writing, specifically spelling. There is no intervention system in place for writing; however, the team discussed how spelling is 'reading in reverse,' and that difficulty with reading often includes difficulty spelling. There were no concerns about adaptive or global functioning level, so an intellectual disability was ruled out as a concern.

Assessment Plan

For this special education evaluation, the team agreed to the following assessment plan:

Academic

The team will complete an analysis of intervention and progress monitoring data in reading. Additional data may be collected if needed to identify specific deficits. This is done by addressing the question of a dual discrepancy, or by comparing Taylor's performance to peers, as well as their progress compared to appropriate goal or expected rate of improvement).

A screening assessment for written expression will be given in order to determine if there are concerns beyond spelling. Further assessments may be used, if necessary, after the screening. Though intervention was not directly provided in this area, language acquisition research indicates that writing develops after reading skills, and if a student is already two or more years behind in reading development, it is likely that they will require long-term direct instruction to



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close this gap. When concerned about reading development, an evaluation team should at least consider written expression as an area of impact.

Math benchmark and intervention history will be noted in this section though this is not an area of concern.

The team may consider using a RAN assessment, since this is commonly associated with dyslexia; however, if there is already a preponderance of data suggesting dyslexia, this may be unnecessary. Additionally, the team may conduct additional reading assessment(s) if more information is needed such as the CTOBS-2, an informal reading inventory, or a standardized reading test.

Observation

Taylor will be observed in their general education learning environment. An observation may also be completed during the intervention with a fidelity inventory to assess the fidelity of the intervention implementation, if needed.

Medical/Developmental

Parent will complete a developmental interview with the school psychologist and, if needed, relevant medical records may be requested. This will include information around emotional disability, cultural factors, environmental factors, and English proficiency. Taylor will also have hearing and vision screened.

General Education

The classroom and intervention teachers will provide input regarding Taylor's performance, behavior, and participation in their classes.

Review of Existing Data

In addition to the review of intervention above, Taylor's school history will be reviewed, including attendance and school moves, to address lack of appropriate instruction.

Cognitive

In a district with MTSS in place: The team discussed the need for any cognitive testing, due to concerns around memory. It was concluded, however, that since there was not a suspected intellectual disability, this information would not impact or inform intervention, and so was determined to be unnecessary for this evaluation. If the team determined it necessary, they could complete cognitive testing to consider a pattern of strengths and weaknesses; however this is not required in the identification of a SLD (including dyslexia) and does not inform or impact instruction or intervention, and was not recommended at this time.

In a district without MTSS and still required to use the discrepancy model: The team discussed the need for any cognitive testing, as part of the process to identify a SLD (including dyslexia). It was concluded there was not a suspected intellectual disability, this information would not impact or inform intervention, but was determined to be necessary for this evaluation due to the



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current state criteria. If the team determined, they could also complete cognitive testing to consider a pattern of strengths and weaknesses, however this is not required in the identification of a specific learning disability including dyslexia and does not inform or impact instruction or intervention.

Evaluation Results

After receiving written consent, the team begins the evaluation with the following results:

Reading

Screening

CBMReading: Oral Reading Fluency

Oral Reading Fluency	2018-2019 (6)	2019-2020 (7)	2020-2021 (8)
Student Score	80 (f); 82(w); 80(s)	69; 91; na	71; 90; na
National Percentile	5, 4, 2	1, 2, na	2, 5, na

