Dyslexia Screening & Evaluation Flow Chart

Tier I Instruction & Universal Screening for All Students

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Tier I Instruction is that given to all students and is designed to meet the needs of and ensure positive outcomes for a minimum of 80% of all students. This is high quality, differentiated core reading instruction designed to teach all five essential areas of reading: Phonological Awareness, Phonics, Fluency, Vocabulary, and Comprehension. Tier I reading instruction should be designed and delivered in a way that matches what is known about the Science of Reading. The accompanying visual from RISE Arkansas provides an explanation of each component and subcomponent of the five essential areas of reading.

Universal screening measures are used with every student to help identify early those who may be at risk of not making meaningful progress in the curriculum. These universal screening assessments are used three times per year to assess development of critical skills of all five essential areas of reading. These measures provide information about a child's development of critical skills that highly predictive of future reading performance and the eventual goal of reading comprehension. *Appendix A Critical Skills for Universal Screening* in the *Kansas Multi-Tiered System of Supports and Alignment Structuring Guide for Reading* provides information about which critical skills should be assessed through universal screening. Predetermined benchmarks help identify students who are at risk of not making year-end targets and may require additional intervention.

Instructional Diagnostic Assessment

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Instructional Diagnostic Assessments are informal assessment, surveys, or tests that more deeply measure a student's skill development in a way that guides instructional decisions. These diagnostic assessments used in this way are not evaluatory in nature; they are for the purpose of diving more deeply into a child's reading and reading-related skill development to identify specific areas requiring remediation. *Appendix B Reading Diagnostic Assessments* in the *Kansas Multi-Tiered System of Supports and Alignment Structuring Guide for Reading* provides information about commonly used instructional diagnostic assessments. Many of these assessments are low-cost or free. These pieces of data help inform more specifically the skills requiring targeted intervention and remediation.

Teams may find it helpful to gather additional pieces of information to further inform of potential risk factors specific to dyslexia. The *Colorado Learning Difficulties Questionnaire – Reading Subscale* (CLDQ-R) is a screening tool designed to measure risk of dyslexia in school-age children based on pre-reading and early reading behaviors (Willcutt, Boada, Riddle, Chhabildas, DeFries & Pennington, 2011). A checklist of dyslexia characteristics or family history interview may help identify other characteristics of dyslexia. Knowing this information early can further inform decisions about intervention needs, targets, and intensity.

Tier I + Tier II/III Intervention Driven by Screening & Diagnostic Data

Tier I + Tier II/Tier III Intervention Driven by Screening & Diagnostic Data

Based on the outcome of screening and instructional diagnostic assessments, intervention should be designed and implemented in a way that targets skills needing remediation. The intensity of the intervention should be matched to the intensity of the need. Tier II level needs should be addressed through small group instruction that includes 30 minutes of additional instruction at least 3 to 4 days per week in small homogeneous groups of 3-5 students for elementary students and 10-15 students for middle school and high school students. Tier III needs should be addressed through even smaller group instruction that utilizes intensive explicit Structured Literacy intervention. The Kansas MTSS Structuring Guide for Reading recommends an additional 60 minutes of intensely targeted instruction for Tier III needs in groups of 1-3 students at the elementary level and 1-4 students at the middle school and high school level. Some school choose to use a Tier I + Tier II then Tier III (gradual build-up) approach to intervention delivery, despite the level of risk. Other schools use a Tier I + Tier III approach to intervention delivery for the most intensive needs. Regardless of the approach, it is imperative to base instructional planning decisions upon screening and diagnostic data and to appropriately target the skills requiring remediation.

The frequency of progress monitoring should match the intensity of the needs. Progress monitoring tools should measure the skill being targeted with intervention. Progress monitoring for Tier II interventions should be done at least monthly; sometimes every-other-week monitoring is appropriate for struggling students. Progress monitoring for Tier III interventions should be done weekly. The more intense the need, the more intense the intervention. The more intense the intervention, the more frequent the progress monitoring. Progress monitoring data should be graphed along with an aimline, as visual representations of the data make decision-making easier.

