

MINUTES OF THE HOUSE EDUCATION COMMITTEE

The meeting was called to order by Chairman Clay Aurand at 9:05 A.M. on February 14, 2008 in Room 313-S of the Capitol.

All members were present except:

Marti Crow- excused

Valdenia Winn- excused

Committee staff present:

Theresa Kiernan, Office of Revisor of Statutes

Dianne Rosell, Office of Revisor of Statutes

Dale Dennis, Kansas State Department of Education

Martha Dorsey, Kansas Legislative Research Department

Sharon Wenger, Kansas Legislative Research Department

Janet Henning, Committee Assistant

Conferees appearing before the committee:

Dr. Alexa Posny, Commissioner, Kansas State Department of Education

Angie Schreiber, parent and educator, Emporia

Terry Sader, Kansas Coalition for Dyslexia Legislation, Wichita

Jessica Harrouff, Kansas Coalition for Dyslexia Legislation, Augusta

Jeanine Phillips, Kansas Coalition for Dyslexia Legislation, Wichita

Dr. Brian Stone, Kansas Coalition for Dyslexia Legislation, Wichita

Colton Hall, student (age 11), Wichita

David Hall, parent, Kansas Coalition for Dyslexia Legislation, Wichita

Carol Mobley, Kansas Coalition for Dyslexia Legislation, Wichita

Iris Davis, Kansas Coalition for Dyslexia Legislation, Valley Center

Marie Masterson, Kansas Coalition for Dyslexia Legislation, El Dorado

Donna Brown, Kansas Coalition for Dyslexia Legislation, Wichita

Dr. Cynthia Jacobson, Dir., Hearing & Speech, Cleft Palate/Caniofacial Children's Mercy Hospital

Kay Shevling, USD 204 Bonner Springs

Ann Harts, parent, Manhattan

Dr. Erin Dugan, Director, Special Education, Olathe School District - written testimony

Mark Tallman, Assistant Executive Director Advocacy, Kansas Association of School Boards - written testimony

HB 2778: Screening and treatment for dyslexia and related disorders.

Dianne Rosell, Assistant Revisor, Office of the Revisor of Statutes, gave an explanation of **HB 2778** to Committee members. Ms. Rosell advised this bill was patterned after two statutes in the Texas Education Code. Section 38.003, Screening and Treatment for Dyslexia and Related Disorders were enacted in 1995, and section 28.006 Reading Diagnosis was enacted in 1997.

Ms. Rosell stated this bill would require state accredited schools to test all students in kindergarten, first and second grades for dyslexia and related disorders. The district would then be required to provide a treatment program that has been approved by the state board for any student determined to have dyslexia or related disorder.

The State Board of Education would be required to adopt a list of testing instruments that schools may use. District-level communities may adopt additional instruments if they chose to do so. All of the reading instruments must be based on scientific research concerning reading skills development and reading comprehension.

Ms. Rosell further stated that each school district would be required to report results of the testing to the state board, its local board and in writing to the student's parents or guardians.

The State Board shall develop recommendations for the school districts regarding training and administration of the diagnostics tests and applying the results to the instructional program. The board

CONTINUATION SHEET

MINUTES OF THE House Education Committee at 9:05 A.M. on February 14, 2008 in Room 313-S of the Capitol.

would also be required to certify by July 1 of each year, whether sufficient funds have been appropriated for the statewide implementation of these programs. The board would also conduct evaluations of programs and expenses. No more than 15% of the funds appropriated can be used for indirect costs. (Attachment 1)

Dr. Alexa Posny, Commissioner, Kansas State Department of Education, spoke to Committee members the most widely accepted definition of dyslexia is “a specific learning disability that is neurological 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.” (*Adopted by the IDA Board, November 2002 and by the National Institutes of Health, 2002.*)

Dr. Posny stated Kansas has long been a state that does not over-regulate but does offer incentives to encourage effective practices. The focus in Kansas has been the development of processes, procedures, guidelines and effective practices.

Dr. Posny stated that current Kansas practices are based on the premise that all students can be effectively taught and it is the responsibility of school staff to identify and provide the most effective curricular and instructional practices and strategies to enable all students to learn. (Attachment 2)

Angie Schrieber, parent and educator, Emporia, spoke to Committee members in support of **HB 2778**. (Attachment 3)

Terry Sader spoke briefly to Committee members and told of the following individuals who were going to speak to the Committee regarding dyslexia. (Attachment 4)

Jessica Harrouff told Committee members she was an 18 year old high school student who was diagnosed with dyslexia. She spoke to Committee members of the difficulties and struggles she had encountered while in elementary, middle, and high school. She told Committee members she is currently the National Saddle Club Association Queen and upon graduation from high school will be enrolling in college to study veterinary medicine and in particular, work with horses. (Attachment 5)

Jeanine Phillips, Reading Specialist, told Committee members that dyslexia is a language disorder, it is inherited and passed on in the family by the known chromosomes 6th, 1st, and 15th. It cannot be cured but people with dyslexia can be taught to read, write, spell at or above grade level.

Dr. Brian Stone, Psychologist, told Committee members of the pattern of strengths and weaknesses of dyslexia. Dyslexia is a pattern, good high-level thinking strengths, often, especially in hands-on visual spatial non-language kinds of skills. Its high-level nonverbal thinking is often somewhat overlooked by schools as it is hard to work in to any curriculum, it doesn't learned itself well to written tests. And the high level strengths come at the expense of a processing weakness in things that are not high-level, that are rather automatic processes. Typically that means an auditory memory that can't hold as much.

Terry Sader told Committee members this legislation is literally about tens of thousands of Kansas children whose parents don't have the education, who don't have the resources to pursue the right diagnosis, and the need for proper diagnosis and intervention.

Colton Hall, a 6th grade student, spoke to Committee members and told of his struggles and difficulties in dealing with dyslexia. (Attachment 6)

David Hall, father of Colton, Drake, and Kamren Hall, gave testimony to Committee members on each of his three sons who have been diagnosed with dyslexia. (Attachments 7, 8, and 9)

Carol Mobley, parent of two children with dyslexia, spoke to Committee members of the frustrations and concerns encountered by her children and herself. (Attachment 10)

CONTINUATION SHEET

MINUTES OF THE House Education Committee at 9:05 A.M. on February 14, 2008 in Room 313-S of the Capitol.

Iris Davis, parent, testified before Committee members and spoke of the concerns and frustrations in trying to determine if her son was dyslexic. (Attachment 11)

Marie Masterson, parent of child with dyslexia, spoke to Committee members and told of the struggles for her son and all other students currently enrolled at Flint Hills USD 492 who struggle with reading. She included written testimony from other parents of dyslexic children. (Attachments 12)

Donna Brown, parent, testified before Committee members and told of frustrations and concerns regarding her child. (Attachment 13)

Dr. Cynthia Jacobsen, speech-language pathologist and a Fellow of the American Speech Language Hearing Association, encouraged Committee members to consider passage of **HB 2778** which would provide for rapid implementation of testing and teacher training across Kansas districts and encourage consistency across our many Kansas districts. (Attachment 14)

Kay Shevling, member of USD 204 Board of Education , spoke to Committee members in support of passage of **HB 2778**. (Attachment 15)

Ann Harts, parent, spoke to Committee members and expressed concern regarding dyslexia. Mrs. Hart encouraged the passage of **HB 2778**. (Attachment 16)

Written testimony was also received from Benita Seliga, a parent of a child diagnoses with dyslexia. (Attachment 17)

Because of time constraints, written testimony was also received from the following opponents of HB 2778.

Dr. Erin Dugan, Director of Special Education, Olathe School District (Attachment 18)

Mark Tallman, Assistant Executive director/Advocacy, Kansas Association of School Boards (Attachment 19)

The meeting was adjourned at 11:00 A.M. The next meeting is scheduled for February 15, 2008.

MARY ANN TORRENCE, ATTORNEY
REVISOR OF STATUTES

JAMES A. WILSON III, ATTORNEY
FIRST ASSISTANT REVISOR

GORDON L. SELF, ATTORNEY
FIRST ASSISTANT REVISOR



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Interstate Cooperation
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MEMORANDUM

Date: February 14, 2008
To: House Committee on Education
From: Dianne Rosell, Assistant Revisor
RE: Summary of House Bill No. 2778 Relating to Dyslexia

Mr. Chairman and members of the committee:

House Bill No. 2778 was patterned after two statutes in the Texas Education Code. Section 38.003, Screening and Treatment for Dyslexia and Related Disorders was enacted in 1995, and section 28.006 Reading Diagnosis was enacted in 1997.

Required Testing

This bill would require state accredited schools to test all students in kindergarten, first and second grades for dyslexia and related disorders. Testing for kindergarten would begin in the 2008-2009 school year. First grade would be added in 2009-2010 and second grade would be added in 2010-2011. The district would then be required to provide a treatment program that has been approved by the state board for any student determined to have dyslexia or related disorder.

Testing Instruments

The State Board of Education would be required to adopt a list of testing instruments that schools may use. District-level committees may adopt additional instruments if they chose to do so. All of the reading instruments must be based on scientific research concerning reading skills development and reading comprehension. The list must include instruments that provide for diagnosing students who are English language learners.

School District Responsibilities

Each school district would be required to report results of the testing to the state board, its local board and in writing to the student's parents or guardians. The school district would then determine the form, content and timing of an instruction program commensurate with the student's deficiencies. Special education teams would make these determinations for special education students.

State Board of Education Responsibilities

The State Board shall development recommendations for the school districts regarding

training and administration of the diagnostics tests and applying the results to the instructional program. The board would also be required to certify by July 1 of each year, whether sufficient funds have been appropriated for the statewide implementation of these programs. The board would also conduct evaluations of programs and expenses. No more than 15% of the funds appropriated can be used for indirect costs.

More Information on the Texas Statutes

Attached are copies of the Texas statutes and administrative regulation. The 2007 Dyslexia Handbook published by the Texas Education Agency is available at:

<http://www.region10.org/dyslexia/Documents/2007EnglishHandbook.pdf>

Appendix H: Texas Education Code §38.003 (State Law)

§38.003. Screening and Treatment for Dyslexia and Related Disorders

- (a) Students enrolling in public schools in this state shall be tested for dyslexia and related disorders at appropriate times in accordance with a program approved by the State Board of Education.
- (b) In accordance with the program approved by the State Board of Education, the board of trustees of each school district shall provide for the treatment of any student determined to have dyslexia or a related disorder.
- (c) The State Board of Education shall adopt any rules and standards necessary to administer this section.
- (d) In this section:
 - (1) "Dyslexia" means a disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and sociocultural opportunity.
 - (2) "Related disorders" includes disorders similar to or related to dyslexia, such as developmental auditory imperception, dysphasia, specific developmental dyslexia, developmental dysgraphia, and developmental spelling disability.

Added by Acts 1995, 74th Leg., ch. 260, § 1, eff. May 30, 1995.

Appendix I: Texas Education Code §28.006 (State Law)

§ 28.006. Reading Diagnosis

- (a) The commissioner shall develop recommendations for school districts for:
- (1) administering reading instruments to diagnose student reading development and comprehension;
 - (2) training educators in administering the reading instruments; and
 - (3) applying the results of the reading instruments to the instructional program.
- (b) The commissioner shall adopt a list of reading instruments that a school district may use to diagnose student reading development and comprehension. A district-level committee established under Subchapter F, Chapter 11, may adopt a list of reading instruments for use in the district in addition to the reading instruments on the commissioner's list. Each reading instrument adopted by the commissioner or a district-level committee must be based on scientific research concerning reading skills development and reading comprehension. A list of reading instruments adopted under this subsection must provide for diagnosing the reading development and comprehension of students participating in a program under Subchapter B, Chapter 29.
- (c) Each school district shall administer, at the kindergarten and first and second grade levels, a reading instrument on the list adopted by the commissioner or by the district-level committee. The district shall administer the reading instrument in accordance with the commissioner's recommendations under Subsection (a)(1).
- (d) The superintendent of each school district shall:
- (1) report to the commissioner and the board of trustees of the district the results of the reading instruments; and
 - (2) report, in writing, to a student's parent or guardian the student's results on the reading instrument.
- (e) The results of reading instruments administered under this section may not be used for purposes of appraisals and incentives under Chapter 21 or accountability under Chapter 39.
- (f) This section may be implemented only if funds are appropriated for administering the reading instruments. Funds, other than local funds, may be used to pay the cost of administering a reading instrument only if the instrument is on the list adopted by the commissioner.
- (g) A school district shall notify the parent or guardian of each student in kindergarten or first or second grade who is determined, on the basis of reading instrument results, to be at risk for dyslexia or other reading difficulties. The district shall implement an accelerated reading instruction program that provides reading instruction that addresses reading deficiencies to those students and shall determine the form, content, and timing of that program. The admission, review, and dismissal committee of a student who participates in a district's special education program under Subchapter B, Chapter 29, and who does not perform satisfactorily on a reading instrument under this section shall determine the manner in which the student will participate in an accelerated reading instruction program under this subsection.
- (h) The school district shall make a good faith effort to ensure that the notice required under this section is provided either in person or by regular mail and that the notice is clear and easy to understand and is written in English and in the parent or guardian's native language.