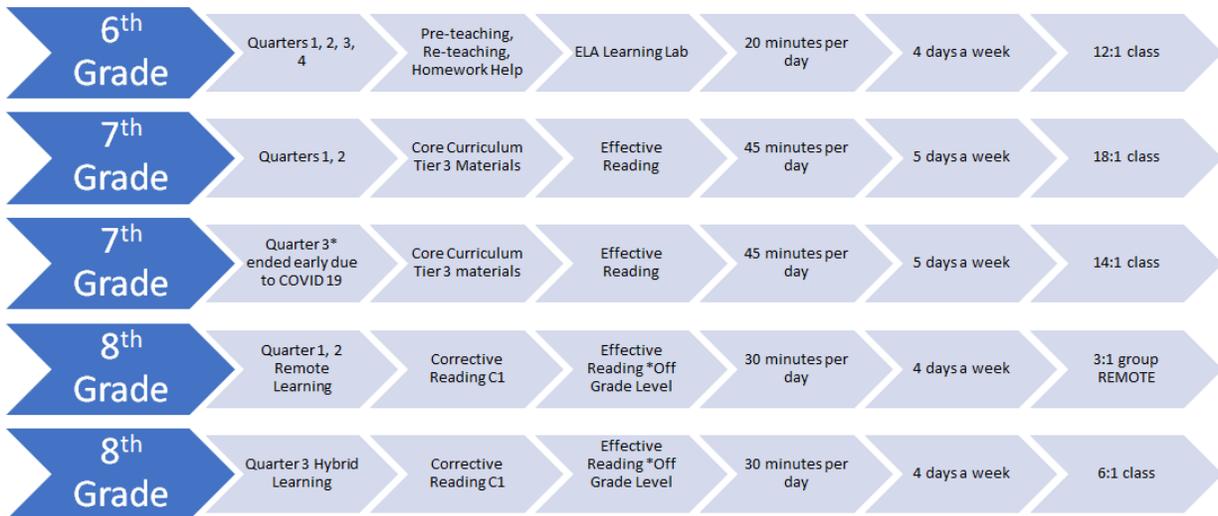
In the area of reading, Taylor has demonstrated a performance discrepancy between their reading and their peers' grade-level reading skills with performance below the 10th percentile (nationally and locally) on grade-level skills.

Intervention History

Taylor transferred into their current school one month into their sixth grade year. There is no known intervention history prior to this, though parent reports they had a different teacher for reading.



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Intervention history does demonstrate intensification, however intervention in sixth grade was not evidence-based. Intervention provided in seventh grade was applied with evidence-based practices such as explicit instruction, though evidenced-based curriculum was not used. The teacher applied evidence-based practices to core curriculum instruction for this class, which was intended to help students performing below grade-level to access core content. Most students who participate in this intervention (roughly 80%) improve on grade-level material and are no longer placed in intervention by the end of the year. An interview with the seventh grade teacher indicated that in November of Taylor's seventh grade year, they intensified Taylor's program by adding on flash card practice of frequently missed words in their progress monitoring to the end of the period for five to 10 minutes on Fridays.

The eighth grade intervention was evidence-based, and attempts were made to provide the intervention remotely; however no progress monitoring data was collected to determine the effectiveness of this program. Based solely on the fall to winter benchmark, however, Taylor did improve from 71 to 90 words in this time period, so the team can assume an ROI on grade level material of 1.19, which is a better than average ROI for a student below the 10th percentile on this assessment (0.9-0.95). Records reflect that Taylor attended remote intervention, though they did not attend core instruction at this time.

Intervention was intensified upon return to in-person instruction following COVID-19 pandemic school building closures. The number of students in Taylor's group was increased, however, due to limited resources. The eighth grade intervention teacher noted Taylor's difficulty with multisyllabic words, as well as lagging participation. The class was structured so there were two groups running simultaneously, one led by the teacher, and one by a paraeducator. In April, the teacher intensified Taylor's intervention by the addition of behavioral motivation strategies to encourage participation. Participation did improve after this. Additionally, Taylor had additional practice with multisyllabic word blending for five minutes a day with the teacher while other students worked on an entry task.



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Current Intervention:

Instruction: Instructional Strategies: small group, direct instruction, choral responses, individual turns, mastery tests, progress monitoring, preteaching, one to one

Motivational Strategies: PBIS slips for participation, specific positive praise, mastery test feedback, self-monitoring progress, token system for engagement

Curriculum: Student was given placement testing for district-approved direct instruction curriculum and was placed in a corresponding intervention. There were three intensifications of intervention, including placement in this program.

In Program Assessments

Corrective Reading Lesson 40 Fluency Check (most recent)	Failed, passed on 2nd attempt
Corrective Reading Mastery Test (every 30 lessons, word identification, reading and answering comprehension questions)	Passed last mastery test (95%)

Environment: Taylor was initially provided instruction in two small group settings, including a learning lab for 20 minutes four times a week, and in effective reading (the elective intervention course) for a 45 minute daily period. This is in addition to their core ELA class.

