MISSOURI STATE BOARD OF EDUCATION AGENDA ITEM: October 2017

UPDATE ON DYSLEXIA TASK FORCE

STATUTORY AUTHORITY:
Sections 167.950, RSMo

☐ Consent Item ☐ Action Item ☒ Report Item

STRATEGIC PRIORITY

Access, Opportunity, Equity – Provide all students access to a broad range of high-quality educational opportunities from early learning into post-high school engagement.

SUMMARY

Senate Bill 638 (now Section 167.950, RSMo) was signed into law in June of 2016. This law created the Legislative Task Force on Dyslexia, a group consisting of 20 members as prescribed in the law.

The task force was charged with advising and making recommendations to the governor, Joint Committee on Education, and relevant state agencies regarding dyslexia. The task force was also charged with making recommendations for a statewide system for identification, intervention, and delivery of supports for students with dyslexia, as described in the act.

According to statute, the Department of Elementary and Secondary Education (DESE) is to develop guidelines for the appropriate screening of students for dyslexia and related disorders based upon the task force’s recommendations. Beginning in the 2018-19 school year, each public school, including each charter school, shall conduct dyslexia screenings for students consistent with the guidelines developed by DESE and provide two hours of in-service training for all practicing teachers in the district regarding dyslexia and related disorders. The school board of each district and the governing board of each charter school shall provide reasonable classroom support consistent to the guidelines developed by DESE.

Representative Kathy Swan, Chair of the Dyslexia Task Force, will provide an overview of the task force’s final report of October 17, 2017.

PRESENTERS

Blaine Henningsen, Assistant Commissioner, Office of College and Career Readiness; Kim Stuckey, DESE Dyslexia Specialist; and State Representative Kathy Swan, will assist with the presentation and discussion of this agenda item.
Legislative Task Force on Dyslexia

STATE BOARD OF EDUCATION
OCTOBER 31, 2017
Dyslexia

The term “dyslexia” means a disorder that is neurological in origin, characterized by difficulties with accurate and fluent word recognition, and poor spelling and decoding abilities that typically result from a deficit in the phonological component of language, often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction, and of which secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.
House Bill 2379

HB 2379 became law in 2016

Two major provisions regarding dyslexia:

1) Screening, classroom support and teacher in-service
   - DESE to develop guidelines for screening of students for dyslexia and classroom support by December 31, 2017
   - Public schools to conduct dyslexia screenings, provide classroom support in the 2018-19 school year
   - Teacher assistance programs to annually offer two hours of in-service training beginning 2018-19 school year

2) Created the “Legislative Task Force on Dyslexia”
Summary Recommendations

Interim Report - April 2017
- Screening
- Classroom Support
- Teacher In-service

Final Report – October 2017
- Screening
- Intervention
- Professional Development
- Teacher Certification
- Data Collection
- Current Practice
- Other
Summary Recommendations - Screening

- All K-3 students should be screened for dyslexia and related disorders.
  - Grades 1-3 screened within 30 days of the first day of attendance
  - Kindergarteners screened when specified by the evidence-based screening instrument, but no later than January 31st each year
- Schools should screen transfer students or students identified as “struggling” in literacy.
- Essential characteristics of a screening tool.
- Schools to provide screening results to appropriate school personnel and parents.
- Provide results to DESE for data collection and analysis.
Summary Recommendations – Screening

- Targeted intervention with frequent progress monitoring.
- Recommendation regarding advanced screening tools.
- Specific recommendations for the Department:
  - Implement rules for universal screening
  - Recommend a process for universal screening
  - Recommend training for screeners
  - Submit guidelines for screening and necessary classroom supports to legislature and Governor
  - Review existing screening tools
  - Develop templates for data reporting and for parent notification
  - Provide guidance and resources regarding advanced screening
Summary Recommendations – Intervention

- Evidence-based reading instruction should be implemented with fidelity.

