



TN Department of
Education

Dyslexia Advisory Council Annual Report

2016-17 Report to the Education
Committees

Tennessee Department of Education | January 2018

2016-17 Dyslexia Advisory Council Members

Dr. Candice McQueen, commissioner, Tennessee Department of Education

Theresa Nicholls, assistant commissioner of the division of special populations and student support, Tennessee Department of Education

Eileen Miller, advocate, Decoding Dyslexia Tennessee

Allison McAvoy, special education teacher, Hamilton County Department of Education

Melissa Miller-Benson, elementary school teacher, The Bodine School

Mercedes Chartrand, middle school teacher, Clarksville-Montgomery County School System

Briana Patrick, high school teacher, Lauderdale County Schools

Anna Thorsen, parent

Morgan Ashworth, speech language pathologist, Loudon County School District

The council also includes three ex-officio members with expertise in dyslexia: Emily Dempster with the International Dyslexia Association; Erin Alexander, a school psychologist and assistant director for clinical services at the Tennessee Center for Dyslexia; and Susan Porter, a district lead coach of instruction with Metro Nashville Public Schools.

Executive Summary

During the 2016 legislation session, the General Assembly passed the “Say Dyslexia” law, ([Chapter 1058](#) of the Public Acts of 2016), which requires the department of education to develop guidance for identifying characteristics of dyslexia and to provide appropriate professional development resources for educators in the areas of identification and intervention methods for students with dyslexia. This law also requires the creation of a dyslexia advisory council to advise the department on matters related to dyslexia. This council is comprised of nine appointed members that include the commissioner of education, or the commissioner's designee; an education specialist from the department; a representative from a dyslexia advocacy group; a special education teacher with an understanding of dyslexia; an elementary school teacher; a middle school teacher; a high school teacher; a parent of a child with dyslexia; and a licensed speech pathologist. The council also appointed three additional ex officio members that have expertise in dyslexia. The council is tasked with reporting to the Education Committee of the Senate and the Education Instruction and Programs Committee of the House of Representatives on the following topics:

- the number of students screened and the number of students provided with dyslexia intervention services;
- information about specific accommodations needed for students who are provided dyslexia intervention services taking the annual state-mandated assessment or other state or district-mandated assessments;
- descriptions from the districts that provided dyslexia intervention services of the intervention services provided to students; and
- the TVAAS growth data, when available, for the students receiving dyslexia intervention services.

What is dyslexia?

Dyslexia is a specific learning disability that is neurological in origin and is characterized by difficulties with accurate and 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. Dyslexia is a language-based condition rather than a vision-based condition. Students with dyslexia struggle with the relationship between letters and sounds. Because of this, they have a hard time decoding, or sounding out, unfamiliar words, and instead often misread them based on an overreliance on their sight-word memory. Deficits are unexpected relative to cognitive abilities in that the student's skills are lower than their overall ability and are not due to a lack of intelligence. Screening for characteristics of dyslexia is a proactive way to address skill deficits through appropriate interventions. Screening results that reflect characteristics of dyslexia do not necessarily mean that a student has dyslexia nor can dyslexia be diagnosed through a screening alone.

Characteristics of Dyslexia

The "Say Dyslexia" law identifies the following characteristics of dyslexia:

- Phonological awareness: a broad category comprising a range of understandings related to the sounds of words and word parts;
- Phonemic awareness: the ability to notice, think about, and work with the individual sounds in spoken words;
- Alphabet knowledge: understanding that letters represent sounds, which form words;
- Sound/symbol recognition: understanding that there is a predictable relationship between phonemes (sounds in spoken language) and graphemes (the letters that represent those sounds);
- Decoding skills: using knowledge of letters and sounds to recognize and analyze a printed word to connect it to the spoken word it represents (also referred to as "word attack skills");
- Encoding skills: translating speech into writing (spelling); and
- Rapid naming: ability to connect visual and verbal information by giving the appropriate names to common objects, colors, letters, and digits (quickly naming what is seen). Rapid naming requires the retrieval of phonological information related to phonemes (letter/ letter combination sounds), segments of words, and words from long-term memory in an efficient manner. This is important when decoding words, encoding words, and reading sight words.