(i) The commissioner shall certify, not later than July 1 of each school year or as soon as practicable thereafter, whether sufficient funds have been appropriated statewide for the purposes of this section. A determination by the commissioner is final and may not be appealed. For purposes of certification, the commissioner may not consider Foundation School Program funds.

(j) No more than 15 percent of the funds certified by the commissioner under Subsection (i) may be spent on indirect costs. The commissioner shall evaluate the programs that fail to meet the standard of performance under Section 39.051(b)(7) and may implement sanctions under Subchapter G, Chapter 39. The commissioner may audit the expenditures of funds appropriated for purposes of this section. The use of the funds appropriated for purposes of this section shall be verified as part of the district audit under Section 44.008.

(k) The provisions of this section relating to parental notification of a student's results on the reading instrument and to implementation of an accelerated reading instruction program may be implemented only if the commissioner certifies that funds have been appropriated during a school year for administering the accelerated reading instruction program specified under this section.

Text of subsection (l) effective until January 1, 2002

(l) Each district shall provide the accelerated reading instruction under Subsection (g) to students in:

- (1) kindergarten during the 1999-2000 school year;
- (2) kindergarten and first grade during the 2000-2001 school year; and
- (3) kindergarten and first and second grades beginning with the 2001-2002 school year.

Text of subsection (m) effective until January 1, 2002

(m) Subsection (l) and this subsection expire January 1, 2002.

Added by Acts 1997, 75th Leg., ch. 397, § 2, eff. Sept. 1, 1997. Amended by Acts 1999, 76th Leg., ch. 396, § 2.11, eff. Sept. 1, 1999.


[Home](#)
[Contacts](#)
[Search](#)
[Administrators](#)
[Teachers](#)
[Parents](#)
[Students](#)
[Community](#)
[Support Staff](#)
[Special
Populations](#)

Dyslexia Home

Dyslexia - Sub Heading

- [NEW Professional Development Opportunities for 2007-2008](#)
- [Definition of Dyslexia](#)
- [Characteristics of Dyslexia](#)
- [Texas Education Code §38.003 \(State Law\)](#)
- [Texas Admin. Code §74.28 \(State Board of Education Rule\)](#)
- [District Plans](#)
- [Assessment Q&A](#)
- [Components of Instruction](#)
- [Accommodations/Modifications](#)
- [Dyslexia Handbook Revised 2007 \(English\)](#)
- [Dyslexia Handbook Revised 2007 \(Spanish\)](#)
- [Announcements](#)
- [Register Online](#)
- [Consultants](#)
- [Resources](#)
- [Related Links](#)
- [Region 10 Reading and Language Arts Program](#)

➡ [About Region 10](#)

➡ [Products and Services](#)

➡ [Professional Development](#)

➡ [Jobs/Certifications](#)

➡ [News](#)

➡ [Help](#)

Texas Administrative Code §74.28 (State Board of Education Rule)

§74.28. Students with Dyslexia and Related Disorders.

- a. The board of trustees of a school district must ensure that procedures for identifying student with dyslexia or a related disorder and for providing appropriate instructional services to the student are implemented in the district. These procedures will be monitored by the Texas Education Agency (TEA) with on-site visits conducted as appropriate.
- b. A school district's procedures must be implemented according to the State Board of Education (SBOE) approved strategies for screening, and techniques for treating dyslexia and related disorders. The strategies and techniques are described in "Procedures Concerning Dyslexia and Related Disorders," a set of flexible guide for local districts that may be modified by SBOE only with broad-based dialogue includes input from educators and professionals in the field of reading and dyslexia related disorders from across the state. Screening should only be done by individuals/professionals who are trained to assess students for dyslexia and related disorders.
- c. A school district shall purchase a reading program or develop its own reading program for students with dyslexia and related disorders, as long as the program is characterized by the descriptors found in "Procedures Concerning Dyslexia and Related Disorders." Teachers who screen and treat these students must be trained in instructional strategies which utilize individualized, intensive, multisensory, phonics methods and a variety of writing and spelling components described in the "Procedures Concerning Dyslexia and Related Disorders" and in the professional development activities specified by each district and/or campus planning and decision making committee.
- d. Before an identification or assessment procedure is used selectively with an individual student, the school district must notify the student's parent or guardian or another person standing in parental relation to the student.
- e. Parents/guardians of students eligible under the Rehabilitation Act of 1973, §504, shall be informed of all services and options available to the student under that federal statute.
- f. Each school must provide each identified student access at his or her campus to services of a teacher trained in dyslexia and related disorders. The school district with the approval of each student's parents or guardians, offer additional services at a centralized location. Such centralized services shall not preclude each student from receiving services at his or her campus.
- g. Because early intervention is critical, a program for early identification, intervention support for students with dyslexia and related disorders must be available in each district as outlined in the "Procedures Concerning Dyslexia and Related Disorders."
- h. Each school district shall provide a parent education program for parents/guardians of students with dyslexia and related disorders. This program should include: awareness of characteristics of dyslexia and related disorders; information on testing and diagnosis of dyslexia; information on effective strategies for teaching dyslexic students; and awareness of information on modification, especially modifications allowed on standardized testing.

TexReg 4311; amended to be effective September 1, 2001, 25 TexReg 7691,
amended to be effective August 8, 2006, 31 TexReg 6212.

Talking about dyslexia...

"Once the fog lifts, dyslexics are prone to genius. Because theirs is such a unique way of looking at reality."

Victor Villasenor

Region 10 Education Service Center 400 E. Spring Valley Rd. Richardson, Texas 75081-1300 |
972.348.1700

Wednesday Feb



History and Current Law Practices

February 2008



Areas of Interest: History

- **Laws, Regulations or Policies, Procedures, Practices**
- **Child Find**
- **Disability Areas**
- **Definitions**
- **Identification Practices**
- **Dyslexia**
- **Methodology**

History: Laws, Regulations, Policies, Procedures

- With the passage of Public Law 93-380 (1974), P.L. 94-142 (1975) as well as section 504 (1973), an era was launched to provide every child with a disability, a free appropriate public education
- To assist in meeting the responsibilities of providing an appropriate education to all children, the basis for the operation of these programs (eligibility, methodology) rested in the establishment of clear written policies
 - As a result, every state and district developed processes and procedures to carry out the intent of the laws

History: Child Find

- P.L. 94-142, passed in 1975, required:
 - Child Find: "It shall be the policy of each education agency to locate at least annually all persons between the ages of three through twenty-one who may be in need of special educational services."

History: Disability Areas

- **34 CFR Parts 300 and 301**
 - **300.8:** Child with a disability means a child...having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, a specific learning disability, deaf-blindness, or multiple disabilities...

History: Definitions

Federal Definition of LD:

- The term "specific learning disability" means "a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, speak, read, write, spell or do mathematical calculations."
- The term includes such conditions as "perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia."

History: Identification Practices

- Original Chapter 34, C.F.R., Parts 300 and 302 required:
 - Evaluation: "A Child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas:
 - Oral expression
 - Listening comprehension
 - Written expression
 - Basic reading skill
 - Reading comprehension
 - Mathematics calculation/reasoning"

History: Diagnosis vs. Identification/Eligibility

- Under IDEA, "there is no requirement under these regulations that a medical evaluation be conducted..." *3/12/99 response to comments*
- "A child with a disability means a child evaluated...as having...a specific learning disability (which includes dyslexia)...and who...needs special education and related services."

History: Identification Practices

- **Classification systems were used based on:**
 - **Typologies (e.g., dyslexia)**
 - **Etiology (e.g., neural disorder)**
 - **One or two salient dimensions**
- **Classification systems were often used to determine services**

Dyslexia

- **"Dyslexia results from a complex gene-environment interaction...of the nervous system...(that) prompts the brain to develop according to a different blueprint. The result is a brain that does not process language in the usual way..."**
- **"Since Pringle Morgan and James Hinshelwood first described dyslexia a little over 100 years ago, scientists, educators, and clinicians have debated dyslexia's definition, diagnosis, treatment, and even its existence."**

Gordon Sherman, Ph.D.

Gordon Sherman, Ph.D.

- **Executive Director of The Newgrange School and Educational Outreach Center in New Jersey; Director of the Dyslexia Research Laboratory at Beth Israel Deaconess Medical Center in Boston; Assistant Professor of Neurology at Harvard School; former president of the International Dyslexia Association.**

Most Widely Accepted Definition

- **Dyslexia is a specific learning disability that is neurological 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."**

Adopted by the IDA Board, November 2002 and by the National Institutes of Health, 2002 .

History: Methodology

- Often the category of disability to which a child was determined to be eligible determined the specific type of program and service
 - Students labeled within a category of disability were assumed to all require the same intervention
- Certain special interventions were specifically matched to a diagnosis or disability label

History: Methodology

Examples

- Supplementary non-language treatments directed at the visual and auditory systems that benefit the struggling reader
- Multisensory instruction that conveys information through multiple input channels (visual, auditory, and kinesthetic/tactile) and enlists various multisensory strategies to enhance memory storage and retrieval
- Orton-Gillingham approach

The Multisensory Approach

- **Visual:** a student might be instructed to look at a letter
- **Auditory:** listen to its sound
- **Visual-auditory:** associate the letter and its sound with a picture of a "key word" that "unlocks" its sound (e.g., apple/short a)
- **Kinesthetic:** write the word and perhaps move or gesture in some way that represents the key word, letter, or sound
- **Kinesthetic/Auditory:** say the letter with its sound and perhaps its key word and write the word
- **The goal:** to achieve multiple pathways and associations for input, storage, and retrieval to offset weaknesses in sensory, language, and memory systems.

The Orton Gillingham Approach

A daily lesson using the *Orton-Gillingham Approach* typically lasts between 45-60 minutes.

1. review of letters and sounds already learned,
2. introduction of new phonogram (symbol) and its sound,
3. lists of individual words for reading aloud, carefully selected to review previously learned associations,
4. dictation of new and previously learned sounds,
5. dictation of words using only those phonograms and phonemes already taught,
6. dictation of sentences using words made up of phonograms and phonemes previously taught,
7. oral reading from a text controlled for orthography.

Methodology: Prohibitions

Sec. 300.39(b)(3)

- Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction--

Sec. 300.501(b)(3)

- A meeting does not include...issues such as teaching methodology, lesson plans, or coordination of service provision, or any activities that public agency personnel engage in to develop a proposal or response to a parent proposal that will be discussed at a later meeting.

Areas of Interest: Kansas

- Laws, Regulations or Policies, Procedures, Practices
- Child Find
- Disability Areas
- Definitions
- Identification Practices
- Dyslexia
- Methodology

Current KS Practices: Procedures, Practices

- Kansas has long been a state that does not over-regulate
- Kansas does not regulate effective practice
 - NCLB
- Kansas offers incentives to encourage effective practices
- Additional professional development and training are provided
- The focus in Kansas has been the development of processes, procedures, guidelines and effective practices

Current KS Practices: Procedures, Practices

Examples

- Conduct annual screening of all entering kindergarten children in the areas of health, vision, hearing, visual, auditory and motor functioning, language development, and social-emotional development (1975)
- Assess in one grade—Kdg, 1st or 2nd—the reading ability of every child (2000)
 - Reliable and valid assessments are used to identify the reading abilities of primary level students
 - Assessments are suitable for initial screening and in-depth diagnosis of students' reading specific skills and needs.

Current KS Practices: Child Find

- 2004 Child find.--
- (B) Construction.--Nothing in this title requires that children be classified by their disability so long as each child who has a disability listed in section 602 and who, by reason of that disability, needs special education and related services is regarded as a child with a disability under this part.

Current KS Practices: Disability Areas

- Child aged 3 through 9.--The term 'child with a disability' for a child aged 3 through 9 (or any subset of that age range, including ages 3 through 5), may, at the discretion of the State and the local educational agency, include a child--
- (i) experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in 1 or more of the following areas: physical development; cognitive development; communication development; social or emotional development; or adaptive development;...

Disability Areas

- If one specific disability is earmarked, others may also (including autism, deaf/hard-of-hearing etc.)
- Examples under LD:
 - ADHD
 - Dyspraxia
 - Dyscalculia
 - Dysgraphia
 - Visual processing disorder
 - Processing deficits including: auditory sequencing, auditory memory, visual sequencing, visual memory, spatial orientation, visual motor integration, auditory figure ground, visual figure ground, visual discrimination
 - Sensory aphasia
 - Stresphosymbolia
 - Scotopic sensitivity (Meares-Irlen)
 - Dysnomia

Current KS Practices: Definitions

- Currently, under the federal Individuals with Disabilities Education Act (IDEA), Section 504 and state statutes, dyslexia is an already recognized disorder.
- As a result of its inclusion in these laws, the identification of and services for dyslexia are already required to be provided.
- Additionally, the Kansas State legislature has increased the funding for the provision of services for at-risk students who are struggling learners, who may also be dyslexic.