Intervention Considerations or Changes Driven by Progress Monitoring Data & Decision-Making Rules

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Each piece of progress monitoring data informs teams about a child's progress toward goals. When reviewing this progress, teams should consider the child's progress from point to point, from baseline to present, in comparison to the aimline, and in comparison and consideration of the amount and pace of growth in terms of closing the gap between the child's progress and that of peers. When a child's progress is moving along at a pace that is closing the gap at a rate that the child will meet year-end grade-level targets, then it is typical to expect the current intervention is meaningfully and appropriately meeting the child's needs. When a child's growth is not moving along as expected, teams should consider changes that will increase the rate and complexity of the child's skill development.

Decision-making rules can be used to guide interventionists' and teams' decisions about a child's progress and considerations for changes needed to increase the rate of a child's progress. Following is a description of 2 decision-making rules: Four Point Decision Making Rule and Six Point Decision Making Rule.

A Four Point Decision Making Rule is a decision-making plan that allows you to project future student progress based on the most current consecutive data points. To use this decision-making rule:

- Make sure the trendline and goal line (aimline) of the individual student are graphed properly. Use at least 6-8 weeks of data with a minimum of 6 data points, not counting the baseline data points. Best practice is one data point per week for 6 weeks.
- Compare the last 4 consecutive data points to the goal line.
- Make an instructional decision about whether to continue, modify, change (to another), or discontinue the intervention and/or progress monitoring plan.
- For ascending goal lines:
    - If 4 consecutive data points fall below the goal line, make an instructional change.
    - If 4 consecutive data points fall above the goal line, consider changing the goal.
    - If data points fall above and below the goal line, continue with the current instructional strategies, maintain the current goal, and continue to monitor progress. Consider factors that may be influencing the student's performance.
- For descending goal lines as with counts of errors or miscues:
    - If 4 consecutive data points fall above the goal line, make an instructional change.
    - If 4 consecutive data points fall below the goal line, consider changing the goal.
    - If data points fall above and below the goal line, continue with current instructional strategies, maintain the current goal, and continue to monitor progress. Consider factors that may be influencing the student's performance.

A Six Point Decision Making Rule is a decision-making plan that allows you to project future student progress based on the most current consecutive data points. To use this decision-making rule:

- Make sure the trendline and goal line (aimline) of the individual student are graphed properly. Use at least 8-10 weeks of data with a minimum of 8 data points, not counting the baseline data points. Best practice is one data point per week for 8-10 weeks.
- Compare the last 6 consecutive data points to the goal line.
- Make an instructional decision about whether to continue, modify, change (to another), or discontinue the intervention and/or progress monitoring plan.
- For ascending goal lines:
    - If 6 consecutive data points fall below the goal line, make an instructional change.
    - If 6 consecutive data points fall above the goal line, consider changing the goal.
    - If data points fall above and below the goal line, continue with the current instructional strategies, maintain the current goal, and continue to monitor progress. Consider factors that may be influencing the student's performance.
- For descending goal lines as with counts of errors or miscues:
    - If 6 consecutive data points fall above the goal line, make an instructional change.

- If 6 consecutive data points fall below the goal line, consider changing the goal.
- If data points fall above and below the goal line, continue with current instructional strategies, maintain the current goal, and continue to monitor progress. Consider factors that may be influencing the student's performance.

Considerations for changes or intensifications of interventions may be warranted based on the rate and pattern of a child's progress monitoring data. The *Intensive Intervention Practice Categories Checklist* from the National Center on Intensive Instruction at American Institutes for Research provides guidance to interventionists and teams around practices for intensifying interventions. The Intensifying and Individualizing Interventions module available on the IRIS Center website (https://iris.peabody.vanderbilt.edu/module/dbi1/cresource/q2/p03/) provides teams further assistance in using these decision-making rules and considering practices for intensifying interventions.