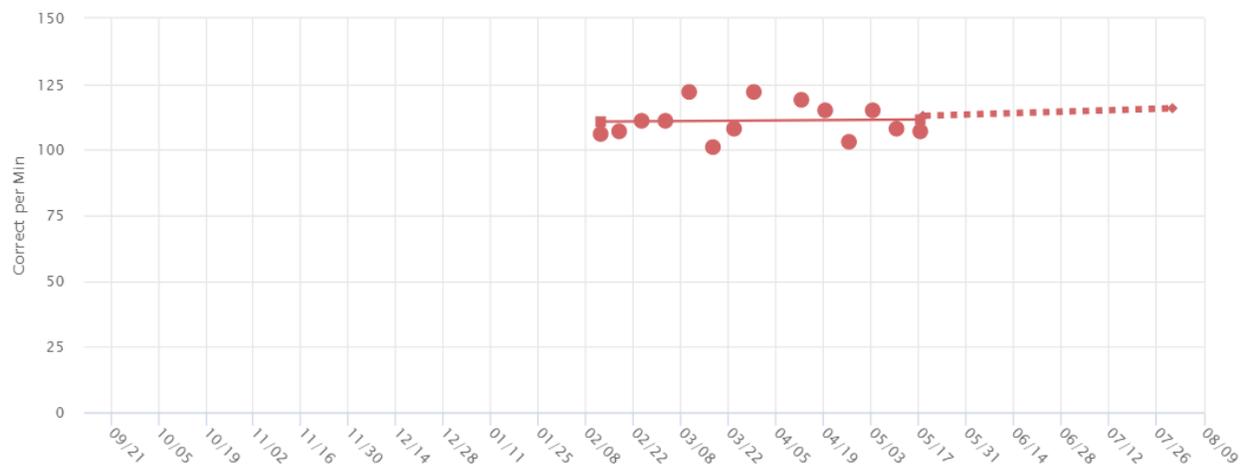
Learner: Taylor is an accurate reader, but slow. They struggle with multisyllabic words and fluent reading. They are not making progress in the Direct Instruction program and are not able to access their Core ELA class successfully.

Progress Monitoring:

Current year: (no data from remote learning)



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Taylor has demonstrated a progress discrepancy in reading with a current rate of improvement of .06. A rate of improvement of 1.29 is required to meet the goal of 130 correct words per minute, which would be just above the 10th percentile at the end of 4th grade and still not meeting grade level skills.

****Note:** When calculating actual ROI and Goal ROI, it is important to ensure the baseline and goal are appropriate and attainable goals. You can reference average ROI data for some of this information. You will calculate the difference between baseline (average of first three scores) (108 = 106, 107, 111 avg in this example) and the goal (130, the 25th percentile at the end of 4th grade). Then divide that by the weeks of the program. For this example there are 17 weeks for intervention, so $130 - 108 = 22$; $22 / 17 = 1.29$ ROI to meet the goal. Actual ROI is best calculated by a computer program to be more nuanced; however, ROI can be manually estimated similarly with the average of the first 3 data points, and last 3 data points in place of the baseline and goal, and divided by actual weeks of intervention (14). Alternatively, you can enter the data into Excel which can calculate the slope of the trendline, which will give you the ROI.

Example:

$$110 (107, 108, 115) - 108 = 2$$

$$2 / 14 = .14^*$$

**the computer calculated ROI is more accurate, this was just an example.*

Based on this data, Taylor has demonstrated a dual discrepancy in reading.

Additional Data

If the student's progress and screening data does not cover the areas of basic reading (phonics, phonological awareness, letter/sound relationship, and RAN), the team may want to assess these areas in the evaluation.