Current KS Practices: Identification

- Do not label, as it is not necessary for implementation of prevention programs
- Ensure all K-3 teachers provide instruction that incorporates prevention into the normal course of their teaching
- Replace the exclusionary definitions
- Include the consideration of a student's response to well-designed and well-implemented early intervention

Reid Lyon, Jack Fletcher et al; Rethinking LD, 2000

Current KS Practices: Identification

- Historically, classification systems were based on:
 - Typologies (e.g., dyslexia)
 - Etiology (e.g., neural disorder)
 - One or two salient dimensions
- Kansas has moved from a system based on label, classification, etiology or underlying causes to:
 - Dimensions of behavior (e.g., phonemic awareness)
 - Function (emphasis on skills)
 - Research-based instructional and behavioral interventions
 - Specific needs of the child regardless of etiology, typology

Current KS Practices: Identification/Eligibility

- Specific learning disabilities.--
- (B) Additional authority.--In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures described in paragraphs (2) and (3).

Current KS Practices: Methodology

- Moved away from a system based on label, classification, etiology or underlying causes because:
 - A poor correlation existed between categorization and services.
 - Students labeled within a category of disability were assumed to all require the same intervention
 - Obsolete assumptions were used in providing services to students.
 - It was assumed that certain special interventions were specifically matched to a diagnosis or disability label

Current KS Practices: Methodology

- "Not all people with learning disabilities have the same profile. Therefore, not all solutions for serving that population are the same."
- Noel Gregg, Director of the University of Georgia Regents' Center for Learning Disorders

Current KS Practices: Methodology

- General education interventions (1997)
- Early intervening services
- Response to intervention (2004)
- Multi-tiered system of support (2006)
- Educational interventions provided to students are individualized to meet each child's needs

Current KS Practices: GEI

- **General Education Interventions**
 - Differentiated instruction
 - Phonemic awareness
 - Multisensory instruction
 - Wilson Reading System
 - Orton-Gillingham
 - Alphabetic Phonics
 - Project Read

Research on Interventions

- "Results are controversial; difficult to establish the efficacy of visual and auditory approaches."
- "Researchers have yet to study the "multisensory" component; science has not yet addressed the efficacy of multisensory instruction"
- "Given the small number of studies, the lack of methodological rigor of the existing studies, and the inconclusive findings of the effectiveness of Orton Gillingham programs, additional research is needed before the scientific basis can be established."

The Journal of Special Education, Fall 2006, a peer-reviewed journal

Current KS Practices: GEI

- **KS Child Find involves a screening process for children from birth to age 5, and a general education intervention (GEI) process for children from kindergarten through age 21**
 - **Young children's needs must be identified as soon as possible, so that early intervention may be provided (Process handbook, 2000)**
- **GEI provides a problem-solving process to help support students with academic or behavioral concerns**

Current KS Practices: GEI

- **Uses group problem-solving**
- **Offers structured support and assistance to teachers**
- **Assists teachers in varying instructional strategies**
- **Looks at the child's present level of performance**
- **Considers the child's performance in relationship to general education**
- **Helps the intervention team identify areas of concern**
- **Helps the intervention team provide appropriate interventions**
- **Assists in the development of an intervention plan unique to each child based on individual needs**

Current KS Practices: EIS

“Early intervening services...are services for children in kindergarten through grade 12 (with a particular emphasis on children in kindergarten through grade 3) who have not been identified as needing special education and related services, but who need additional academic and behavioral support to succeed in a general education environment.”

Current KS Practices: RTI

- Is based on the premise that all students can be effectively taught and it is the responsibility of school staff to identify and provide the most effective curricular and instructional practices and strategies to enable all students to learn
- Intervenes early before students lag behind their peers
- Differentiates instruction in its nature and intensity
- Uses research-based, scientifically validated instruction to ensure the greatest degree of effectiveness
- Uses frequent assessments that are sensitive to small changes
- Uses data to make instructional decisions
- Uses assessments for three purposes:
 - Universal screening (annual preschool screenings, reading assessments)
 - Progress monitoring
 - Diagnostics

Current KS Practices: Reading

The Kansas Guide to Reading Assessments states the following:

- "Assessment should not be viewed as a separate activity but as the foundation upon which a teacher plans, implements, and reflects on both his/her instruction and on student learning."
- It includes:
 - Initial screening
 - On-going part of instruction
 - Five components of reading
 - Kansas Reading Standards, Benchmarks, and Indicators.
- Careful examination, documentation, and analysis of each student's reading performance throughout the year
 - Purpose is to identify the student's real reading strengths and weaknesses and to modify instructional practices when appropriate.

Current KS Practices: MTSS

- MTSS is in marked contrast to the historical system which emphasizes identification rather than intervention
- It involves progress monitoring—a functional analysis—which analyzes the specific problem (processing, sensory deficits, etc.)

Simplified MTSS Procedure: Four Parts

1. All children in a class, school, or district are tested once in the fall to identify those at risk (Tier 1)
2. The responsiveness of these students is continuously monitored; those whose needs are not being met, are provided more intensive intervention (Tier 2)
3. A research-validated Tier 2 intervention is implemented; student progress is monitored throughout; and students are re-tested after the intervention
4. Those students who do not respond to validated intervention are identified for multi-disciplinary team evaluation for possible disability determination (Tier 3)

Kansas Multi-Tiered System of Support



Rethinking

- "In too many instances, policy-related issues have driven the scientific agenda relevant to LD..."
- "A key to more effective responses to learning difficulties...will be policies that do not simply change the criteria for identifying LD..."
- "Years of disappointing outcomes in special and compensatory education have taught us that mandated instructional/intervention programs, ultimately cost more than a reasoned, systematic approach..."

Reid Lyon, Jack Fletcher et al; Rethinking LD, 2000

Testimony on House Bill 2778

Angie Schreiber
Emporia, KS
February 14, 2008

Chairman Aurand and members of the committee thank you for allowing me to address and support House Bill 2778. My name is Angie Schreiber and I come today, as a wearer of three hats, mother, educator and school board member.

My oldest child, Ben, was diagnosed in 3rd grade with dyslexia. In Kansas educational settings, Kansas educators do not recognize the word, preferring the term learning disability. Section 1 part c, which recognizes and defines the word dyslexia, is necessary for any change to happen for students with dyslexia. Not recognizing his specific disability does not take away his reading problems, but it does create tremendous challenges for finding a proper solution. An illustration will help prove my point. Imagine that you do not feel well and you go to the doctor to find out what is wrong. After many tests, he tells you, "You have cancer." You ask, "What type of cancer, doctor?" He responds, "It does not matter, cancer is cancer and we are going to treat you for that." Most of us would not accept that answer; we would want a specific diagnosis and a specific treatment. If we had breast cancer, then we would want treatment for breast cancer not liver cancer or just cancer in general. Yet, that is what parents of children with dyslexia must face in Kansas schools. Your son's or daughter's specific reading problem is not mentioned or discussed. Since dyslexia cannot be put on the table as a specific diagnosis, a specific reading strategy cannot be adopted because only learning disabilities exist in this state.

The adoption of the new Multi-Tier Systems of Support (MTSS) and its sub-parts, Response to Intervention (RtI) and Early Intervening Services (EIS) do not solve the above-mentioned problem. According to the Kansas MTSS website (www.kansasmtss.org), MTSS is a coherent continuum of evidence based, system-wide practices to support a rapid response to academic and behavioral needs, with frequent data-based monitoring for instructional decision-making to empower each Kansas student to achieve high standards. In many ways, it sounds like what we are asking for in the bill, but without the definition of dyslexia, our students remain in the learning-disabled box and targeted specific programs effective for remediation of dyslexia will not be in the mix of system-wide practices.

Hat number two that I came to wear was that of an educator. My husband and I believed so strongly that our son needed a program that met the needs of a dyslexic; I chose to become a Certified Academic Language Therapist. Then we learned the next lesson, parents cannot dictate nor discuss methodology. The Special Education Co-op, the school district, and our attorney had many discussions over appropriateness of educational opportunities under IDEA. It should not have to be a legal battle. Many parents choose due process or pay for private tutoring because the public education system is failing their children. Specially designed reading programs exist for students with dyslexia; the one-size fits-all approach of providing reading programs designed for students with learning disabilities must be abolished.

There are ten goals as part of this Multi-Tier System of Support, one of them is important to today's discussion, and that is Goal Number Nine. "Educators, families and community members will be part of the fundamental practice of effective problem-solving and instructional decision making." In light of this goal, we are here exercising

House Education Committee
Date 2-14-08
Attachment # 2

our voices that appropriate programs for dyslexics be required in all school districts in Kansas.

Finally, hat number three, as a school board member, I ran on a platform of every child reading, every child succeeding. Dr. John Heim, our superintendent and I have had many discussions as I continue to advocate for multi-sensory, sequentially based-reading instruction in our district. My goal is not to add costs or overburden teachers. The goal is to provide teachers with the tools they need to help the students in their classrooms.

A forum on public education in Chanute, in December, hosted by State Board of Education member, Jana Shaver and facilitated by Commissioner of Education Dr. Alexa Posny gathered a group of business and industry people, community college administrators and local board of education members. One of the questions discussed at this meeting was "From your experience, what changes do you recommend be made in public schools in order to graduate students who are prepared for successful living after high school?" There were many answers to the question, and some are contained in this bill. Require dyslexia screening, include more discussion of special education law and dyslexia, and do additional testing/therapy for dyslexia.

Since the inception of PL-94-142 (the beginning of national special education law) Kansas has never recognized dyslexia, our reading scores are low and even Kansas employers are telling us it is time for a change. The Wichita Independent Business Association and the Kansas Independent Business Coalition surveyed their membership and asked many questions; consider the answer to two that focused on K-12 education. First, "Do you believe our K-12 system is prepared to educate and train a workforce that will sustain the future needs of Kansas employers?" 14% responded yes, 73% responded no, and 13% responded uncertain. Second, "Is the Kansas workforce adequately trained to meet current and future needs of your business?" 64% responded no, 23% responded yes, 13% responded uncertain. If we are to remain a strong state, with a good workforce change the way we identify and teach dyslexic students. Dyslexics are bright, talented and often gifted. They learn differently. Keep them in the workforce.

Sometimes, it is hard to wear three hats. I have to juggle to keep them up in the air. I started with one hat, being a mom; which, led to the next, an educator; then, I chose to run for the next, a school board member. For my Ben, the story has a great ending or rather has another beginning. Appropriate reading intervention, allowed him to graduate from Emporia High School as an honor student and he is now a senior at Kansas State University majoring in Mechanical Engineering. He just began his senior research project paper. The focus of the research paper is adapting a "Caterpillar Tooling Machine for the Environment on Mars." By passing House Bill 2778, you will allow dyslexic students to understand fully the Kansas motto, "To the Stars, through Difficulties." Or for Ben I could say "To Mars, through Difficulties."

Thank you for allowing me this opportunity. I urge the committee to support the passage of HB 2778. I will stand for questions at the appropriate time.

Dyslexia in Kansas Education

How our Public Schools are failing us
and what you can do about it!

Jessica Harrouff



Dyslexia & Education

The Problem and Solution!

House Education Committee

Date 2-14-08

Attachment # 4



1978 - A WSU professor identified me
as "dyslexic"



Ashamed

I asked the professor, "What does this
mean that I'm dyslexic?"

"I don't know much
about it, but it I do
know it means you
worked hard to get to
where you are today."



"So I'm not dumb?"

Dyslexia

The Implications For Children

Children who blame themselves for the struggle of learning to read are in serious psychological and intellectual danger. They are at risk of becoming ashamed of how they think, how they learn, and who they are. (Dr. Reid Lyon, Children of the Code Project Interview, 2003)

EVERYONE thinks I see or read words backward...I don't!

To some, dyslexia is a handicapping condition requiring special education.

To some, dyslexia is a gift of cognition associated with problem-solving ability and creativity.

To some, dyslexia is such a contaminated term, associated with what are perceived as unreasonable demands by zealous parents or advocates.



So what is it, then?

Dyslexia is a learning disorder that is neurobiological in origin, characterized by difficulties with accurate and/or fluent single word recognition and by poor spelling and decoding abilities. (Lyon, G.R. Shaywitz, S.E. & Shaywitz B.A. (2003))

The term dyslexia should not be used to describe all struggling readers.

It also should not be used to market products or services that have not met scientific research-based criteria.



A dyslexic is *resistant* to good reading instruction.

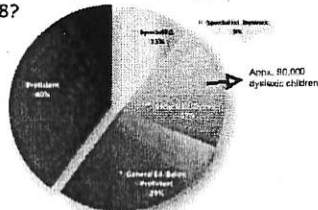
One of the arguments against using the term dyslexia is that we should avoid giving children labels.

Left unlabeled, children are quick to label themselves dumb, stupid, careless, or worse, leaving "scars to their self-esteem." (Diana Hanbury King 2008)

Of all the definitions of different types of learning disability (LD), dyslexia stands out as a type of LD for which clear criteria for identification have been specified. (Lyon, 1995; Lyon, Shaywitz & Shaywitz, 2003)

We know a great deal about the neurobiological factors involved in dyslexia through structural and functional neuro-imaging studies. Genetic investigations are flourishing and the array of data on both preventative and remedial interventions is extensive. (Fletcher et al, 2007; Shaywitz 2004)

Why should the House Education Committee support HB 2778?



Because dyslexia:

- is predictable at a young age, as early as five years, (we shouldn't wait for failure)
- affects between 15-20% of the population,
- is dimensional; it falls on a spectrum between an annoyance & a severe limitation,
- research has established a road-map for intervention and remediation,
- responds to expert, scientifically informed instruction.