Effective principles of reading noted in NCLB and Every Student Succeeds Act (ESSA):

*Teaching effective principles for reading in core instruction including explicit, systematic evidence-based instruction and literacy content including phonological awareness, syllabication, spelling (orthography) and morphology.*
Summary Recommendations – Intervention

- An intervention system should contain the principles and elements of a Multi-Sensory Structured Literacy Program and should reflect:
  - Sufficient training for teachers/instructors
  - Adherence to frequency, duration and intensity of the program
  - Targeted intervention
  - Frequent progress-monitoring
  - Comprehensiveness
  - Classroom-based administration as practicable
  - Guidance and indicators for students needing special education assessment/evaluation
Summary Recommendations – Intervention

Specific recommendations for the Department regarding Classroom Support:

- Recommend best practices, support materials, technology resources and appropriate training
- Recommend schools provide parents of students with following information:
  - Support available from school
  - Information regarding additional supports and local availability
Summary Recommendations – Professional Development

- Schools to ensure staff-designated screeners are trained.
- Schools must ensure that all administrators and teachers are trained.
- Preservice and In-service PD activities should include the effective principles for reading.
- Schools should **require** two hours of in-service training.
  - Introduction of dyslexia and dyslexia simulation
  - Literacy and reading intervention
  - Screening/progress monitoring, data-based decision-making, fidelity and classroom supports
  - Encourage the SBE to promulgate a rule regarding teacher participation in annual in-service training
- PD for secondary level teachers should be tailored to their needs.
A survey of Missouri institutions of higher education training programs for teachers of reading, special education, speech-language pathology, school psychology, and psychology conducted by the Legislative Task Force on Dyslexia revealed that information about the characteristics of dyslexia, and effective identification of students with those characteristics and intervention for those students is often insufficient or absent.

- Teacher education programs should address dyslexia characteristics, identification and intervention in curriculum.
The survey also indicated a lack of instructional collaboration in institutions of higher education.

- Instructional collaboration across university departments with specific expertise in dyslexia or related disorders.
- Specific recommendation for the Department:
  - Establish a collaborative relationship with the Department of Higher Education regarding pre-service teacher education curriculum.
Summary Recommendations – Teacher Certification

- Strongly recommend that institutions of higher education and the Department align literacy/reading instruction coursework with knowledge and practice standards from the Center for Effective Reading Instruction (CERI).
  - Implementation may be accomplished through the rule-making process or may require legislation.
Summary Recommendations – Data Collection

• Universal and advanced screening data should be limited.
• Consideration for additional data: compliance with requirements, intervention and outcomes.
• Data collected to be made available to schools, parents, and other stakeholders.

- Strongly recommend the Department review, recommend, and assist schools in adopting alternate systems for early identification and intervention.
- Collaboration between regular education and special education school personnel.
- A committee of assessment experts appointed by DESE.
Summary Recommendations – Other

- Emphasize the science of teaching and learning.
- Coordinate and collaborate with early education.
Representative Lauren Arthur
Steven Beldin – MO Council of Administrators of Special Education
Mollie Bolten – Special School District
Susan Bonnett – Private citizen
Scott Crooks – Missouri School Board Association
Jennifer Edwards – Decoding Dyslexia Missouri
John Effinger – Assistive Technology Specialist
Linda Fugate – Reading Specialist
Dr. Chelsea Johnson – Pediatrician
Anita Kutenkuler – Independent Private Provider
Noel Leif – Academic Language Therapists Association
Erica Lembke – University of Missouri
Dr. Phillip Mothersead – Licensed Psychologist
Laura Naas – Missouri State Teacher’s Association
Senator Bob Onder
Terry Osborne – Private Citizen
Senator Scott Sifton
Kim Stuckey – Dyslexia Specialist, DESE
Eva Trumbower – Speech Language Pathologist
Lorrie Wolf – Missouri International Dyslexia Association
Representative Kathryn Swan, Chair

Thank you from the members of the Legislative Task Force on Dyslexia!
MISSOURI HOUSE OF REPRESENTATIVES
Kathryn Swan
State Representative
District 147

Representative Todd Richardson
State Capitol Room 308
Jefferson City, MO 65102

Dear Representative Todd Richardson:

The Legislative Task Force on Dyslexia has completed its work. The enclosure includes recommendations for a statewide system to address the needs of students with dyslexia.