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The data reviewed for progress monitoring is based on oral reading fluency, which is a general outcome measure used to monitor reading progress that is highly correlated with all five domains of reading, phonological awareness, phonics, fluency, vocabulary and comprehension. This measure predicts skills in all five areas; however, when a student is not making progress it can be helpful to obtain more specific information for each of these areas. For this purpose, multiple measures were administered. To assess phonemic awareness, phonics, and basic reading skills, the CTOBS-2 was administered.

The CTOBS-2 Reading is a criterion-referenced assessment that breaks down basic reading skills in order to determine strengths, weaknesses and instructional needs. Each skill assessed is determined to be at mastery (90%-100% correct), instructional (50%-89% correct) or frustration (0%-49% correct). This is not a grade or norm-based assessment.

Mastery Level (90-100% correct): Performance suggests that the student needs little or no additional instruction in these areas.	Instructional Level (50-89% correct): Performance suggests that the student needs more instruction in these areas.	Frustration Level (0-49% correct): Performance suggests that the student may not be ready for instruction in these areas before they master more basic skills.
<ul style="list-style-type: none">• Capital and lower-case letter names• Consonants and vowel sounds• Two-letter blending• Three-letter blending• Letter sequencing• Letter Discrimination• Consonant Digraphs• Consonants (auditory-vocal)• Vowels (auditory-vocal)• Easy sight words• More Difficult sight words	<ul style="list-style-type: none">• Variant Vowel Digraphs• Diphthongs• Inflectional endings• Final long e• Long vowel pairs• Controlled R• Compound words• Consonant blends	<ul style="list-style-type: none">• Spelling patterns• Prefixes and Suffixes• Two or More Syllables

Mastery Level (90-100% correct):

Performance suggests that Taylor needs little or no additional instruction in these areas.

- Capital letters - student identifies the names of capital letters
- Lower-case letters - student identifies the names of lower-case letters
- Consonants (visual-vocal) - student says consonant sound
- Vowels (visual-vocal) - student says vowel sound
- Two-letter blending - student blends two letter sounds together
- Three-letter blending - student blends three letters sounds together (cvc nonsense words).
- Letter sequencing - student identifies correctly sequenced words (ex: identifies "saw" from a list of "was, saw, swa").
- Letter Discrimination - student identifies correctly formed letters
- Consonant Digraphs - student reads words with the following digraphs: th, ch, wh, sh, ph
- Consonants (auditory-vocal) - student names the letter when the sound is given
- Vowels (auditory-vocal) - student names the letter when the sound is given
- Easy sight words
- More Difficult sight words



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Instructional Level (50-89% correct):

Performance suggests that Taylor needs more instruction in these areas.

- Variant Vowel Digraphs - student reads words with common variant vowel digraphs (ex: **haul**, **moon**, **grow**).
- Diphthongs - student reads words with common diphthongs (ex: toy, boil).
- Inflectional endings - students read words containing suffixes that denote quantity or tense (ex: looked**ed**, passes**es**, bakes**s**).
- Final e - student reads words in which the final "e" makes the vowel sound "long."
- Long vowel pairs - student reads words with the following vowel pairs: "ay, ee, ai, oa, ea."
- Controlled R - student reads words in which the "r" controls the vowel sound (ex: pork, dirt).
- Compound words - student reads common compound words (ex: football, sailboat)

Frustration Level (0-49% correct):

Performance suggests that Taylor may not be ready for instruction in these areas before they master more basic skills.

- Consonant blends - student reads words with consonant blends (ex: **blot**, **smog**, **crop**, **twig**).
- Spelling patterns - student reads words with common spelling patterns (ex: **fair**, **flight**, **mold**).
- Prefixes and Suffixes - student reads words containing prefixes and suffixes (ex: **reflect**, **unhappy**, **disagree**).
- Two or More Syllables - student reads words with two or more syllables (ex: planet, gather, whisper).

****NOTE:** The teacher already identified multi-syllabic words and spelling as an area of need, which is one reason assessments like this are sometimes redundant to information reading teachers already have. However, consonant blends were not identified, so this can be informative for the team.