Acceptance of the term "dyslexia" in educational circles is non-existent in Kansas and leads to *dyslexi-phobia*.

"Myths perpetuated by charlatans, opportunists, and the uninformed continue to victimize dyslexic individuals and their families who are desperate for help and understanding. Across the landscape of teacher preparation programs, public school systems, the media, and unregulated therapies, too few embrace the term appropriately or act according to its meanings." (Louisa Cook Moats, 2008)

"The significant adults in a dyslexic child's life...parents and teachers...play an enormous role in determining the child's future outlook." (Dr. Sally Shaywitz, 2003)

A child with dyslexia's academic future is determined by the:

- early diagnosis of dyslexia
- severity of his/her phonologic weakness
- intervention/remedial program that is explicit, systematic, structured, sequential, offering a multisensory phonological and phonetic instructional approach (small group - immediately placed in a Tier III upon identification of dyslexia - no need to wait),
- highly qualified instruction provided by a highly qualified teacher
- program offering a necessary level of intensity (90 minutes per day)
- appropriate program provided over a duration of time (months)
- "...someone who will believe in the child...will transfer that belief into positive action...and will relentlessly work to ensure that the child receives the reading help and other support he/she needs." (Shaywitz, S., *Overcoming Dyslexia*, 2003.)

I am dyslexic. I was left back in the first grade because I couldn't learn to read...this teacher also used the EIF approach to teaching reading - Embarrassment is Fundamental. She was actually surprised that I had just as much trouble reading in front of the class as I had trying to read at my desk. As a result, until I was 40 years old, any kind of public speaking resulted in inordinate anxiety and embarrassment. Teachers called me "lazy and unmotivated" to my face. I began hating school. They told my parents: "He needs a fire put under him," or, "Put a bomb under his butt." I learned to hide in the back of the room. I wanted to be invisible. (Emerson Dickman, Attorney at Law, President of the International Dyslexia Association, 2004)

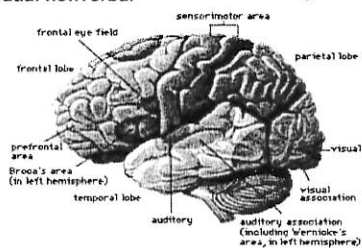
What is Dyslexia?

The science and the clinical perspective

Dyslexia: brain-based, life-long, pre-set pattern of **Strengths** & **Weaknesses**

Hands-on visual-spatial nonverbal

sound-language memory... word reading



Life-long: reading can come up, but the pattern stays!

NIH DYSLEXIA DEFINITION:

- ...learning disability... neurobiological ...difficulties... *word recognition... decoding... from a deficit in the phonological component of language...* unexpected in relation to... abilities... instruction...
- (NIH, 2002; Lyon, Shaywitz & Shaywitz, 2003) NOT "seeing backwards" NOR is it visual focus!
- MD Pediatric Ophthalmologists' position statement condemns vision therapy for learning disorders

**Dyslexic brain not wired to pick up phonemic
& phonics easily**

Nothing in one's weak area is obvious - it must be made explicit

Requires systematic, structured, explicit, direct instruction phonemic awareness – individual sounds of spoken language
phonics rules vocabulary comprehension
fluency

Participation in language rich environment
Taught by TRAINED TEACHER
Younger the brain, easier & quicker to wire in language rules

DYSLEXIA We know what it is. We know how to identify it.
We know why it must be labeled (life-long: future accommodations, awareness, teacher understanding)

& We know what works (NOT juggling, NOT vision training)

Research-based structured language instruction changes the brain

Good instruction brings up
phonemic awareness 1st
then high frequency phonics rules,
lower frequency rules,
comprehension/fluency

**The Legislative
Solution**

What can the Kansas
Legislature enact to help these
children?

**The 7 Point Solution for
Kansas' Children with
Dyslexia**

- *Recognize* dyslexia
- *Screen* for dyslexia
- *Train* for dyslexia
- *Intervene* for dyslexia
- *Track* for dyslexia
- *Teach* about dyslexia
- *Fund* from existing moneys whenever possible, but spend what is necessary!

Support House Bill 2778!

- Establishes a solid foundation for achieving the 7-point solution
 - K through 2 screening (& recognition!)
 - Appropriate Reading instruction programs
 - Training teachers
 - Informing parents
 - Reporting results
- *Puts Kansas at the forefront of educational reform for children with dyslexia*

**Responses to
Objections**

Why would anyone object to law
that helps 20% of our children
learn to read?

**The opposition of the
Kansas Commissioner for
Education as stated to our
Coalition in December 2007**

- Dyslexia is already federally recognized
- Education policy should not be legislated
- No plan yet to address dyslexia but their eventual plan will take *at least* a generation!
- KSDE sets policy and monitors compliance, but does not enforce policy—parents are expected to do this!

**“Dyslexia is already
recognized under Federal
statute.”**

- Such recognition does not ensure that a dyslexia diagnosis will trigger appropriate accommodations;
- Individual school administrators can still decide NOT to intervene and accommodate or even recognize that there is a problem!

- Dyslexia is only recognized under Federal Special Ed. Law.
- Kansas still employs the ‘discrepancy model’ (a 2-year gap between performance and ability) to apply Special Ed. Law.
- Hence, many children with dyslexia will not will not be identified or be identified too late while waiting for the ‘discrepancy.’

**Children should not be
“Labeled”**

- How can any problem be solved unless we identify the specific nature of the problems?
- Would you visit a doctor who does not diagnose but merely tries various approaches until one works?!

**School Districts are already
addressing these needs**

- What data or evidence does KSDE have to support this claim?
- Even if one or two progressive districts are intervening appropriately for children with dyslexia, how do they know and what about the rest? Should a child's education be by luck of living in the right place?

**“Another ‘unfunded
mandate’”—Lynn Ahrens, Dir.
SCKSEC**

- Most districts already employ tests that can screen for dyslexia, if interpreted properly;
- Districts already spend enormous amounts of time and money on often questionable in-service topics and instructional methods;

- There are existing district, state, federal and Title 1 funds available for literacy intervention;
- Which is the better investment:
 - More prisons
 - or
 - Better literacy education?

Available, often untapped or misused, funds:

- Special Education federal grants = \$91,895,583
- Federal "Response to Intervention" matching funds = \$27,568,674
- Title One Money = \$81,753,892
- (Source: KSDE)

If we address dyslexia, we'd have to address hundreds of other learning disabilities.

- Wouldn't it be a tragedy to allow 20% of our children to fail because we can't adequately address the needs of an ambiguously defined 1%!

**Education policy is
determined by KBOE!**

- Although KBOE sets specific policy, the legislature exercises great responsibility for ensuring Kansas students receive the best education possible.
- Legislative prudence is warranted but should not prevent reasonable action!

- The concerns of parents of children with dyslexia should not be dismissed over the unwarranted concerns of the Kansas Department of Education!
- *Are we really going to allow at least another of 20% of Kansas school children to fail educationally?*

The Faces of Dyslexia



Hi my name is Jessica Harrouff; I am 18 years old and a senior at the Augusta High School. First off I would like to explain to you why I am wearing this outfit. I am the 2007-2008 NSCA Queen; NSCA stands for the National Saddle Club Association. I earned this title last summer in Vernal Utah on my horse Six Percent Bullion. He ran on the racetrack when he was younger, and did great; he is an amazing horse.

Let me tell you what I have had to deal with in my life being dyslexic. When I was in the second grade we knew that something was wrong. So the school tested me and couldn't figure out what it was. I would spend hours and hours doing my homework, and since it took so long I was not able to go out side and play with my friends. My mom and I would fight so much when she helped me on homework, because I didn't understand why I couldn't remember what I just read. I would also spend hours studying for a test and still get an F on it. Some of my teachers told my parents and I that I was not trying hard enough. That made me so frustrated because no one knew what was wrong with me. Finally by the fifth grade my parents took me to a guy in Wichita that tested people for dyslexia. We then found out that I am severely dyslexic, he told us about the Fundamental Learning Center in Wichita. They would be a great help to me, but my parents didn't want to drive that far three times a week. There was no one in Augusta who could help me, so my mom went to a training class there to learn how to teach me. From the beginning of the sixth grade through the end of my eighth grade year she tutored me. In the seventh grade the school tried filling for Truancy, because they thought I was just getting out of school to do what ever I wanted to, but I was getting the help from my mom because they were not giving it to me. We told them that I was going home so my mom could tutor me, but the Truancy was eventually dropped due to the fact that I was not missing any core classes for my remediation. I have a 504 plan that has given me the help and support from the schools that I need. One of the things on there says that teachers need to give me notes before class so I can look at them while we go along so I can get the information I need, it helps me out so much.

Next I would like to talk about is that dyslexia is not seeing backwards it is just the way that information goes in my head. That and different letters have different sounds and they can have more than one sound. It is not that hard to make it through school if you ask for help and get a 504 plan or a ILP. This gives the teachers a list of things that need to do for the child. Most of my teachers are very good about helping me out; I have had a couple that didn't want to help me out at all. All of my friends know that I have dyslexia and help me out a lot as well. They don't make fun of me because they know that I can't help it, and when someone does make fun of me they stand up for me. When I do get made fun of it makes me feel ashamed of myself. It doesn't bother me that I am dyslexic I am just a little different. Being dyslexic has affected my life, because it takes me longer to read and write things. I am not a great speller, and it's hard to get all the information from my head to paper. I can't read as fast as everyone else and not at the same level, but if my mom wouldn't have helped me I would probably of dropped out of school. The longer you wait the harder it is to get through the training. I will never grow out of being dyslexic but it has gotten better after I got the help that I needed. In college I will need to take my 504 plan in and see if they will help me, like what I am getting in high school now. Except I will need a tutor for every class and someone to take notes for me. This way I will succeed in college, and get a good job. It is very important for me to succeed even though I am dyslexia, because I want to be

House Education Committee

Date 2-14-08

Attachment # 5

successful in life and I would like to work in the field of horses. It will take a lot of school and hard work, but if I put my mind to it I can do anything. Also I want to say again that dyslexia is not a seeing problem it has to do with the way that your brain processes words and sounds and how it puts them together. Just because I am dyslexic doesn't mean that I am stupid I just learn differently. With having a 504 plan I have made it through school and I am so glad that my mom went to learn how to teach me. I hope that you have learned a lot about dyslexia.

Please consider the House Bill 2778, so all children in Kansas can learn how to read. Do you really want them to go through what I had to before I got the help I needed? This could make a difference between being a successful person or a failure. Thanks for your time I hope my story makes a difference.

~Jessica Harrouff~

Hello, I'm Colton Hall. I'm a 6th grader at Stucky Middle School, I'm on honor roll, and I'm dyslexic. Let me tell you about my journey to honor roll.

In kindergarden-1st grade I was doing all right, and then in 2nd grade the reading was confusing. We found out that I was dyslexic. The school tried different things that did not work. My mom and dad found a program that was made for dyslexic people. Then I understood more quickly, but it wasn't consistent because it was not offered in school. Then my parents got me a tutor that came to me. Then the right instruction was more consistent.

In 3rd grade I went to a different school. They had a program for dyslexic people at the school. It was ok but I was not getting a full hour at a time. Finally I got my most helpful tutor, and then I moved on faster than before. Thanks to AP I have more doors opened for my future.

House Education Committee
Date 2-14-08
Attachment #

House Education Committee Dyslexia legislation

February 13, 2008

Subject: Colton Hall Dyslexic student in USD 259 School District

Thanks for giving us the opportunity to share our story about our experience with our son Colton and USD 259 school district.

As I sat down to write this testimony I was overwhelmed at where to begin. I went through all of the documentation I have exchanged with the school District since we learned Colton was Dyslexic in the 2003-2004 School year. I have 2 huge plastic storage crates full of documentation between our family, the school District and the various assignments of judges as we have found ourselves in due process a number of times. I knew that presenting all this documentation would bury you in paperwork but there is so much vital information that I wish I could share it all with you. In an attempt to keep this as short as possible I am going to try and highlight our experience and frustration.

Colton is 11 years old and in the 6th Grade at Stucky Middle school. Colton is a bright, enthusiastic, well behaved boy and is proud to be on the honor roll. His teachers all say he is eager to please, cooperative and a joy to have in the classroom. Colton swims on the swim team, plays baseball, is in science Olympiad, plays piano and cello, and wants to be a scientist and help kids with Dyslexia when he grows up. He is a great son and big brother to his two younger brothers Drake, 8 and Kamren 6.

As parents we prepared Colton to be ready to enter Kindergarten. He went to a great preschool, we read books sang the alphabet and practice letters and numbers Colton started Kindergarten at Mueller Elementary school. Colton excelled in K and 1st grade. His teachers marveled at the base of experience and knowledge that he had and his great ability to accomplish all the sight words. Colton entered 2nd grade in the 2003-2004 school year. I spoke to his teacher expecting to hear raves about how far ahead of the class he was but instead was told she had some concerns. Colton was tested reading at a pre-primer level at least 2 years behind where he should be. At this point you could have knocked me over with a feather!

We scheduled meetings and began asking questions. At the school level no one was able to answer questions as to what would be the best educational process to proceed with Colton. We were told that the school would have to do a complete evaluation and then we could move forward. We had also been referred to Fundamental learning center where we took Colton on **November 3, 2003**.