Despite intensification of a child's intervention a child's progress and performance may continue to lag behind unexpectedly. This and other characteristics may support a team's suspicion of the presence of a disability, possibly dyslexia. At the point that such a suspicion is supported by data and the child's performance, the team should consider an evaluation. Teams should not delay an evaluation in these cases. "Children who do not, or minimally, respond to interventions must be referred for an evaluation to determine if they are eligible for special education and related services" (OSERS 2015). Intervention should be intensified in some way during the evaluation period; that progress monitoring data should be considered among the evaluation information. MTSS or other intervention support systems/expectations cannot be used to delay or deny a timely initial evaluation to determine whether a child is a student with a disability and, therefore, eligible for special education and related services (OSERS 2011).

Evaluation Process

Intervention Considerations or Changes Driven by Progress Monitoring Data & Decision-Making Rules

Prior to beginning any evaluation, evaluation teams should review existing data including universal screening, instructional diagnostic assessments, intervention progress monitoring, observational data, and other records to determine what other pieces of information are needed to guide decision-making about the presence of an exceptionality and the need for specially designed instruction. Evaluation procedures should inform teams about what needs the child has (if any) that are beyond what general education can reasonably provide and what is needed to meet those needs in order to support meaningful progression through the curriculum and performance and functioning in the education setting.

For evaluations in which the team suspects dyslexia, teams are encouraged to compile existing data and new data regarding the development and functioning of cognitive areas and psychological processes related to reading and areas of academic skill and development in basic reading skills (decoding, encoding, word recognition) and reading fluency (rate, accuracy, prosody). Consideration and examination should also include areas related to secondary consequences often associated with dyslexia. These areas may include social-emotional functioning or impact, attention, written expression, reading comprehension, background knowledge development, and vocabulary development. The following chart may be helpful when considering and planning appropriate evaluation procedures for a child's case.

Cognitive Areas & Psychological Processes Related to Literacy	Literacy-Related Academic Areas	Other Areas for Consideration (including possible secondary consequences)

• Phonological Processing (including phonological awareness (Elision, segmentation, deletion, substitution at syllable and phoneme level in initial, medial, final positions), phonological memory
• Rapid Naming
• Processing Speed
• Orthographic Coding
• Working Memory
• Sequential Memory
• Long-Term Storage & Retrieval
• Language development and processing (morphology, vocabulary, verbal reasoning, oral language, listening comprehension, receptive language)
	• Decoding
	• Encoding
	• Whole word recognition and efficiency
	• Sight Word (undecodable words) recognition and efficiency
	• Comprehension (word, sentence, passage-levels)
	• Text reading fluency
	  ○ Silent – rate and basic understanding
	  ○ Oral – accuracy, rate, prosody, basic understanding
		• Social-emotional functioning, impact
		• Attention and attentional control
		• Reading comprehension
		• Written language, written expression
		• Background knowledge development
		• Vocabulary knowledge
		• Developmental history including language development
		• Family, social, medical history
		• Educational history including access to and progress in core reading instruction and intervention and child's response (as well as quality of this instruction/intervention)

• Oral-motor functioning (when oral reading is impacted)		• Developmental reading-related behaviors • English language proficiency • Unexpected difficulties

When planning evaluation procedures, teams should consider a variety of ways to collect existing and new information needed. These evaluation procedures could include formal assessment of, collection of data previously collected through the GEI process, interviews with student, teacher, and parents, and observation of student performance when given appropriate instruction/intervention. (Regulations require observation of the student in the instructional setting when a Specific Learning Disability, including dyslexia, is suspected.)

The International Dyslexia Association recommends consideration of the following when planning an evaluation for a child suspected of having dyslexia.