Some common characteristics of dyslexia include the following:

Table 1: Common Characteristics of Dyslexia¹

Age Group	Difficulties	Strengths
Grades K-1	<ul style="list-style-type: none"> ▪ Reading errors exhibit no connection to the sounds of the letters on the page (e.g., will say “puppy” instead of the written word “dog” on an illustrated page with a dog shown) ▪ Does not understand that words come apart ▪ Complains about how hard reading is, or “disappears” when it is time to read ▪ A familial history of reading problems ▪ Cannot sound out simple words like <i>cat, map, nap</i> ▪ Does not associate letters with sounds, such as the letter b with the “b” sound 	<ul style="list-style-type: none"> ▪ The ability to figure things out ▪ Eager embrace of new ideas ▪ Gets “the gist” of things ▪ A good understanding of new concepts ▪ A large vocabulary for the age group ▪ Excellent comprehension of stories read aloud (i.e., listening comprehension)
Grades 2+	<ul style="list-style-type: none"> ▪ Very slow to acquire reading skills; reading is slow and awkward ▪ Trouble reading unfamiliar words, often making wild guesses because he cannot sound out the word ▪ Doesn’t seem to have a strategy for reading new words ▪ Avoids reading out loud 	<ul style="list-style-type: none"> ▪ Excellent thinking skills: conceptualization, reasoning, imagination, abstraction ▪ Learning that is accomplished best through meaning rather than rote memorization ▪ Ability to get the “big picture” ▪ A high level of understanding of what is read aloud (listening comprehension)

¹ Taken from The Yale Center for Dyslexia and Creativity, Signs of Dyslexia. http://dyslexia.yale.edu/EDU_signs.html

	<ul style="list-style-type: none"> ▪ Confuses words that sound alike, such as saying “tornado” for “volcano,” substituting “lotion” for “ocean” ▪ Mispronunciation of long, unfamiliar, or complicated words ▪ Avoidance of reading; gaps in vocabulary as a result 	<ul style="list-style-type: none"> ▪ The ability to read and to understand highly practiced words in a special area of interest ▪ Sophisticated listening vocabulary ▪ Excellence in areas not dependent on reading
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Response to Instruction and Intervention (RTI²)

Response to Instruction and Intervention (RTI²) is a framework designed to meet the needs of all students through increasingly intensive interventions. With RTI², all students receive core instruction; some students may need more targeted support in addition to this core instruction through Tier II interventions; and a few students may need more intensive support in addition to core instruction through Tier III interventions. As outlined in Public Chapter 1058, districts must identify characteristics of dyslexia through their existing RTI² universal screening process and provide appropriate tiered dyslexia-specific interventions for students identified with these characteristics.

Tier I

Tier I instruction, also known as core instruction, provides rich learning opportunities for all students that are aligned to the Tennessee academic standards and are responsive to student strengths and needs through differentiation. The entire range of learners, including those identified with disabilities, students with the characteristics of dyslexia, students who are identified as gifted, and English learners, are included and actively participate in Tier I instruction. Differentiation, based on multiple sources of data, is a hallmark of Tier I.

Tier II

Tier II addresses the needs of struggling and advanced students. Those students who require assistance beyond the usual time allotted for core instruction should receive additional skill-based group intervention daily aligned to the specific area of need. Tier II intervention is explicit and systematic. Advanced students should receive reinforcement and enrichment. Intervention includes explicit instruction within the area of need for all struggling students. For example, students with the characteristics of dyslexia should receive interventions that address the specific phonological deficits identified through targeted assessments.

Tier III

Tier III is in addition to the instruction provided in Tier I. Tier III addresses 3–5 percent of students who have received Tier I instruction and Tier II interventions and continue to show marked difficulty in acquiring necessary reading, mathematics, and writing skills. It could also include students who score below a designated cut score on the universal screening. These cut scores should be based on national norms that identify students who are at risk. As a guideline, students below 10th percentile would be considered the most "at risk" and in possible need of Tier III intervention. When teachers and school-level RTI² support teams are making placement decisions for Tier III interventions, it may be necessary to consider other assessments, data, and information on the student. Such examples may include attendance records, past retention, or performance on TCAP. Students at this level should receive daily, intensive, small group, or individual intervention targeting specific area(s) of deficit, which are more intense than interventions received in Tier II. Intensity can be increased through length, frequency, and duration of implementation. A problem-solving approach within an RTI² model is highly recommended so that the data team can tailor an intervention to an individual student. It typically has four stages: problem identification, analysis of problem, intervention planning, and response to intervention evaluation. Intervention includes explicit instruction within the area of need for all struggling students. For example, students with the characteristics of dyslexia shall receive interventions that address the specific phonological deficits identified through targeted assessments.