Looking back I panic as I think about how the ticking clock was moving along. Children can be assessed and identified for Dyslexia between 5 ½ year old and 6 ½ years old. The single most important factor is early remediation. Instead in January the principle proposed that we move Colton to another school because services were not provided at this school.

At this point I was going to put together a time line but there is sooo much info I am going to simplify and just highlight the important occurrences.

Colton was tested by the school and qualified for services.

During the process of his evaluation we did have a tutor come to the school. (Today the schools do not allow Highly Qualified Certified Academic Language therapists to come into the schools)

*House Education
2-14-08
Attachment #7*

Colton and his tutor were not provided space and had to work in the hall.

The cost is \$25.00 per hour at least 3 days per week. We were struggling to support the additional \$300 per month and at this point looking at the possibility of a 2nd child needing services.

The tutor would not be able to schedule Colton so we found a center where I took Colton, I would pick him up transport him and return him to school. **We also paid for the program.**

IEP meeting in May, we had several questions about the proposed IEP. Reading Mastery was the proposed program.

Colton had great success with AP. The schools proposed program was reading mastery. Since Colton had great documented success with AP At this point we also paid for an outside evaluation and had Colton diagnosed with Dyslexia and Dysgraphia. There is scientific evidence as to what works for children with Dyslexia. Since Colton had documented success we wanted to understand reading Mastery and how it would be appropriate for a child with Dyslexia.

After several months the only documentation the school provided us with a graph of 12 students before and after reading mastery showing progress. The students were 10 English as Second Language students, 1 special education student and 1 regular education student. This failed to provide the information I requested. I did not sign the IEP **and the school took me to due process.**

2003-2004 school years ended and we were into the summer of 2004. I spent my summer writing letters and scheduling phone calls with Due process hearing officer. **We paid for Colton to attend AP during the summer** where he was tutored by a highly Qualified Certified Academic Language Therapist.

In the summer of 2004 the school proposed a plan and I signed. This would be for the 2004-2005 School year. They contracted an outside individual trained in Orton/Gillingham program. Colton was also to start remediation for writing (this did not end up happening until 3 years later) Colton does not even remember this tutor, It turned out that the school used Reading Mastery and the contracted individual came in and worked with Colton 1 day prior to the parent quarterly meetings and then she would meet with me to go over her results. Colton remained at least 2 years behind.

Again we were back in Due Process, A new contract was signed and Colton was to receive AP in the school along with writing remediation. Now we are in his 4th grade year. The year went by and several things accrued. It turns out that the individual teaching AP **was not certified and had not completed the appropriate training program! Colton never received the writing that was in his IEP & the AP was not followed!**

We paid for AP over the summer.

There were so many violations in the IEP and Contract that we went into remediation and signed a contract. For the 2007-2008 and 2008-2009 school years. **After 3 years of inappropriate services and lost time to remediate Colton finally received a plan that would meet his needs and the requirements of FAPE. We were asked to sign a document stating that we could not file back on the school for any of the**

previous issues. We were ready to just have in place what was appropriate for Colton.

So for Colton it was a long journey to the honor roll. He is in advanced math and loves school.

Once he received a program that was appropriate for children with Dyslexia he blossomed.\

In the whole USD 259 school District they did not have a highly qualified certified academic language therapist. So the single most important program and IEP for Colton is with a person one on one who is contracted by the school but not a USD 259 employee. This Certified Academic Therapist has given Colton what is appropriate and what every parent wants for there child a free and appropriate education so they can strive to fulfill any of there future academic goals and function in society.

Colton is planning on attending College and studying in the areas of science and engineering.

Even after all of this our mediation contract is ending at the end of this school year and we are concerned that the whole process will begin again!

As you can see even though the word Dyslexia exists in the federal regulations there is no accountability for the school to specifically accommodate. I heard such things as "Dyslexia is like saying you have a headache", "one program does not fit all kids"
(True but it is scientifically proven what works for children with dyslexia) "boys are slower learners then girls, 'they all learn at there own pace", "our program works" (BUT NO ONE COULD PROVIDE PROOF)

We currently are in a 'Fail first" environment for our children with Dyslexia. Please pass this bill so no other families will have to preserver or fail. All Children deserve the right to read and write and the schools should be held accountable.

Thanks so much for your time and consideration. Please feel free to contact us with any questions @
4245 N Rushwood Ct
Wichita, KS, 67226

316-744-7466
1992@cox.net



David and Katherine Hall

House Education Committee Dyslexia legislation

February 13, 2008

Subject: Drake Hall Dyslexic student in USD 259 School District(Please read Colton First)

Thanks for giving us the opportunity to share our story about our experience with our sons Colton, Drake and Kamren all three are brilliant gifts and all three are Dyslexic.
You already heard about Colton we are going to share our story about Drake.

Drake is brilliant and creative. His intellectual level is far beyond his age. He is gifted leader and loves to sing and play the guitar. Drake also swims on the swim team, plays baseball, and plays piano and guitar. He is gifted physically and with his strength and size excels in sports and physical activities. He loves the outdoors, helping mom cook and repairing things around the house with Dad and is very close to his two brothers,. Drake loves to spend time at his grandparents working in pottery, painting and gardening.

When Drake grows up he wants to explore the titanic, be a space scientist and build a huge complex for animals that do not have a home (he has already hired Colton to design the facility). Drake has always had great verbal communication skills and loves to spin a story. His ability to communicate and his creative mind constantly amaze me and I am often left speechless by what he has said or done.

Drake is extremely Dyslexic. Dyslexia is hereditary. Drake's brother Colton and Dad are both Dyslexic. Drake's pre school teachers expressed concern, I took reading Readiness class to work with Drake, Drake had great difficulty recognizing letters, even after a lot of exposure and his recall was very poor.

Prior to Kindergarten I expressed concern to the principle and his teacher. I continued to express concern through out his entire year of Kindergarten. I was told it is too early to tell, just because his brother has Dyslexia does not mean he will, all kids learn at a different pace, and boys are late bloomers. At the end of Kindergarten his teacher expressed that Drake was having great difficulty recognizing letters and numbers and that his growth during the 2004-2005 school year was totally flat, in fact I saw regression.

Drake went to Fundamental Learning Center during the 2005 summer, **we paid for program.**

Drake had great response but during the summer he was in reading Readiness a pre program to learning to read, even after preschool, Kindergarten he was still in the pre reading readiness stage. At this point Drake was frustrated. Because he is so intelligent and quick he was aware and recognized that everyone else around him was "getting it" something was not clicking for him. Drake would often shut down, divert attention by acting goofy or just become difficult.

House Education Committee
Date 2-14-08
Attachment # 8

We had Drake tested in the school in 1st grade and he qualified for services but again we went through the same situation as we did with Colton.

Having gained knowledge about what was appropriate for children with Dyslexia

Since we could not make agreement on a program I took Drake to Fundamental Learning Center 3 days per week for his entire first grade year. I transported Drake to the facility and back and we paid for the services for the entire year. Drake was tutored by a highly qualified certified academic

We encountered the same issue and resolution as we did with Colton's IEP. So we entered into mediation and secured an appropriate program for Drake for the 2007-2008 and 2008-2009 school years. Drake is tutored one on one by a highly qualified certified academic language therapist in the Alphabetic Phonics program. Again in the entire USD 259 District they did not have anyone on staff that was trained to meet the needs of kids with Dyslexia so they had contract an individual that is not employed by the school District.


Drake has had an unbelievable transformation. One day Drake was looking at a sign posted and began sounding it out, he read it with a combination of a question mark and excitement in his voice. He looked at me for confirmation and I told him he had read it correctly. Drake began jumping up and down and proceeded to read everything in sight. He was so excited it was like he had won the 100 million dollar jackpot. He has become ecstatic and his confidence, attention and behavior are greatly affected in all areas of his life. I watched this angry frustrated little boy just blossom into a happy cooperative person that is a joy to parent, coach and have in class.

All children deserve the right to read and write. No child should be left to fail or feel the frustration of not 'Getting it' when we have scientific documentation and irrefutable evidence as to what works for most students. Every child should be given the key to mastering the language so they can be productive members of society and achieve their future goals.

Drake mediation agreement will end at the end of this school year and we will begin the process again!!!

Please pass HR2778 so all children can be provided an appropriate education.

Thanks,


David and Katherine Hall

February 13, 2008

House Education Committee Dyslexia Legislation

Subject: Kamren Hall Dyslexic Student USD 259

Thanks for the opportunity to share our story. I am sending a "brief" summary of what has happened with Kamren

Kamren is a bright young boy and a joy as a son, student, brother and athlete. He does well in school and is determined to succeed in school. Kamren has two brothers, Colton Hall is 11 in the 6th grade and Drake Hall is 8 and in the 3rd grade. Both Colton and Drake are Dyslexic in addition to their father, David Hall. Colton and Drake both receive services under IDEA and have IEPs. Kamren is also on the swim team. Plays baseball, piano, loves art, and riding his bike. Kamren wants to swim when he grows up and be a part of space missions and science.

Kamren attended Preschool at Discovery Place and was prepared for Kindergarten, from day one we have made reading a priority in our house and Kamren has always enjoyed our time reading together.

In Kindergarten I became concerned with Kamren's progress in reading and writing because of two things, 1) His progress reports under reading and phonics indicated that he was not able to identify initial, medial or final phoneme isolation, in addition he was not identifying phonemes and blending. He was inconsistent in his letter recognition, and was secure in the alphabet if presented in order but struggled with random presentation. 2) As I worked with Kamren on required sight words I was concerned because he was able to memorize but could not identify sounds, in addition his handwriting was not improving from preschool in fact I began to see him regress.

Having now had experience and some knowledge of what to look for from my two older sons Colton and Drake I was alarmed. I know early intervention is the single most important factor and that in my past struggles with the school, the current model requires a fail first system. I spoke with his teacher Mr. Lytle, Mr. Lytle indicated that Karen was someone hard to identify what was going on, I also spoke to Mrs. Alfred, school principal, Mr. Neil Guthrie, Special Education, and Mrs. Ursula Wilson, School Psychologist.

I felt like a hamster going around on the wheel, I have spent 100s of hours in the past wiring letters, asking questions, in advocating for Colton and Drake. There was no clear solution; Kamren was not off of grade level and not "failing" this early to really appear to need any addition services. Having been through this in the past I know that a common response is one methodology does not work for all students, but scientific research does provide clear measures on what works for students with Dyslexia. I know that Kamren would slide through his early grade school years and find ways to compensate but at some point he would really run into some great difficulties. I have met many individuals from past school experiences and current who have suffered because they did not get early remediation. I am determined that this will not happened to Kamren, and am sad to see so many other children slipping through this crack.

House Education Committee
Date 2-14-08
Attachment # 9

In January 2007, I took Kamren to Fundamental Learning Center to have an assessment to follow up on my concerns. Fundamental Learning Center has been a great resource to our family and has always put the best interest of our sons first. (I have included a copy of the assessment for you.) The assessment is research based and is intended to identify deficits and help parents help their children. In phonological awareness Kamren scored 56% - (at least 90% is expected), he did not pass baseline in the alphabet, reading, spelling or handwriting.

I still remained frustrated, I knew talking to the School psychologist that he would not qualify for services but I did not have any other options to work with. The first of April I signed the papers to start the school evaluation, due to time the evaluation would be done until the 2007-2008 school year.

I know that Kamren could not afford to wait, that early remediation is the most important factor and the earlier the better so I made arrangements for Kamren to take Reading Readiness over the summer and eventually Alphabetic Phonics. Reading Readiness is a research based Orton/Gillingham curriculum and is taught by a certified Academic Language Therapist. **We paid for services.**

Kamren started Reading Readiness on June 15th, 2007. Kamren worked with Lisa Scoot a Certified Academic Language Therapist with one other student; he had 9 sessions with Mrs. Scott. Kamren made great progress the program is research-based and is structured, sequential, and multisensory in approach. Phonic awareness, alphabetic skills, beginning reading, spelling, handwriting and oral language are taught during 30 minute time sessions.

During the 9 sessions Kamren was taught over the summer he made great progress, please see copy of progress. Kamren was given sight words from school to work on over the summer. I saw a major change in how Kamren attacked the sight words. Prior to Reading Readiness if Kamren did not recognize a word he would guess totally random, for instance if he had "book" and he did not have it memorized he would just pick anything out of the blue such as "could" and he would say it with a ? in his voice. After reading readiness Kamren would sound out each individual sound, blending is still not present but has not yet been introduced.

Time line we are now at the beginning of the 2007-2008 school year. I spoke with Kamren's teacher and asked her what time Language Arts was, she told me from 9:00-10:40. I told her that would be perfect Kamren would go to Alphabetic Phonics from 9:15-10:15 and would be back at school immediately after class ended. Kamren received services at Fundamental Learning Center; we transport him and pay for the services.

