

Massachusetts Dyslexia Guidelines Summary

Chapter 1: Introduction

“These Guidelines have been developed as a clear and practical set of organized, relevant, and research-based best practices for the early screening, instruction, and accommodation of students with reading difficulties, learning disabilities and dyslexia” (DESE, 2020, p. 5).

Chapter 2: Defining Dyslexia

“Dyslexia is considered the most common of all specific learning disabilities affecting 5-17% of children in the general population” (DESE, 2020, p.10). Dyslexia can be largely characterized by difficulty learning to read despite adequate instruction and intelligence. Dyslexia is highly hereditary and individuals with a first degree relative with diagnosed or suspected dyslexia (i.e., biological parent or sibling) have a 50% chance of being diagnosed themselves” (DESE, 2020 p.10).

“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” (DESE, 2020 p.10).

The two most common subtypes of dyslexia are a phonological deficit and naming speed deficit. “The combination of both deficits in some individuals results in a reading impairment that is more severe than in individuals with a single deficit” (DESE, 2020 p.12).

People with phonological deficits have difficulty with hearing and manipulating individual speech sounds (phonemes) in spoken words. They also have difficulty with decoding (translating print into speech) as well as sight word and/or passage accuracy (DESE, 2020, p.12).

People with naming speed deficits have difficulty with Rapid Automated Naming (RAN). Rapid Automated Naming (RAN) is the ability to name letters, symbols, words, or objects in a quick and automatic manner (DESE, 2020, p.12).

It is important for students to be screened early for dyslexia. The critical window for screening and intervention is during the ages 6-8. Students that are not referred for reading services until after the age of 8, may require a higher degree of assistance and are less likely to move into the average range (DESE, 2020, p.14). “By specifying the nature of the students’ specific learning disability, the team can formulate goals, make instructional decisions and identify appropriate accommodations and modifications in a more strategic manner” (DESE, 2020, p.13).

A common misconception of dyslexia is that “it is a visual processing problem characterized by ... letters ‘moving around’ the page. The root cause of dyslexia is a deficit in ... the correlation between sounds and letters ... and their spelling patterns. [For this reason], instructional tools like color overlays and dyslexic fonts may be appropriate accommodations for certain students but should not serve as the central intervention tool” (DESE, 2020, p.13).

Chapter 3: The Importance of Screening for Dyslexia

“A combination of research from the fields of neuroscience and education have resulted in a solid body of evidence that demonstrates students can reliably be screened for their risk of dyslexia before receiving reading instruction” (DESE, 2020, p. 19). Early screening and intervention are necessary in order for students to reach their full potential.

“Screening for dyslexia risk is not the same as evaluating a student for special education eligibility, as screening tools are designed to predict the likelihood of reading challenges without the presence of targeted intervention and support” (DESE, 2020, p.19). “If a district suspects that a student has a disability based on the screening data, the district has an obligation to ‘diagnose and evaluate the needs of such children, propose a special education program to meet those needs [and] provide or arrange for the provision of such special education program’ as applicable. The use of screening measures and/or tiered interventions may not be used to delay or deny the evaluation of a student suspected of having a disability” (DESE, 2020, p.19).

Chapter 4: Selecting and Implementing a Universal Tool for Screening Risk of Dyslexia

Universal Screening should be done multiple times a year between kindergarten and second grade. “It is highly recommended that districts use ... evidence-based tools to screen for risk of dyslexia, rather than using individual tools created at the district level” (DESE, 2020, p. 24).

For kindergarten students, there are “three main areas of skill development [that] predict risk of later challenges with accuracy and/or automaticity in word reading. The three areas include phonemic awareness, alphabetic knowledge, and rapid automatized naming” (DESE, 2020, p.25). “Rapid Automatized Naming (RAN) “refers to students' ability to rapidly name a limited set of repeatedly presented objects or letters” (DESE, 2020 p.26). For the RAN task to be effective, the student must be familiar with the items to be named. Kindergarten screening should be done at least twice during the year (fall and spring). Object rather than letter naming should be used for the initial kindergarten screening.

First grade screenings should be done three times during the year (fall, winter, and spring). Similar to kindergarten assessments, first grade screening tasks should include phonemic awareness, alphabetic knowledge, and rapid naming. In addition, first grade assessments will include “other tasks, like word identification and passage reading fluency” (DESE, 2020, p.27).

Second grade screenings should also be done three times a year (fall, winter, and spring). “Second graders are ... screened using measures of decoding, passage reading fluency, reading comprehension and RAN” (DESE, 2020, p. 28). It is important to use “nonsense words” to assess students' ability to use complex phonics patterns to decode unknown words.

Chapter 5: The role of a Multi-Tiered System of Supports (MTSS) in Screening for Risk of Dyslexia and Providing Appropriate Instruction

“A Multi-Tiered System of Support (MTSS) includes interwoven processes and protocols that identify, evaluate, deliver and adjust instruction for all students, not just those at risk for reading difficulty” (DESE, 2020, p.32).

“Data collected through ongoing screening and benchmark assessments can both identify at-risk students and evaluate the effectiveness of instruction across grades and tiers” (DESE, 2020, p.32). Data is collected and evaluated on each student throughout the year, broken up into five cycles, lasting 8-10 weeks each. Based on each evaluation, instruction and support can be adjusted as necessary. Students that are assessed as low or no risk are placed into Tier 1. These students receive only the core instruction. Students who are assessed as “at-risk for reading difficulty [receive] secondary intervention through Tier 2 instruction” in addition to Tier 1 instruction (DESE, 2020, p.34).