As a result of their findings, the task force is recommending the following to specifically address:

- Screening
- Evidence-based Reading Instruction
- Intervention system
- Preservice and in-service professional development
- Teacher certification
- Process for reporting of data recommendations
- Study and evaluate current practices for diagnosing, treating and educating students

The members of the task force were honored to serve in this important role and appreciate the opportunity to explore the most effective ways to address the issue of dyslexia in our schools.

Yours truly,

Kathryn Swan
State Representative, 147th District
LEGISLATIVE TASK FORCE ON DYSEXIA

6. (1) Identify valid and reliable screening and evaluation assessments and protocols that can be used and the appropriate personnel to administer such assessments in order to identify children with dyslexia or the characteristics of dyslexia as part of an ongoing reading progress monitoring system, multi-tiered system of supports, and special education eligibility determinations in schools;

Screening

Universal Screening – The skills addressed by the universal screener should include phonological awareness, rapid automatic naming, nonsense words, alphabetic principle, phonics, reading fluency, spelling, reading accuracy, vocabulary and reading comprehension, as age or grade appropriate. Evidence shows that these skills are the basic building blocks for proficient reading and are critical skills for assessment of dyslexia. School districts/LEAs (Local Education Agency’s) shall ensure that every entering student in grades 1-3 shall be screened within 30 days of the first day of attendance. Kindergarteners should be screened at such time when specified by the evidence-based screening instrument, but no later than January 31st of each year. The task force further recommends that collaboration, as part of a seamless system of education, occur between teachers and their colleagues who possess an expertise in evidence-based methodologies.

The task force recommends appropriate universal screening of students to determine those who may be at risk for dyslexia and related disorders with the following recommendations:

- Screening should be conducted by trained individuals within School Districts/Local Education Agencies (LEAs). DESE should recommend training that ensures uniformity and quality and should rely on the many outstanding universal screening training programs already in existence.

- DESE should recommend a process for universal screening which could include a multi-tiered system of supports that accurately screens and tracks identification, support, and progress monitoring of students at risk for dyslexia or related disorders.

- School districts should provide screening results to the building administrator, classroom teacher, counselor, and other appropriate school personnel such as a reading specialist, special education faculty, school psychologist, and/or school psychological examiner, as well as the parents of the child. The results of all screenings should be reported to DESE for data collection and analysis. DESE should supply the appropriate template to schools and teachers for reporting purposes. DESE will also provide schools with a template for parent notification that includes predictors or red flags for children who may be at risk for dyslexia.

- School districts should make clear to parents that a positive screening for dyslexia or related disorders is NOT a diagnosis; therefore, it does not in and of itself meet the requirements necessary for a 504 plan or an IEP. Nonetheless, a statement should be included to parents indicating how the school will be providing supports and collecting additional data to address the student’s learning needs.

Additionally, children identified through the screening described above should receive targeted intervention with frequent (weekly) progress monitoring. For advanced screening, as part of an ongoing, frequent reading progress monitoring system, multi-tiered system of supports, and special education
eligibility determination in schools, the task force recommends the following: CTOPP, the KTEA-3 Dyslexia Index 1 & 2, the WIAT-3 Dyslexia Index 1 & 2, (and any future screeners that have been found effective and tested with a dyslexia group and a non-clinical matched control group.) Parents should be notified that their child is receiving intervention, and why, and be informed about the type and frequency of data that will be collected. The intervention should be part of a comprehensive Multi-Tier System of Supports (MTSS) which includes data-based guidelines for increasing the intensity of intervention. The primary source of ongoing, tier two, or advanced screening data is the child’s response to targeted intervention, and informed observation by teachers and support staff such as speech-language pathologists, master’s level special education teachers, reading specialist/interventionist, and school psychologists. The intervention process should include data-based guidance about when the response pattern indicates reason to suspect that the child may have a condition which would warrant evaluation under Section 504 of the Rehabilitation Act, and/or the Individuals with Disabilities Education Act (IDEA). The evaluation should include information from valid and reliable tests of reading, such as the most recent editions of the Comprehensive Test of Phonological Processing, Woodcock-Johnson, Kaufman Tests of Educational Achievement, Process Assessment of the Learner, and Wechsler Individual Achievement Test.