I received notification of Kamren's evaluation meeting scheduled for Monday. Sept. 17th. I attended Kamren's meeting on Monday Sept 17th, Kamren did not qualify for services. I reviewed my concerns as stated above, these concerns and comments were not included in the evaluation. The principle mentioned that she had a problem with Kamren not being in class. Mary Kelly indicated that Kamren's teacher was concerned because she could not give him a grade. Kamren's teacher had left the room by this time, but she had told me there was no problem and never indicated that this would be an issue. In addition Drake Hall had the same teacher in 1st grade and for his first grade year we took him to Fundamental Learning Center where he received Alphabetic Phonics by a certified Academic Language Therapist. We never

had an issue with this; I also took Colton out of school during his 2nd grade year where he was tutored by a certified Academic Language Therapist. During the past 5 years at which time all three boys have been tutored during school time outside of the school I never had a discussion or any mention of" INEXCUSABLY ABSENT or NON-ATTENDING (TRUANT) PUPIL. During the meeting on September 17th no one mentioned anything about inexcusably absent, non-attending Truant pupil. During this meeting Mary Kelly told me Kamren should discontinue attending Fundamental Learning Center in the mornings, I told her she did not want to cross me on this issue, I stand firm that Kamren is going to continue to receive an appropriate education even if it had to be at our additional expense. [Two other members of the 'team "said that their children had needed tutors and they had hired and paid for services with their own money. This was very condescending, there is a big difference between getting additional help with a subject and making sure that a 6year old has the appropriate tools to learn the fundamentals to read and write for his future success] Anyway Mary Kelly sat back in her seat and said, "Don't say I did not warn you., and that was the last mention of Kamren attending Fundamental Learning Center in the morning.....Until

On Sept. 26th the school sent out a certified Letter indicating **Kamren was Inexcusably Absent and considered a NON-ATTENDING Truant pupil, and that if this continued would result in the case being filed with SRS (Department of Social and Rehabilitative Services) and reported to the Commissioner of Education.**

We were given one day from personal delivery or three days from mail delivery date to respond. I picked up the letter on Saturday, September 29th. We took a letter into the school on Monday, October 1st, in addition to a written request for a 504 meeting; the school finally scheduled the 504 meeting on December 10th, 2007.

The principal, Mrs. Alford has indicated that the Social worker, Mrs. Debbie Wilson submitted Kamren as a truant pupil. Mrs. Alford indicated that she contacted her boss Greg Rasmussen and guided her on what to do; Greg Rasmussen indicated that he is supporting the Principle who will follow the 'Law'. Greg Rasmussen spoke to my husband on Friday October 12trh and told him they intended to keep track of Kamren's attendance starting immediately and would as stated in the letter turn the case over to SRS. He also told us that we do not have any rights since Kamren has not been diagnosed with Dyslexia and does not qualify as having a Learning Difference.

The advocacy for both Colton and Drake has been long and very time consuming. There has been many times where we have disagreed with the school. I have no problem agreeing to disagree and continuing to work on a solution. We dismiss and meet again and at some point come to agreement or keep working. But this letter and this situation are very different, our family has been threatened and the harassment began immediately after the Sept. 17th meeting. Our confidence in open communication and being able to come to the table with the school has been shattered and very little good faith is left.

We began our process for an outside evaluation so we could identify if Kamren is Dyslexic and precede to work under the policy that the school board has set up.

At our expense this is not covered by Insurance cost approx. \$500- \$1000!

The evaluation was over three visits. On the first visit the Doctors office wrote a prescription stating that Kamren should continue his treatment for remediation in the Alphabetic Phonics program. On October 16TH WE HAND DELIVERED THIS MEDICAL TREATMENT TO THE SCHOOL AND SITED THE SCHOOLS POLICY P 1461 VALID EXCUSE WOULD BE MEDICAL OR DENTAL TREATMENT. We requested that the school release Kamren to attend AP. On October 23rd Greg Rasmussen, Asst. Superintendent of Elementary Schools gave us a decision that Kamren's attendance at school would not be accused based on the medical prescription.

At this point to meet the schools policy Kamren was not receiving remediation. The school scheduled a 504 meeting for December 10th (we requested Oct 1st) School wanted to wait for us to obtain the outside evaluation. **Kamren was diagnosed with severe dyslexia and Dysgraphia.** The 504 team told us they would get back in a week; we did not hear from them until January 8th, 2008.


On January 2nd we sent a letter to the school. Kamren HAD NOT BEEN ATTENDING AP SINCE October 1st and his education had been stagnant. We notified the school that Kamren as of January 8, 2008 would be returning to Fundamental Learning Center for his medical condition. We refused to let him fall further behind due to the 504's sluggish efforts in resolving the matter.

On January 8th we received a letter that the 504 Team had determined that Kamren does not meet the requirements for 504 eligibility.

Today Kamren continues to go to Fundamental Learning Center three days per week. I transport him to and from and pay for the service. We continue to be harassed everyday Kamren attends AP. We receive a phone call and e-mail daily that Kamren has an unexcused absence.

Please approve HR2778 and help all students receive an appropriate education! Please stop this nonsense and prevent other families from harassment and most importantly hold the schools accountable to provide an appropriate education!!

Sincerely,


David and Katherine Hall
4245 N Rushwood Ct
Wichita, Ks 67226
371-4242
1992@cox.net

My journey with dyslexia started as a mother. My son Preston is 14 and Pierce is 10. Both boys are brilliant and dyslexic.

Our story is similar to those of hundreds of other families dealing with dyslexia.

Kindergarten through second grade Preston struggled so much with reading. Homework meant hours of tears and punching pillows. His teachers did not see his struggle and encouraged me to be patient. When they finally did acknowledge his difficulty the "intervention" put in place was ineffective. They asked him to attend summer school and he sadly attended without benefit.

My search for information on dyslexia and someone who could help us took all summer after second grade. In the fall, I took him out of his third grade class three mornings a week, drove him across town where he finally, at nearly nine years old, began to learn to read through specialized instruction designed to teach those with dyslexia. I do not exaggerate when I say it was as if someone had flipped a switch and turned on a light in my son's brain. I happily wrote a check each month for the instruction, relieved that he was finally learning to read. Preston's evaluation with a private psychologist that same year confirmed dyslexia. I wrote the check for that too. I was happy to have the information I had paid for but I wondered why no one at the school had been able to tell me anything about dyslexia. At the doctor's recommendation, Preston continued with the reading instruction he was already receiving outside of the school.

Quickly, I learned all I could about dyslexia and was able to recognize early warning signs. I got out my checkbook and made sure that my youngest son, Pierce, was getting appropriate instruction by kindergarten.

I regret that our school, our district, didn't know enough about dyslexia to recognize it or have any resources available to teach my son how to read. (Thank goodness the elementary school staff supported my efforts to find the help somewhere else.)

I regret the days and years Preston sat frustrated and miserable in a classroom unnecessarily. I regret the many times he called himself stupid and meant it. I am sorry for his broken heart still mending over missed

recesses and feeling like the only person in the world who couldn't read.

Through all of the regrets, I am thankful.

I am thankful for my checkbook! I am thankful for the sacrifices my family made. I'm thankful for the specialists who have taught my dyslexic boys how to read. And I'm thankful for the word "dyslexia" and its true definition . . . and I am thankful for a chance to be in Topeka to talk about House Bill 2778 that would help us erase regrets before they ever happen.

My journey started as a mother but it continues as I work each day for a non-profit organization striving to teach and help children with dyslexia. I talk to parents all day, every day. I hear from parents all across Kansas from all different districts. They are scared. They know their dyslexic kids are smart but they're not learning to read and no one seems able to help.

Teachers are scared, too. More than anything they want their students to be successful and they want the tools that will help. How do they tell a parent they are not qualified to teach a dyslexic child when their job depends on keeping their mouths shut?

What I know from my own experience and from the horrible stories I hear from parents each day is that Kansas education DOES NOT WORK for children with dyslexia. It has NEVER worked and it isn't going to work without serious change. Change that Kansas schools say they don't need. Twenty years of parents and teachers trying to get change and support related to dyslexia within the Kansas Department of Education have led to nothing. Regardless of what you hear today, the education powers that be do not recognize dyslexia and they will tell parents exactly that. Parents are left to fight the "is it medical or is it educational and who is going to do something about it" battle. In the end the child suffers and parents scramble to find something or someone with the ability to teach their children. Many end up waiting years hoping their children will finally get "far enough behind" to qualify for help through special education (and it does take years because Kansas still uses the discrepancy model) only to find that special education does not have qualified teachers or appropriate instruction either!

Children with dyslexia feel broken. They shouldn't. The children are not broken but the system is. It doesn't matter if the child is in regular or special education, appropriate services for dyslexia are almost non existent in our

Kansas schools. The districts tell us they are prepared but how are they able to teach what they cannot or will not define? The one size fits all approach does not work. Dyslexia is specific. Research provides a clear path for appropriately teaching dyslexic children how to read and be successful yet we continue to offer more of the same with a new name in fancy new packaging. The resistance to helping kids with dyslexia by Kansas schools is unacceptable.

The risks for children with dyslexia who do not learn to read are undeniable. Imagine a life without literacy. If we do not teach them to read, most will drop out of school. Many will suffer with depression and/or substance abuse and as a final escape from a life of shame, some will even take their own lives. Without reading, doors are closed. Poverty or prison will be the destination for many who do not get the instruction they desperately need. Kansas can do better than that for 20% of the student population.

Preston and Pierce can read. They can read because of the specific instruction they received, at my expense, outside of the public school where it is OK to be dyslexic. Only a handful of the nearly 100,000 children with dyslexia in Kansas will get the opportunities my children have had. There is limited help in the private sector and limited funds for most families. Teaching a child with dyslexia how to read can and should happen in all Kansas schools, but it will take passing this bill to make sure that happens.

Thank you for your support,

Carol Mobley
Wichita, KS

Testimony before the Kansas House Education Committee Hearing
on the Dyslexia Bill

By Iris S Davis, Valley Center, KS

February 14, 2008

My son, Ashton, is 15 years old and a freshman at Valley Center High School. He's witty and creative. Good with his hands, he loves to fix bikes and skateboards. When he's not fixing skateboards he's honing his skateboarding skills with his friends. He also loves to play videogames – his favorite is *Guitar Hero II*. He's at the expert level; I'm barely beyond the tutorial.

Given his interests he might be the person who builds your next house, or fixes your car. He might also be one of those adventurous people who scales Mt. Everest or drops off the top of a half-pipe at an extreme skateboard competition. Then again, he might be the next unsung hero defending our nation against our enemies.

What he's not is successful in school. It's been a tremendous struggle for him. It's been a tremendous struggle for us to find out why. And, it continues to be a struggle to learn why he has difficulties in learning, specifically with language arts and math. We are on our third round of assessments through the public school system, as the first two times his discrepancy gap wasn't significant enough for him to require special education services.

Yet again, he's failing. And we hear that he's just not motivated and that he's lazy. He could do better if he would just try harder. His teachers and administrators don't know and they don't see just how hard he tries. They don't see him struggle to comprehend the reading assignments. They don't see the struggle to understand word problems in math. They don't see the struggle to summon forth words from his head, form them into sentences, and structure those sentences into an essay. What they do see is a kid who's tuned out and fail to question why.

We question why. Why are his learning difficulties still undiagnosed at 9th grade? I've questioned his physician. He told me that he doesn't diagnose learning problems – that's for the school to determine. We could have had a definitive answer by now, but we can't afford to pay for a private comprehensive evaluation.

That's why I'm here testifying before you, even though my husband and I don't definitively know whether Ashton has dyslexia. So, that in the future other Kansas kids and their parents won't suffer needlessly. Especially those families – like mine – whose only resource, whose only recourse, is the public school system.

House Education Committee
Date 2-14-08
Attachment # 11

Good morning, my name is Marie Masterson and I am speaking on behalf of both my oldest son Coy, and all other students currently enrolled at Flinthills USD 492 who struggle with reading. On May 23, 2007 my son's application for a 504 was denied by USD 492 Flinthills. The district based their denial on his teacher's observations, standardized test scores, and my son's academic progress. On July 30th, 2007 my husband and I filed a complaint with the Office of Civil Rights. OCR took our case and through their investigation it became more and more obvious that the lack of dyslexia legislation in Kansas was a major determiner in the out come of our case.

First I learned that each district has the right to set their own criteria for determining what "qualifies" a student for a 504 irregardless of that students "eligibility" status, and that a district can disregard any independent evaluations and or testimony if they so choose. In USD 492 Flinthills, students with learning differences must fail in order to receive help and or qualify for a 504.

The District listened to but disregarded testimony given by the executive director of the Fundamental Learning Center. She holds a Masters of Science degree in Education as well as being a Certified Academic Language Therapist with qualifications to instruct others to become CALTs. They chose instead to use teacher observations and my son's grades to determine whether or not he qualified for a 504. Also, the superintendent allowed discussion about my son's psychological evaluation, but rather than following Dr. Stones recommendations, the district choose to use my son's test scores from the Spring of 2007 to say that his dyslexia did not affect a major life activity. Because my son was not failing, he did not qualify for a 504 in the Flinthills district.

The District also chose to overlook the fact that in second grade he tested below average and that his DIBELS scores showed him to be at "some risk" needing intervention. They did not acknowledge the fact that his improved scores and success in the classroom were directly attributed to the fact that Coy was receiving Alphabetic Phonics from an Academic Language Therapist in training, in addition to substantial help at home.

The district did not provide any services for my son's disability either before or after they received a copy of his psychological evaluation, and we as parents were not informed that our son was even considered at risk until after our son's 504 was denied. It was never mentioned at the 504 meeting. All remediation specifically designed for dyslexia was initiated and provided by us, Coy's parents. The accommodations mentioned by the teacher in OCR's summary were only provided because of a parental request.