Additionally, a survey-level assessment was completed to determine Taylor's independent, instructional, and frustration level for reading. It is recommended that progress monitoring be at the highest grade level at which a student is above the 10th percentile with 95% or better accuracy (three or fewer mistakes per passage), as this is the grade level which will be most sensitive to growth. This was completed with district approved CBM assessments. In order to also address comprehension as well, Taylor was administered comprehension questions after each passage. All data is compared to national norms in spring of the corresponding grade.

Grade Level	ORF	Errors	Percentile/ Level	Comprehension Questions	Percentile/ Level
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8th	93	10	<10th Frustration	2	<10th Frustration
7th	100	11	<10th Frustration	4	<10th Frustration
6th	105	4	<10th Frustration	4	<10th Frustration
5th	110	2	<10th Frustration	6	<10th Frustration
4th	126	3	10-25th Instructional	6	10th Frustration/Instructional
3rd	135	2	50-75th Independent	8	Independent

Finally, RAN is a common deficit area for students with dyslexia, so the student was administered the Rapid Automatized Naming and Rapid Alternating Stimulus Test.

	Seconds	Standard Score	Percentile Rank
Objects	42	90	25
Colors	40	92	30
Numbers	31	89	19
Letters	38	78	7
2-set	60	73	3
3-set	70	68	1

Taylor tried their best for this activity and was interested to know how fast they were each time, trying to beat their score. Results indicate rapid naming within the average range for objects, colors, and numbers; however letters, and tasks involving mixed sets were below average.

Writing

Taylor completed the district approved written expression CBM during the evaluation period. This assessment is scored for correct writing sequences which are two words that go together



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correctly grammatically, syntactically, and semantically. Taylor earned 30 correct writing sequences.

Eighth Grade CWS	Fall	Winter	Spring
50%ile	49	56	56
25%ile	37	44	44
10%ile	24	31	31

The writing sample can also be scored for total words written. This can be helpful for students like Taylor who struggle with a discrete skill such as spelling (which is related to difficulty with reading). This helps to identify if there are concerns with idea production. Taylor earned 60 total words written.

Eighth Grade TWW	Fall	Winter	Spring
50%ile	63	59	69
25%ile	50	49	58
10%ile	38	38	47

Taylor made many spelling errors, and also wrote run-on sentences which resulted in a much lower correct word sequence (CWS) total. Taylor is demonstrating writing skills below the 10th percentile compared to peers for correct writing sequences. When scored for only total words, their score is average. There were 15 spelling errors; without these errors the CWS score would be within the average range for the end of 8th grade. Additionally, Taylor's teachers have not expressed concern with their writing for idea production, organization, or fluency. Spelling is the only area of writing concern, and their spelling can be very hard to decipher at times.

Observation

Taylor was observed utilizing the Behavioral Observation of Students in Schools (BOSS). The BOSS defines behavior in five categories, two for engagement and three for non-engagement.

Academic engagement is categorized into:

- Active Engagement Time (AET): times when the student is actively attending to the assigned work or instruction.
- Passive Engagement Time (PET): times when the student is passively engaged in assigned work or instruction.

Non-engagement is categorized into:



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- Off-Task Motor (OFT-M): motor activity that is not directly associated with an assigned academic task.
- Off-Task Verbal (OFT-V): audible verbalizations that are not permitted, and/or not directly associated with an assigned academic task.
- Off-Task Passive (OFT-P): passively not attending to assigned academic activity for a period of three or more consecutive seconds.

General Education ELA	AET	PET	OFT-M	OFT-V	OFT-P
Jordan	45%	45%	0%	10%	0%
Peers	70%	20%	0%	5%	5%

Narrative: Taylor was engaged during discussion, raising their hand to participate and contribute ideas. When the teacher was giving instructions about reading material or writing, Taylor was off-task, speaking to peers for most of the time they were off-task. There were no other difficulties with behavior noted, and Taylor responded to redirection from the teacher directed at the whole class and individual redirects.

Medical/Developmental

No remarkable medical history. Taylor was born full-term and healthy, via natural birth after an unremarkable pregnancy. There was no reported substance use or excessive stress during pregnancy. No concerns were reported at birth or during neonatal period. Parent reports that Taylor did have a reading teacher in elementary school but was unsure if this was considered intervention (there was no information in the cumulative file about this). Family speaks English. Taylor is a generally healthy child. Parent noted strengths in being artistic, social, and interested in science.