6. (2) Recommend an evidence-based reading instruction, with consideration of the National Reading Panel Report and Orton-Gillingham methodology principles for use in all Missouri schools, and intervention system, including a list of effective dyslexia intervention programs, to address dyslexia or characteristics of dyslexia for use by schools in multi-tiered systems of support and for services as appropriate for special education eligible students;

Evidence-based Reading Instruction
Effective principles of reading as previously noted in No Child Left Behind (NCLB) and currently in Every Student Succeeds Act (ESSA) as follows:

“Teaching effective principles for reading in core instruction including explicit, systematic evidence-based instruction and literacy content including phonological awareness, syllabication, spelling (orthography) and morphology.”

Evidenced-based instruction refers to practices that have been proven effective through evaluation of the outcomes for large numbers of students. Evidence-based reading instruction is highly likely to be effective in improving reading if implemented with fidelity. Fidelity requires that programs are implemented in the manner designed and matched to the correct skill deficit/student need.

Intervention System
An intervention system for students with characteristics of dyslexia contains principles and elements of a Multi-Sensory Structured Literacy Program. These principles are:

- Multisensory instruction
- Systematic and cumulative instruction
- Direct instruction
- Diagnostic teaching
- Synthetic and analytic instruction
- Comprehensive and inclusive instruction of all levels of language
- Sequential

Elements
- Phonology/phonological awareness
- Sound-symbol association
- Syllable instruction
- Morphology
- Orthography
- Syntax
- Semantics

Systems for Intervention should reflect
- Teachers/instructors sufficiently trained to administer the evidence-based program
- Fidelity to the evidence-based program including adherence to frequency, duration, and intensity recommended by the program
- Targeted intervention
- Frequent progress-monitoring
- Comprehensiveness (such as Multi-Tiered System of Supports)
- Consideration for classroom-based administration as much as is practicable
- Guidance and indicators for when a student should receive special education assessment/evaluation

Resolving the impact of Dyslexia requires direct and explicit instruction using a peer reviewed scientifically researched program which is structured, systematic, sequential, cumulative, simultaneously multi-sensory and phonologically based.

The program should demonstrate effectiveness on an evidence base of a dyslexic population.

6. (3) Develop and implement preservice and in-service professional development activities to address dyslexia identification and intervention, including utilization of accessible print materials and assistive technology, within degree programs such as education, reading, special education, speech-language pathology, and psychology;

Preservice and Inservice Professional Development
Both Preservice and In-service professional development activities should include:

- Effective principles of reading as previously noted in No Child Left Behind (NCLB) and currently in Every Student Succeeds Act (ESSA) as follows:

  "Teaching effective principles for reading in core instruction including explicit, systematic evidence-based instruction and literacy content including phonological awareness, syllabication, spelling (orthography) and morphology."

- CERI (Center for Effective Reading Instruction) Knowledge and Practice Standards for Teachers of Reading, Section E (please refer to addendum for link)

School districts should require two hours of in-service training regarding dyslexia and related disorders including the following:
- Introduction of dyslexia and dyslexia simulation
- Key areas of literacy and reading intervention
- Screening/progress monitoring, data-based decision-making, fidelity and classroom supports
Professional development for secondary level teachers should be tailored to their needs, but must include traits of dyslexic characteristics seen over a lifetime.

The task force encourages the State Board of Education to promulgate a rule regarding teacher participation in annual in-service training.

A survey of Missouri institutions of higher education training programs for teachers of reading, special education, speech-language pathology, school psychology, and psychology conducted by the Legislative Task Force on Dyslexia revealed that information about the characteristics of dyslexia, and effective identification of students with those characteristics and intervention for those students is often insufficient or absent. The Task Force recommends that dyslexia characteristics, identification and intervention be specifically addressed in each of these training programs.

The survey also indicated a lack of instructional collaboration in institutions of higher education. The task force encourages instructional collaboration across university departments with specific expertise in dyslexia or related disorders.