Dyslexia Advisory Council

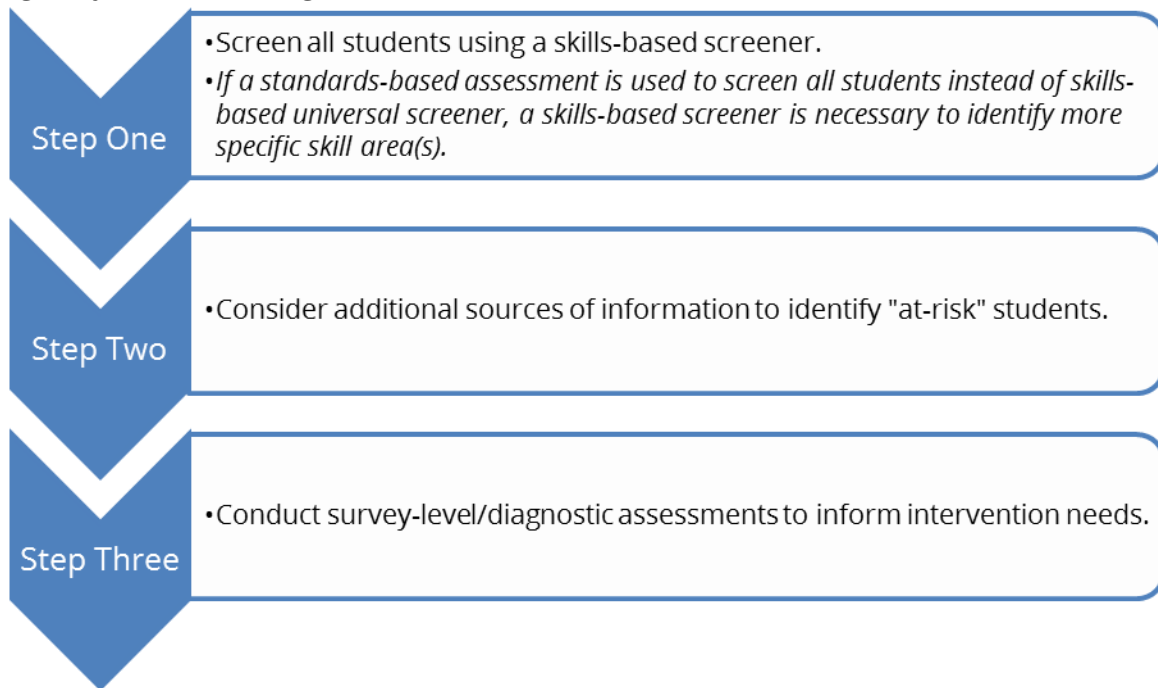
The Dyslexia Advisory Council met three times throughout the 2016-17 school year (meeting minutes and video recordings of each meeting can be found on the council's web page [here](#)) and focused its work on developing a comprehensive [Dyslexia Resource Guide](#) to assist school districts in their implementation of the dyslexia screening requirements established by the "Say Dyslexia" law. The "Say Dyslexia" law, codified as T.C.A. § 49-1- 229, requires:

- All school districts to universally screen all students in grades K–12 through the process identified in the department's Response to Instruction and Intervention (RTI²) Framework
- School districts to convene a school-based problem solving team to analyze screening and progress monitoring data to assist teachers in planning and implementing appropriate instruction and evidence-based interventions for all students, including those students who exhibit the characteristics of dyslexia.
- School districts to take the following steps if the dyslexia screening indicates a student has characteristics of dyslexia:
 - Notify the student's parent or legal guardian;
 - Provide the student's parent or legal guardian with information and resource material regarding dyslexia;
 - Provide the student with appropriate tiered dyslexia-specific intervention through RTI²; and

- Monitor the student's progress using a tool designed to measure the effectiveness of the intervention.

In order to help school districts implement these new requirements with fidelity, the Dyslexia Advisory Council developed the [Dyslexia Resource Guide](#), which was released to districts in May 2017. This guide provides districts with information related to screening procedures for dyslexia, dyslexia-specific interventions, professional development resources, and reporting requirements. The Dyslexia Resource Guide includes procedures for identifying characteristics of dyslexia through the RTI² Framework. Specifically, the procedures focus on phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, decoding skills, rapid naming, and encoding skills. Figure 1 below represents the steps of the dyslexia screen process identified by the Dyslexia Advisory Council. The Dyslexia Resource Guide also provides a rubric for evaluating interventions as well as a sample letter for parents.

Fig. 1 Dyslexia Screening Process



In this report, the department of education is unable to provide the dyslexia-specific information since this is the first year of the report and data is still being collected. The department has taken steps to ensure this data will be available and included in the 2017-18 annual report. As part of the annual plan, all districts are required to submit this data to the department, and districts will now include information regarding dyslexia-specific interventions used during the previous school year. Additionally, the mechanism for reporting the number of students provided with dyslexia-specific interventions was established through the student information system for each district. This

information will be collected at the completion of the 2017-18 school year. It will also allow the department to collect TVAAS and accommodation data for those students receiving intervention.

The Dyslexia Advisory Council will convene in early 2018 to set its goals and agenda for the year.