- **Background information**: student's overall development (prenatal to current age), strengths and weaknesses, medical issues, family history of dyslexia and other learning difficulties, history of speech and language development, types of intervention and length of time each was implemented (including those provided at home or by tutors), child's response to interventions, attendance history.
- **Cognitive strengths and weaknesses/psychological processes**: Phonological Processing, Rapid Automatic Naming (objects, colors, letters, numbers), Processing Speed, Orthographic Coding, Working Memory, Sequential Memory, Long-Term Storage, Associational Memory/Retrieval Fluency, Oral Language Development, and Language Processing, Oral-motor processing and integration.
- **Academic Areas**: Word recognition accuracy and efficiency, decoding (with nonsense words), encoding/spelling, text reading fluency, reading comprehension, vocabulary knowledge
- **Other Areas of Consideration**: English Language Proficiency, social-emotional functioning and impact

Cognitive Functions: Until recently, it was considered important to include testing of intelligence (for the purpose of obtaining an IQ or IQ equivalency score) as part of an evaluation for Specific Learning Disability, including dyslexia. Research has demonstrated that IQ is not the best predictor of how easily a student will develop literacy or writing skills. Relying on a discrepancy model to determine dyslexia is ignoring the modern science about the central role of a phonological deficit in diagnosing dyslexia (Shaywitz, 2003). This deficit is the primary causal factor that leads to identification of students with dyslexia; for these reasons, a IQ-reading discrepancy may not be found. Furthermore, researchers have identified additional cognitive abilities or functions that can complicate a student's ability to learn to read and spell. Two of these abilities are processing speed and memory span or working memory. Students with dyslexia often exhibit speed-related deficits measured with processing speed tasks. Mather and Wendling (2012) report that cognitive processing speed seemingly impacts automaticity of word recognition and reading rate.

Memory: Memory span, working memory, sequential auditory memory, and associational memory (Associational Memory Retrieval or Retrieval Fluency) impact reading skill development and performance. Inefficiency in accessing phonological memory complicates the rate at which poor readers articulate words which further complicates blending, word identification, reading fluency, and then reading comprehension. Mather and Wendling (2012) assert that verbal working memory and phonological working memory complicate decoding and encoding; this impacts a readers ability to articulate sounds in order when decoding and retrieve sounds in order when spelling. Coding and retrieval difficulties also can impact the way in which orthographic information is mapped in the brain and then retrieved upon demand. Students with weaknesses in orthographic mapping tend to be more skilled at recognizing phonetically regular words (in reading and spelling) because they "look right", but struggle with reading and spelling irregular words.

Oral Language: Oral language includes the ability to listen to and understand speech as well as to express thoughts through speech. A comprehensive evaluation should include assessment in both receptive and expressive language skills. Knowledge of developmental language milestones is valuable for students at risk for reading problems. Students with dyslexia typically have adequate or higher language skills; to assess these areas an evaluation should include measures of listening comprehension and oral vocabulary – both receptive and expressive. While students with dyslexia typically have higher-level language skills, they characteristically have underdeveloped low-level language skills, specifically phonological processing. These weaknesses limit their ability to learn how to use the sounds of the language to read and spell. Often students with dyslexia use their strong higher-level language skills (verbal reasoning, for example) to compensate for weaknesses including phonemic awareness.

As discussed above, challenges with word retrieval or articulation of multi-syllabic words complicate one's ability to read and spell words. Difficulty remembering, retrieving, or producing sound combinations complicate student's ability to express, identify, and spell words. Students with dyslexia frequently pronounce sounds within words out of order or frequently experience "tip of the tongue" difficulties when they retrieve from memory the words they want to express. These weaknesses also impact written expression, which often is a secondary consequence of dyslexia.