“Students who demonstrate significant risk for dyslexia and score at the fifth percentile or below on screening measures ... should automatically receive universal supports in Tier 1 instruction coupled with intensive support in Tier 3, and depending on the students’ ages, grades, and educational histories, they may be considered for referral for a special education evaluation” (DESE, 2020, p.34).

“When targeted Tier 2 or Tier 3 intervention is combined with high-quality instruction and universal supports, the overall number of struggling readers will be significantly reduced” (DESE, 2020, p.38)

It is very important to note that Tier 2 and Tier 3 build off of the instruction received in Tier 1 general classroom instruction. Students receiving Tier 2 and Tier 3 level instruction need to participate in “the universal Tier 1 (core) instruction” (DESE, 2020, p. 39).

“Progress monitoring tools are an essential part of the intervention process that occurs in Tiers 2 and 3. ... Monitoring data offers the greatest value when multiple data points have been collected during each assessment cycle. Recommendations vary, but general guidelines suggest administering a progress monitoring assessment every one to three weeks” (DESE, 2020, p. 39).

Chapter 6: Targeted Reading Intervention at Tiers 2 and 3

It is very important that all students, regardless of their level of reading ability, receive Tier 1 instruction. “Tiers 2 and 3 are designed to supplement the core curriculum so that students who perform in the at-risk range on a screener receive a ‘double dose’ of reading instruction.” The lessons in Tiers 2 and 3 build off the lessons in Tier 1 so students should not be ‘pulled out’ of class during Tier 1 instruction. (DESE, 2020, p. 43).

“Phonemic awareness (PA) [includes awareness of words, syllables, onsets, rimes, and phonemes (the smallest unit of spoken language)] instruction is not optional if the goal is for students to become good

readers. PA not only significantly develops students' immediate knowledge of the sounds in words, but also has a broader impact on their decoding, spelling, and sight word recognition. Students in kindergarten and first grade who perform in the at-risk range on screening/supplemental assessment measures of PA (such as phoneme segmentation) have been found to improve their decoding and encoding skills as a result of targeted PA intervention. Additionally, students in second grade who perform in the at-risk range on measures of word reading and oral reading fluency have been found to benefit from an assessment of their phonemic awareness knowledge, via survey or inventory, to confirm whether PA is a 'hidden bottleneck' in their reading acquisition" (DESE, 2020, p.44).

"Phonics instruction is most effective when it is delivered in a systematic manner [planned sequence]. Students taught through explicit phonics methods score six to seven standard score points higher on measures of single word reading than students who are taught in an incidental manner [highlighting particular elements when they appear in text]" (DESE, 2020, p.45).

Although repeated reading is a good tool for developing fluency, it is important that this is combined with "novel passages [reading unfamiliar material] for all students who demonstrate deeper weaknesses in fluency, as indicated by their at-risk scores on measures of RAN" (DESE, 2020, p. 47).

Chapter 7: The Role of Progress Monitoring in Measuring Students Response to MTSS Interventions

"Progress Monitoring assessments provide valid and reliable data that show whether a student is improving as a result of the evidence-based intervention they are receiving" (DESE, 2020, p.54).

"To determine whether a student in intervention is making adequate progress at a sufficient rate, progress monitoring data is evaluated against an aim line, which is the distance between a student's beginning-of-year benchmark or screening score and their end-of-year goal. ... Recommendations vary, but general guidelines suggest administering a progress monitoring assessment every one to three weeks" (DESE, 2020, p.56).

If a child does not make significant progress during one data cycle (usually 10-13 weeks after receiving intervention that uses evidence-based practices) they may need to make a change in the level of intervention they are receiving. "The MTSS process cannot be used to delay or deny evaluation for special education services" (DESE, 2020, p.56).

"Progress monitoring data are one form of information that can reveal if a student displays:

A pattern of difficulty that persists beyond age expectations

A pattern of difficulty across settings

A pattern of difficulty that is not solely the result of cultural, linguistic, or socioeconomic differences

A pattern of difficulty that continues despite instructional support activities" (DESE, 2020, p.57).

Chapter 8: Dyslexia and Special Education

“Many students who may have dyslexia can and should make effective progress with these general education supports. However, for students who may need special education services to make effective progress in the general education program, timely and appropriate special education evaluation and eligibility determination is key” (DESE, 2020, p.59).

“IDEA and Massachusetts law require public schools to proactively identify and evaluate all students aged 3-21 who are suspected of having a learning disability. ... School districts must locate all students with disabilities living or attending school in the district, including English learners, and students who are highly mobile or homeless, regardless of whether the students attend public or private schools or are homeschooled” (DESE, 2020, p.59).

Students can be referred for an initial evaluation to see if they need special education services through the school district, through early intervention (EI) or by a request from “parents/guardians, educational personnel, and other caregivers” (DESE, 2020, p.59).

Chapter 9: Considerations for English Learners at Risk for Dyslexia

“Research indicates that English learners benefit from early screening and effective, early instruction” (DESE, 2020, p. 69). “There is no need to wait until students’ oral language proficiency is fully developed to assess English learners who are struggling in reading and provide them with evidence-based interventions to address their foundational skills needs” (DESE, 2020 p. 72). It is important that assessments include additional data to determine if “reading difficulty stems from a lack of oral language proficiency or possible reading disability.” (DESE, 2020, p. 69) Students reading ability should be assessed in both English and in their native language. (DESE, 2020, p. 70) Evaluations should also look at factors such as a family history of reading difficulties.