As a result of the second part of our complaint, an important fact was revealed. Quoting from the summary of OCR's investigation of our case: "The District's psychologist stated that most of the students in special education do have some form of dyslexia. However, the District does not use that term. They consider these students to have reading disorders." (Page 7 in section B Analysis and Conclusion of OCR documentation)

Dyslexia affects close to 93,000 children in the state of Kansas including those in the public educational system. Just because districts do not call dyslexia, dyslexia, but instead call it "reading disorders" does not change the facts. It's merely a difference in

House Education Committee
Date 2-14-08
Attachment # 12

terminology. OCR also writes: "On January 24, 2007 you had a psychological evaluation of your son done by a psychologist. The psychological diagnoses were reading disorder, disorder of written expression, learning disorder, and ADHD. (Page 4 OCR summary) Please note that in the OCR's quote the term dyslexia is never mentioned, and yet it is an undeniable fact that my son does indeed have dyslexia.

How many more students are there in Kansas with dyslexia whose official paperwork does not say the word dyslexia, but instead says "reading disorder"? How many students are there in Kansas who like my son have an official diagnoses but receive no help or intervention from their school districts. How many students are still out there waiting to fail enough for their school to finally determine that they qualify for some sort of intervention? (see parent letters)

It is imperative that our state has legislation specifically for dyslexia. Parents should not have to file a complaint with the Office of Civil Rights before their school psychologist admits that dyslexia actually exists in the public school system. Legislation is also necessary to ensure that districts are not allowed to establish criteria that require a student to fail in order to receive help and or accommodations.

Our children need you to be their champions.

Thank you,
Marie L. Masterson
8099 SE 30th El Dorado, Kansas



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE FOR CIVIL RIGHTS - REGION VII

January 25, 2008

Dan and Marie Masterson
8099 SE 30th
El Dorado, Kansas 67042

Re: OCR Docket # 07071191

Dear Mr. and Mrs. Masterson:

On July 30, 2007, the U.S. Department of Education (Department), Office for Civil Rights (OCR), received your complaint against the Flinthills U.S.D. # 492 (District), Rosalia, Kansas, alleging discrimination on the basis of disability. OCR has completed its investigation and reached a determination regarding your complaint. OCR has determined there is insufficient evidence to support a conclusion the District failed to comply with a law or regulation enforced by OCR, as alleged in your complaint.

In your complaint and during a telephone conversation with an OCR staff member on August 20, 2007, you specifically alleged the District:

1. is denying your son a free appropriate public education by failing to appropriately evaluate him, make a placement decision, and provide appropriate services for his disabilities, including dyslexia and attention deficit/hyperactivity disorder (ADHD); and
2. systemically fails to appropriately evaluate, make placement decisions, and provide appropriate services for students with dyslexia in the District.

OCR is responsible for enforcing:

- Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 United States Code (U.S.C.) § 794, and its implementing regulation, 34 Code of Federal Regulations (C.F.R.) Part 104. Section 504 prohibits discrimination on the basis of disability by recipients of Federal financial assistance.
- Title II of the Americans with Disabilities Act of 1990 (Title II), 42 U.S.C. § 12131, and its implementing regulation, 28 C.F.R. Part 35. Title II prohibits discrimination on the basis of disability by public entities.

As a recipient of Federal financial assistance from the Department and a public entity, the District is subject to Section 504 and Title II.

OCR conducted an investigation of the allegations in your complaint. OCR reviewed information you provided in your original complaint and obtained additional information from you during telephone interviews with an OCR staff member on August 20, October 2, and November 28, 2007, and with a witness you identified on December 4, 2007. OCR also obtained documents and written information from the District on September 25 and October 9, 2007, and conducted interviews with District staff on December 3, 4, and 6, 2007. Based on the information and evidence obtained during the investigation, OCR's determination regarding findings of fact and conclusions of law are set forth below.

I. Legal Standards

Section 504 and Title II contain similar anti-discrimination provisions prohibiting recipients of Federal financial assistance and public entities, respectively, from discriminating against individuals on the basis of disability. Section 504 mandates "no otherwise qualified individual with a disability . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."¹ Title II of the ADA was expressly modeled after Section 504 and states "no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity."²

The Section 504 regulation at 34 C.F.R. § 104.33(a) and (b), requires a recipient to provide a free appropriate public education (FAPE) to each qualified individual with a disability within its jurisdiction, regardless of the nature or severity of the individual's disability. A FAPE is defined as the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of individuals with disabilities as adequately as the needs of individual without disabilities are met, and which have been developed in accordance with the process requirements of 34 C.F.R. §§ 104.34, 104.35, and 104.36, pertaining to educational setting, evaluation, placement, and procedural rights.

The Section 504 regulation at 34 C.F.R. § 104.35 (a) and (c), also requires that a recipient shall conduct an evaluation of any person who, because of a disability, needs or is believed to need special education or related services before taking any actions with respect to the initial placement of the person in a regular or special education program and any subsequent significant change in placement. In addition, when interpreting evaluation data and making placement decisions, a recipient must: (1) draw upon information from a variety of sources; (2) establish procedures to ensure that information obtained from all such sources is documented and carefully considered; (3) ensure that the placement decision is made by a

¹ 29 U.S.C. § 794.

² 42 U.S.C. § 12132.

group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and (4) ensure that the placement decision is in the regular educational environment unless it is demonstrated by the recipient that the education of the student in the regular educational environment with the use of supplementary aids and services cannot be achieved satisfactorily.

Placement decisions must be based upon information from a variety of sources, including tests or other evaluative materials that are valid and tailored to address the specific area of educational need.³ For that reason, a placement decision cannot appropriately address a student's individual educational needs if the evaluative materials considered by the placement team do not include instruments that are valid to assess the student's known or suspected disabilities.

The Title II regulation at 28 C.F.R. § 35.103 does not set lesser standards than those under Section 504. Accordingly, OCR interprets the Title II regulation to require public entities to provide a FAPE to students with disabilities to the same extent as is required under the Section 504 regulation. OCR uses its Section 504 procedures to investigate Title II complaints pursuant to 28 C.F.R. § 35.171(a)(3).

It should be noted, however, that OCR does not review the results of individual placement and other educational decisions, except in extraordinary circumstances. Rather, OCR ensures that the District complies with the process requirements of the Section 504 regulations, including the identification and location, evaluation, and due process (or procedural safeguards) procedures.

In addition, OCR applies a preponderance-of-the-evidence standard to determine whether evidence is sufficient to support a particular conclusion. Specifically, OCR examines the evidence in support of and against a particular conclusion to determine whether the greater weight of the evidence supports the conclusion.

II. Allegation 1

You alleged the District denied your son a FAPE by failing to appropriately evaluate him, make a placement decision, and provide appropriate services for his disabilities. Specifically, you stated that the District did not appropriately evaluate your son because the District did not draw upon a variety of sources in the evaluation and placement process.

A. Findings of Fact

³ 34 C.F.R. § 104.35(b).

- During the 2006-2007 school year your son attended third grade at the Flinthills Intermediate School.
- On January 24, 2007, you had a psychological evaluation of your son done by a psychologist. The psychological diagnoses were reading disorder, disorder of written expression, learning disorder, and ADHD. Your son also tested as gifted in high-level thinking and problem solving.
- In April 2007, you requested a Section 504 evaluation for your son. On April 23, 2007, a notice for a 504 meeting was sent to you for a meeting to be held on May 3, 2007. You cancelled this meeting. Another notice was sent on May 3, 2007, for a meeting to be held on May 23, 2007.
- On May 23, 2007, the team met and considered your son's eligibility for a Section 504 plan. Attending the meeting were the District's school psychologist, the school counselor, the Title I Coordinator, your son's second and third grade teachers, the principal, the superintendent, you, and the director of the Fundamental Learning Center program. The team considered report cards from second and third grades, the results of the MAP test, teacher observations from second and third grades, examples of the student's work, academic progress, and the January 24, 2007 psychological evaluation.
- You stated to an OCR staff member that the District denied your son a Section 504 plan because the diagnosis of dyslexia was made by a psychologist and not a medical doctor.
- In a telephone conversation with an OCR staff member on December 3, 2007, the superintendent stated the team that met to determine if your son would qualify for Section 504 did accept that your son had a diagnosis of dyslexia. However, the superintendent stated the results of teacher observations, standardized tests, and your son's academic progress did not qualify him for a Section 504 plan. The team concluded that the dyslexia did not affect a major life activity. Your son tested in the top 95th percentile on standardized testing in reading and math. He also received As and one B on his report card for the third grade. Your son's teachers reported that he excelled in reading. Using the criteria the District has set for rating eligibility for a Section 504 plan, your son did not qualify for a Section 504 plan.
- In a telephone conversation with an OCR staff member on December 6, 2007, your son's third grade teacher stated she did not think he needed a Section 504 plan. She stated he was a very good reader and had excellent comprehension. The teacher stated she did make some accommodations for your son in the classroom such as reduced spelling words on tests and she tried to limit the amount of copying she required from the blackboard. He was succeeding in school and tested in the top percentile in the two

state assessments during his third grade year. She stated she did attend the Section 504 meeting and the psychological test was discussed.

- On December 4, 2007, OCR contacted your witness, who is the Director of the Fundamental Learning Center; she attended the Section 504 meeting on your behalf. The Director stated she felt the Section 504 meeting was staged and the team had already made up their minds before they arrived. However, she did state that they followed the appropriate 504 procedures. She also stated that when the decision was made to deny your son the Section 504 plan, she suggested that you file due process with the state.
- On May 24, 2007, you were notified that your son did not qualify for Section 504 services. You were also advised you could request a due process hearing if you disagreed with the decision.

B. Analysis and Conclusion

The evidence presented by the District indicates the District did conduct an evaluation of your son. On May 3, 2007, you were notified the Section 504 meeting would be held on May 23, 2007. On May 23, 2007, a meeting was conducted to determine eligibility for your son under Section 504. Attending this meeting were individuals knowledgeable about your son. These individuals were the District's school psychologist, the school counselor, the Title I Coordinator, your son's second and third grade teachers, the principal, the superintendent, you, and the director of the Fundamental Learning Center program. The team considered report cards from second and third grades, the results of the MAP test, teacher observations from second and third grades, examples of your son's work, academic progress, and a psychological report provided by you.

The evidence obtained during OCR's investigation also indicated that the District provided appropriate written notice to you of the Section 504 meeting, used evaluation data from a variety of sources, ensured that all information was documented and carefully considered, and ensured that the placement decision was made by a group of persons knowledgeable about your son, the meaning of the evaluation data and the placement options. Moreover, the your witness, the Director of the Fundamental Learning Center, stated she felt the District did follow all the proper procedures when conducting the Section 504 meeting and making the decision.

OCR has determined there is insufficient evidence to conclude the District failed to comply with a law or regulation enforced by OCR as alleged in allegation 1. OCR does not review the results of individual placement and other educational decisions, except in extraordinary circumstances, as long as the District complies with the "process" requirements of the Section 504 regulations. Based on the evidence obtained during OCR's investigation, the District complied with the Section 504 process requirements, as described above. Therefore,

allegation 1 is closed as of the date of this letter. You may want to pursue your right to an independent due process hearing to resolve your dispute regarding your son's eligibility and placement pursuant to Section 504.

III. Allegation 2

You alleged the District systemically fails to appropriately evaluate, make placement decisions, and provide appropriate services for students with dyslexia in the District. You alleged that the District does not provide services for any students with dyslexia.

A. Findings of Fact

- During a telephone interview with an OCR staff member on November 28, 2007, you stated the District does not provide special education to students with dyslexia. You stated you knew of four students who have dyslexia and were not in special education. You stated these four students did not have a diagnosis of dyslexia from a professional. You stated you have a background in education and you know of certain "benchmarks" that would indicate dyslexia. You also stated the parents of these students have not requested evaluations for their children. However, you feel the District should have identified these students as having reading problems. You stated the District's "gap" for identifying students with reading problems is too low. You stated these children were not being identified as having reading problems until they were failing in school. You stated you knew this was happening because you have worked with these children as a tutor and they were improving with your help.
- You also stated that a parent you know asked for an evaluation for her son at the beginning of the 2007-08 school year. The District evaluated her son and put him in special education for a reading disorder. The parent asked the school psychologist if her son had dyslexia, and the psychologist agreed that he probably had some degree of dyslexia because reading disorder includes dyslexia.
- During a telephone interview with an OCR staff member on December 4, 2007, the school psychologist stated that most of the students in the District on IEPs or Section 504 plans do have reading disorders. The District does not label any student as having dyslexia. The psychologist stated that dyslexia is a medical term and most students with reading disorders do have some form of dyslexia. Students are identified as early as kindergarten as needing assistance in reading. If a teacher identifies a student as needing reading assistance, the first step is to use intervention in the classroom. Within the classroom there are reading groups that students are assigned to, based on their level of reading. They may be moved to a different group during the year based on their progress. There is also a Title I reading program for students who qualify. If classroom

intervention fails, the student is then referred to the student intervention team (SIT) for evaluation for special education.

- The District's psychologist also stated that at the beginning of the 200708 school year he did speak with a parent who requested an evaluation for her son for reading disorder and he did agree with the parent that the student probably had some degree of dyslexia, because reading disorder does include dyslexia.