Phonological Awareness: After acquiring the phonological system for listening and speaking, development of phonological awareness begins. Phonological awareness includes the ability for rhyming, alliteration and onset-rime, blending, segmenting, and sound (phoneme) manipulation. An evaluation when dyslexia is suspected should include assessment of phonological processing including phonological awareness. Assessment should include nonword repetition tasks, as these tasks measure how well one can represent a new and unfamiliar sequence of phonemes in memory. This kind of assessment task helps determine how well a student is able to sequence sounds when decoding, and especially when encoding (spelling). Kilpatrick (2013) asserts that learners need automatic phonemic awareness and knowledge alone is insufficient. Struggling readers' progress will be substantially hindered when phonemic awareness (at the sound level) is not automatic. Decoding and spelling difficulties that result from deficits in phonological processing are hallmark signs of dyslexia.

Processing Speed - Rapid Automatic Naming/Naming Speed: General processing speed can be measured by assessments that appear in a variety of normative tests. Rapid Automatic Naming deficits are often considered another hallmark sign of dyslexia. Naming speed tasks, especially letter naming, is one of the best early predictors of reading difficulties and is often used as part of screening measures for young children. Slow naming speed impacts a reader's ability to develop reading fluency and impacts one's ability to perform well on timed measures. Learners with deficits in both phonological awareness and naming speed or Rapid Naming are often referenced as having a "double deficit"; students with a double deficit have more severe reading difficulties than those with weaknesses in only one of these two areas (Wolf & Bowers, 1999).

Reading Comprehension: Different from oral language, reading comprehension relies upon one's ability to decode text and can only occur when a reader can understand the intended meaning of the text. Different kinds of reading comprehension tasks measure different kinds of processing demands. Students with dyslexia often use their oral language strengths to compensate for weak word recognition and decoding skills. They frequently guess, use context clues, and reference prior knowledge to infer meaning. This sometimes masks difficulties with word identification. When evaluating a student for dyslexia, assessment of reading comprehension should include assessment at the sentence level and passage level, include familiar and unfamiliar passage types and topics, should include a variety of topics, and a variety of length of passages. Comprehension of reading orally and silently should be assessed. Measuring and comparing both will guide instructional decision-making. Examiners should be aware that a student with dyslexia may appear to have good comprehension skills when reading familiar text or about a familiar topic and when the passages are short. Reading comprehension often breaks down when reading longer texts at readability levels higher than word identification skills support. Often measures of reading comprehension will be lower than listening comprehension. Comparing these performances allows examiners to determine the presence of a gap between a student's cognitive ability to understand what he/she hears and the ability to understand what he/she reads.

Written Expression: Written expression is a highly complex process that relies on one's ability to integrate many different skills; students with dyslexia often have difficulty in this area. An evaluation for a student with dyslexia should include assessment of written expression including handwriting legibility and fluency, spelling (words in isolation and words in context), and context, mechanics, syntax, vocabulary, and paragraph composition. If a child presents difficulties with handwriting or graphomotor development, a referral for further assessment may be appropriate by the school-based occupational therapist. Analysis of a student's writing skills can provide valuable information to guide instructional decision-making.

Co-morbid Conditions: Specific Learning Disabilities commonly co-occur with other disorders including attention, language, executive function, and social-emotional-behavior challenges. Dyslexia commonly co-occurs with Attention-Deficit Hyperactivity Disorder, Auditory Processing Disorder, Dyscalculia, Dysgraphia, Speech and Language Disorders, and Emotional Disorders (commonly Anxiety Disorders or Depression). Difficulties with mathematics is common among students with dyslexia, as factors contributing to difficulties with basic reading skills and reading fluency also can impact language development associated with mathematics, number sense, number facts, computation, and mathematical reasoning. Prong 1 eligibility requirements assert that these other disorders or factors cannot be the primary cause of a child's difficulties with reading, but they often further complicate the manifestation of dyslexia. If an evaluation team suspects the presentation of one of these co-morbid disorders, additional assessment may be warranted to explore these areas and the impact on the child's functioning.