Taylor's parent reported that the remote learning model during the COVID-19 pandemic was a challenge, and the family had to negotiate when Taylor would or would not attend. They prioritized reading lessons after talking to the school team via a video conference. At home they read together in the evenings, but doing other homework is a battle and so the family does not push the issue. Taylor passed hearing and vision screening last year, new screening was not completed due to COVID-19 restrictions and having no new concerns in this area.

General Education

Attendance Record



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Year	Absences	Tardy
8th grade	4 full or partial absences during in-person learning. Remote learning attendance was based on engagement, and student data indicated comparable engagement to peers	10 periods
7th grade	1 full absence prior to COVID 19	7 periods
6th grade	3 full or partial absences	5 periods

Data was not available to review for elementary school, but parent reports Taylor experienced two school moves, one mid-year during third grade and at the onset of sixth grade. State records confirm this. This means Taylor has experienced two total school moves, which could predict up to 12 months of lost academic progress, or 1.5 school years ([Ziol-Guest & Kalil, 2014](#)).

Teacher Input

ELA and social studies teacher input: Taylor is highly motivated by time with peers and enjoys group work. Taylor is involved in discussions. They have strengths in making connections to prior knowledge and making inferences. Taylor refuses to read aloud in front of the class and struggles with work completion. The reading is too difficult for Taylor, but they can understand the concepts and vocabulary verbally. My primary concern for Taylor is that they are reading well below grade level and they are not able to keep up with the reading needed for class. Taylor is provided preferential seating and frequent checks for understanding during independent work as well as larger assignments broken into manageable chunks. No additional behavior strategies are needed to support the student.

Intervention teacher input: Taylor works hard and tries their best. They persevere through difficult tasks, and are leaders in the group with comprehension discussions. Taylor shows difficulty with reading fluency, multisyllabic words, and spelling. My primary concern is Taylor's reading progress. All instruction is provided in a small group setting with direct instruction using evidence based materials.

Science teacher input: Taylor is kind and well-behaved in class. They participate in group discussion when called on. Taylor is disinterested in science and lacks motivation. Taylor also struggles with spelling. My primary concern for Taylor is motivation and work completion. Taylor has access to teacher notes the day after they are taken; no additional classroom behavioral strategies are needed.



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Choir teacher input: Taylor has great attendance, participates well, and follows the rules. I have no concerns for Taylor, and no accommodations are needed.

Review of Existing Data

Taylor enrolled in our district in sixth grade, and little is known from their educational records prior to this.

Cognitive

If in a setting where SLD is not able to be identified through response to intervention per [WAC 392-172A-03060](#), cognitive testing is needed.

There is not a specific profile expected for a student with dyslexia, though you *may* expect to see low scores on rapid naming and phonological awareness if those are assessed on your battery. This was screened for this student, so information was already available for the team. You may choose to complete additional phonological testing, such as the CTOPP-2 however, Taylor's existing data indicated where weaknesses lie (at the letter/sound level) and no additional testing is needed.

Conclusions/Recommendations

Taylor has demonstrated a specific learning disability in reading, commonly known as dyslexia. Though their comprehension is below grade level on grade level text, that is linked to reading fluency performance. Taylor has demonstrated comprehension of concepts and discussions in class and is able to demonstrate auditory comprehension. There is no data to suggest Taylor requires instruction in how to comprehend. The difficulty lies in basic reading skills. When Taylor is able to decode words, they can comprehend their meaning. The only area of concern in written expression is spelling, which will be addressed with basic reading instruction including orthography and morphology.

Taylor is not able to make meaningful progress to close the achievement gap without specially designed instruction. The team recommends that Taylor receive specially designed instruction in basic reading. The IEP team will determine goals. Instruction in basic reading should be based in the science of reading and should include explicit instruction in phonics and phonological awareness. The identification of dyslexia does not indicate that specific copywritten curriculum must be used; however, evidence-based instruction must be in place, and the team should monitor Taylor's progress and intensify intervention as needed to achieve meaningful growth.