6. (4) Review teacher certification and professional development requirements as they relate to the needs of students with dyslexia;

Teacher Certification
The task force strongly recommends that institutions of higher education and the DESE align their literacy/reading instruction coursework with knowledge and practice standards from the Center for Effective Reading Instruction (CERI). This includes robust instruction of content knowledge and application as specified and defined in the standards as follows:

Foundation Concepts about Oral and Written Learning
Knowledge of the Structure and Language
Structured Language Teaching: Phonology
Structured Language Teaching: Phonics and Word Recognition
Structured Language Teaching: Fluent, Automatic Reading of Text
Structured Language Teaching: Vocabulary
Structured Language Teaching: Text Comprehension
Structured Language Teaching: Handwriting, Spelling, and Written Expression
Interpretation and Administration of Assessments for Planning Instruction
Knowledge of Dyslexia and Other Learning Disabilities

Please refer to the addendum for a link to the complete list of the CERI Knowledge and Practice Standards.

This recommendation may be implemented through the rule-making process in the Department of Elementary and Secondary Education or may require legislation.

6. (5) Examine the barriers to accurate information on the prevalence of students with dyslexia across the state and recommend a process for accurate reporting of demographic data; and

Process for Reporting of Data
It is recommended that the collection of demographic data be limited to the following:
Universal and Advanced Screening Data – Name of the screening tool, Number of students screened, Results of the screening (number of at-risk students).

The task force recommends that additional data regarding compliance with screening requirements, intervention and outcomes be considered. Particularly, querying districts on their response to their screening data (e.g. revisions of core curriculum, providing X intervention to students at risk, completing diagnostic evaluations on students at risk, etc.) would help ensure that districts will take actions for the students in their care.

The task force also recommends that the aggregated, non-identifiable data collected be available to LEAs, parents of students, and other stakeholders on the DESE website or through other informational system(s). Data may be used to inform and influence core instruction and the processes of dyslexia screening, assessment, and intervention by LEAs, DESE, legislative, or other entities.

6. (6) Study and evaluate current practices for diagnosing, treating, and educating children in this state and examine how current laws and regulations affect students with dyslexia in order to present recommendations to the governor and the joint committee on education.

The Intelligence Quotient-achievement discrepancy model of qualification for special education services and/or for other intervention services is not required by IDEA or by the Missouri Plan for Special Education. The Task Force strongly recommends that DESE review, recommend, and assist LEAs in adoption of alternate systems for students to obtain effective intervention and assessment due to the data supporting the inappropriateness of this model for identification of students with specific learning disabilities, including dyslexia. In addition, collaboration between regular education and special education LEA personnel with specialized knowledge in language, structured literacy, and other aspects of reading should be encouraged to address the needs of struggling and dyslexic readers in classroom interventions.

Current Specific Learning Disability regulations in Missouri provide two options for identification:

1. A simple difference discrepancy model which is the most commonly used methodology in Missouri and lacks validity as a contemporary learning disability identification method. It often delays or impedes student access to appropriate remediation.

2. The child’s response to scientific research-based intervention which is currently used in too few districts in Missouri and is better supported by contemporary learning disability research. This method encourages early identification of students at risk and high quality intervention practices.

It is recommended that DESE appoint a committee of assessment experts from private practice and from public education to evaluate current practices related to specific learning disability identification in Missouri, as well as nationally, and make recommendations for possible changes. Identification of barriers to adopting the response to scientific research-based intervention model as well as identifying improvements to the discrepancy procedure to be more in line with contemporary practice would be advisable.

Other
All guidance must be consistent with Section 504 of the Rehabilitation Act of 1973.
**Addendum**

Simple definition of discrepancy model, retrieved from [http://Understood.org](http://Understood.org)

*The discrepancy model is a way to capture and compare a student's scores on different types of tests. It compares assessments of a child's intellectual ability (IQ) with how much progress he’s making in school (his academic achievement).*

*In some cases, there may be a significant “discrepancy” (difference) between various sets of scores. The idea is that when there’s a difference like this, it’s evidence that an underlying condition is making it unusually hard for a child to learn.*

*For example, say your fifth grader’s IQ falls in the average range. The expectation would be for him to be reading at a typical fifth-grade level. But say his scores show that he’s actually reading at a second-grade level. In that case, there’s a discrepancy between what the IQ test said he’s capable of (ability) and his actual reading level (achievement)*

Center for Effective Reading Instruction
[Knowledge and Practice Standards for Teachers of Reading](http://effectivereading.org)

Section E; pages 20-21