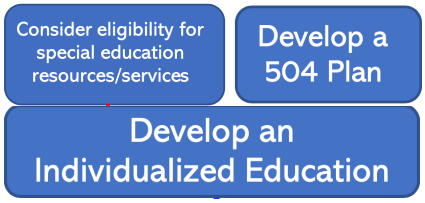
The *Student Literacy Profile (Odegard, T. N., et al, 2018)* is a tool teams may find helpful to support collection, organization, and analysis of a child's literacy skills. The resulting snapshot will reveal a pattern of strengths and weaknesses related to a student's literacy development. This information can be used to guide instructional decisions and to support the identification of students with characteristics of dyslexia. This tool is available at no cost and can be found at *https://www.mtsu.edu › dyslexia › documents › Literacy_Profile*.

"There are unique issues that must be examined before a child may be determined to have a specific learning disability. As defined in K.A.R. 91-40-1 (mmm), "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to

listen, think, speak, read, write, spell, or to do mathematical calculations, including perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Diagnosing/Identifying Dyslexia in Kansas: Dyslexia is a type of Specific Learning Disability. In recent years, much debate has occurred regarding dyslexia and whether it is covered under the Individuals with Disabilities Education Act (IDEA) and in Kansas. The IDEA, as well as Kansas statute and regulations, recognize dyslexia as a disability as stated within the definition of specific learning disability." Dyslexia can, should, and is expected to be diagnosed in schools through a school-based evaluation process. An outside or independent evaluation should not be necessary to identify dyslexia. The processes discussed here are appropriate functions and processes of a school-based evaluation team. School personnel, specifically school psychologists and certified reading/dyslexia specialists (with certification obtained as a dyslexia specialist through a certifying agency) are qualified to conduct such evaluations and to collaborate with a school-based evaluation team for this purpose.

Teams are cautioned to consider that any initial diagnosis of dyslexia should be offered as a tentative conclusion based on the data available. One of the hallmarks of dyslexia is the unexpectedness of primary and secondary characteristics in relation to a student's other cognitive and language abilities and achievement. (Proctor, et al, 2019). Some poor readers fit the profile of dyslexia. However, in cases that a student responds quickly or as expected when given appropriate instruction and targeted intervention, the source of the reading difficulties is more likely related to inadequate instruction or educational opportunity than dyslexia or other Specific Learning Disability. When a child responds to and benefits from instruction focused on basic reading skills that support reading and spelling is valuable when determining whether a diagnosis of dyslexia should be supported or rejected.



Consider eligibility for special education resources and services
Develop a 504 Plan or Develop an Individualized Education Plan

Consideration of eligibility for special education resources and services is driven by eligibility requirements as stated in the Kansas Special Education Process Handbook (Chapter 3). Regardless of the outcome of eligibility determination, the key focus of an evaluation should be to inform recommendations designed to increase the child's development and progression in literacy skills and to apply those skills in meaningful comprehension and written language.

If a team determines that the child has dyslexia and that the child needs specially designed instruction that requires the use of special education resources, the team should consider writing an Individualized Education Plan (IEP). The IEP will detail the specially designed instruction, which should include an intensive, explicit Structured Literacy intervention. The child may also need supports and services to address co-occurring difficulties and secondary consequences often accompanying dyslexia. These supports and services could include supplemental supports in the classroom, accommodations, modifications, and supports for school personnel.

If an evaluation team determines a child has dyslexia (Prong 1) but determines a child does not need specially designed instruction and is not eligible for special education, the team should consider the development of a 504 Plan and appropriate intervention. As per Section 504 regulations, a 504 Plan may include access to services and accommodations that support a student's access to instruction and supports.

Regardless of the plan developed for the child, the instructional plan should be driven by the data yielded from universal screening, instructional diagnostic assessment, and the information gleaned from the evaluation process.

Implementation with Fidelity

Regardless of the plan developed for the child, a plan for implementation with fidelity is important. Teachers and parents should partner together in a spirit of on-going advocacy to evaluate the effectiveness of the plan in light of the learner's changing needs over time. When adjustments are justified, teams should consider those changes together and drive decisions with data.

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