B. Analysis and Conclusion

The evidence presented by the District showed that the District does have several programs for students with reading disorders. As early as in kindergarten, teachers look for students with problems in reading. The District's psychologist stated that most of the students in special education do have some form of dyslexia. However, the District does not use that term. They consider these students to have reading disorders. These students do receive education in reading. There are also several reading groups with the classrooms that students are placed in according to their reading skill. These students are moved during the year according to their level of reading. If a teacher believes a student is not succeeding in the classroom, then that student is referred to a SIT team for evaluation for special education.

You stated during a November 27, 2007 conversation with an OCR staff member that you knew of one parent who has a student with reading problems and asked the District for an evaluation. The District evaluated the student for reading disorder and did agree with the parent that the student had a form of dyslexia.

The evidence is that the District looks for students with reading problems, which may include dyslexia. If a student is identified as having a reading problem, the teacher intervenes in the classroom. If the intervention is unsuccessful, the teacher refers the student to the SIT team for evaluation. A parent may ask that a student be evaluated for reading problems. If the student is evaluated and found to have a reading disability, the District provides the student with special education services, if appropriate.

OCR has determined there is insufficient evidence to conclude the District failed to comply with a law or regulation enforced by OCR as alleged in allegation 2. Therefore, allegation 2 is closed as of the date of this letter.

IV. Conclusion

Based on the evidence obtained during OCR's investigation, there is insufficient evidence to conclude that the District discriminated against you on the basis of disability. Therefore, this complaint is closed as of the date of this letter. You may file a private suit pursuant to

July 17, 2007

To Whom It May Concern:

My name is Sandy Bell, and I am the parent of five children in the USD 492 Flinthills school system. I have four students with learning differences. My oldest son, Derek, is severely disabled, and has always had excellent services and accommodations from the district.

My fifth grade daughter, Amanda, is in the process of being tested for ADD from an independent psychologist. I am concerned about her education because it seems that she just keeps getting passed from grade to grade without receiving any interventions or accommodations in subjects in which she struggles. Right now she is performing at about a 3rd grade math level. Most nights math homework takes from two to three hours and includes much frustration and tears. School work is hard for her in general and she has to work harder at it than most. Amanda also has a difficult time interacting socially with other children. I believe part of this is directly related to the embarrassment she feels because of her struggles in school.

I have two 3rd grade daughters, Patricia, who shows many characteristics of a child with ADHD, and Rachel, whose disabilities have been obvious since Kindergarten. When Rachel was in Kindergarten, her teacher was concerned that she was not working at the level she should be. She talked with me and then with the Special Education Teacher and we were told that the special ed. dept. will not even test a child until the end of 2nd grade. I have since learned that this is not entirely true, and that had I made a written request to have Rachel tested they would have had to test her.

In the mean time I took her to the eye doctor and to a Neurologist to see if she had trouble in these areas. She needed glasses and checked out fine with the Neurologist. Later that same year Rachel was continuing to fall further behind. At the request of her Kindergarten teacher, another meeting was held with the special education teacher, again we received the same answer. During her first grade year, Rachel's 1st grade teacher was also greatly concerned and felt Rachel needed additional help. So another meeting was held and we were given the same answer that they could not test her. She continued to struggle so much that the special education teacher did consent to test her at the end of her 1st grade year. However, the testing was not specifically geared to test Rachel's specific learning disabilities but instead a basic more broad spectrum set of tests. Her point gap was not high enough to qualify her for special ed. services.

When she started 2nd grade and continued to struggle, my daughter who had always been so full of life and used to have an eagerness to learn, started complaining of stomach aches every morning and didn't want to go to school. She struggled with reading, writing, spelling and math. We, her parents have spent many nights with Rachel in tears just because she wasn't getting it. My husband and I did not know what to do to help Rachel. Then another mom from Flinthills whose son also had great difficulty learning to read, write and spell from Kindergarten through 2nd grade, suggested I talk to the staff at the Fundamental Learning Center in Wichita.

I made an appointment, and in January of 2007 I took Amanda and Rachel and had them assessed for learning disabilities at FLC. Through FLC's assessments we discovered that Rachel had scored low in phonemic awareness and had other clues that pointed to dyslexia. Amanda showed strong characteristics for ADD. When I discussed these results with the special education teacher she made the statement that "everyone that goes to the Fundamental Learning Center is diagnosed with Dyslexia." Not only is this statement untrue, I felt it was very inappropriate and very unprofessional.

The Special Education Department did decide to retest Rachel at the end of her 2nd grade year. When I went to school to have her IEP meeting, the Title I teacher had not been invited, and part of Rachel's documentation was missing. If I had not studied up on IEP's and different screenings done to identify at risk students, I would not have known to ask for Rachel's DIBELS scores. When I asked about them, the Title I teacher was still in the building and the results were located and she was asked to join the meeting. It was at that time that I learned that her DIBELS scores showed she had been in the disabilities at risk

12-10

range for the last two years. This was information that I had never been told and would not have known if I hadn't asked for Rachel's DIBELS scores. I feel it is the special education departments responsibility to inform parents of a students disability status not the other way around.

Before this meeting took place, I had found someone to tutor my daughter in Alphabetic Phonics, a scientifically proven research based program designed specifically for children with Dyslexia and/or ADHD. When I asked if as part of Rachel's IEP she could continue being tutored in Alphabetic Phonics, the special education teacher said she could not, and the school psychologist said that it was an administrative decision. I did not sign Rachel's IEP papers that day because after only one week of tutoring I saw a difference in my daughter's confidence. Into the second week Rachel was no longer having tummy aches. She has now had six months of Alphabetic Phonics and I am seeing more progress in her reading ability than she has made in the entire three years of classroom instruction. The special education teacher and the school psychologist said they have programs similar to the one she is doing, but I don't want that program. They do not have documented research proving that their program works at the same success rate as Alphabetic Phonics. I want to continue with a program that does have documentation of success and more importantly is working for my daughter. They are planning to pull Rachel out of class for an hour to two hours each day as part of her IEP, so I feel that they need to allow Rachel to continue with her current tutor for one hour, three days a week.

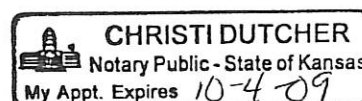
At this point I want to emphasize that I think my daughter had excellent teachers all three years, and that they tried to help her as best they could. They did try to get help from the Special Education Department and did not get what they needed. In my opinion these teachers that have excellent records, and have been teachers for numerous years, were not listened to. These teachers truly have the welfare of my child and every other child in their care as a top priority, but they have their hands tied as to what they can and cannot do to help their students. Every child is a gift from God above, different and unique in his or her own way, learning style and development. Early intervention is the key to success with any learning difference. Research shows us that students who struggle in Kindergarten and don't have specific intervention, continue to get worse and worse. This was certainly true in Rachel's case. For USD 492 to have a policy that a child can't be tested until the end of 2nd grade is outdated and cruel.

As far as I'm concerned the special education department has failed both Rachel and Amanda. They have failed my daughters and are now trying to tell me how Rachel's IEP will be done. Something needs to be done. Our children who are America's future are being pushed aside because Kansas doesn't have special education teachers trained about Dyslexia or how to help students who have it. USD 492 is using outdated testing methods that don't show a student's true disabilities, and I am not sure what they are using their DIBEL's scores for. Please consider my children's stories as well as countless others when making your decisions.

A concerned parent,


Sandy Bell
1064 SE Satchell Creek Rd.
Rosalia, Ks. 67132
(316) 322-7811
skbell@powwwwer.net





2131 SE Munson Hill Rd
ElDorado, KS 67042
July 25, 2007

To Whom It May Concern:

As you become a parent, from the moment you find out that you are expecting, you do everything you can to make sure that your baby is healthy. That means physically, mentally and emotionally. You nurture and love unconditionally. You praise that first smile, crawl, step and words. Then you pray that you have done everything to make school a positive learning step.

Garet attended the Early childhood program in ElDorado as a mentor student. We felt this program would help Garet get started on his school education since his birthday is in September and he would be turning six right after starting Kindergarten. He attended half days for 4 days a week. This was a good stepping stone for the all day Kindergarten program at Flinthills. As Kindergarten began, he really enjoyed Ms. Breech. He struggled with the letter sounds but made progress as he went through the year. We received a letter that summer that stated Garet probably would have trouble in reading in first grade and listed skills that he needed to work on during the summer. This was not verbally communicated and no Diebels scores or other test scores were shared to show a concern for learning.

Garet continued with first grade as he was so excited to learn to read. He enjoyed math more but showed the desire to want to read. He enjoyed Mrs. D. Anderson very much and worked well with her and Ms. Foster. He continued to make progress as he went through the year.

Garet was looking forward to second grade and being the oldest in the building. He now had 12 words on spelling tests and that meant studying every night to be able to pass the test on Wednesday or retake it on Friday. He was always so happy when he was able to get them all right. He was also aware that other kids were able to read without problems. His self confidence was becoming an issue as he often asked if he was stupid. Working with him at home we knew that he was low in reading and struggled with phonics and spelling. We took Garet to see Dr. Sullivan, an optometrist, to have his eyes checked for any tracking problems. In the test results, Garet was found to have a low ability to follow a moving target and to shift his eyes from one point to another. This would cause him to lose his place when reading or cause him to have trouble copying. Garet also showed signs of having difficulties focusing at near for sustained periods of time. Overall, these two problems were causing a reduced attention span. He would be able to work for 5 to 10 minutes before eye muscle fatigue would cause a loss of attention on near work. This could cause an inconsistency in writing and increase the number of errors in reading and math problems. Garet began eye therapy in September for tracking, focusing and pointing of each eye and for eye-teaming efficiency. He still is receiving eye therapy.

At the first parent conference in October, his grades were fine. He was a hard worker but lacked confidence in his ability. This was the conference where we actually saw and were able to talk to Mrs. "A" about his NWEA scores. His reading score percentile was very low. This is when we asked for Garet to be tested by the school

12-12

psychologist to see if he would qualify for special education services. In the meantime, his spelling list was shortened to 6 words and he continued to work in the low reading group. He was tested in January by Wayne Rethman. The evaluation indicated that Gareth's ability was within average range. His achievement scores would indicate that he was functioning below his ability in reading and written language. His scores did not place him in the special education. At that time, Gareth continued to have a shortened spelling list and to continue in the low reading group. No other accommodations were made for him. He continued with his daily activities. He enjoyed school and worked hard to do as well as he could. Since there are no spring conferences, we didn't meet again to discuss any further adjustments for Gareth.

In the spring, we received a phone call from Marie Masterson. Through mutual friends, she was aware that Gareth was struggling with reading. She had a program called Alphabetic Phonics and wanted to take her own time to work with him. In order to have a bench mark assessment for the program, we took him to the Fundamental Learning Center for testing to get a baseline score. Gareth began working with Marie after school 4 days a week for about an hour with the Alphabetic Phonics, a scientific researched-based Orton/Gillingham method that is structured, sequential, and multi-sensory in its approach. Gareth worked with Marie up until the end of the school year and then continued to meet with her three days a week during the summer. Gareth very much enjoyed the program and is excited to work with Marie. He has made gains and is very close to finishing his first book. As Summer comes to an end and the next school year is approaching, we feel that he is closer to being ready for third grade because of Marie's willingness to help him.

Why did it take until fall of second grade to have input from a teacher about the NWEA assessment scores when Deibel assessments had occurred? If we hadn't been teachers and familiar with tests, we wouldn't have known to ask about testing and what the scores indicated. The school has the testing tools but it doesn't seem that they are using the information to inform parents. Test scores shared and discussed earlier in Gareth's school career may have given us a better tool for helping him. Are teachers aware of the test scores and student weaknesses? Flinthills teachers are a professional group of people who place children first. They can only work with the information that they are given. Teachers have so little one-on-one time that they need all the information they can get from knowing test scores and students strengths and struggles early in the year so adaptations can begin early. If extra training would benefit teachers on how to work with an exceptional child that does not qualify learning disabled, then the school district should make it available for them.

No Child Left Behind applies to all children. These are children who have an IEP due to a high IQ as well as a low IQ, 504 plans and children who have no individualized plans at all. We hope that the school district will do its utmost best to ensure quality and a fair education to all students.

Sincerely,

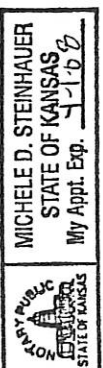
Tod and Denise Johnson

State of Kansas
County of Butler

Subscribed and sworn to before me this 25th day of July, 2007.

Expires: 4/1/08

Denise D. Johnson
Marie D. Skurham
Notary Public



12-13

Donna Brown
2001 Mona Lane
Wichita, Kansas 67216

Some time ago my friend's son was diagnosed with diabetes. Her well meaning but uninformed friends told her. There is nothing wrong with him. He is just lazy. If you would discipline him more he would metabolize sugar. He is fine. His doctors and other trained professionals showed him how to check and monitor his blood sugar. They gave him insulin and taught him how to administer it. He is now an adult and still coping well with diabetes. Had he been diagnosed or treated for any other condition the outcome would be much different.

So it is with our dyslexic children. I have watched three generations of my family cope with dyslexia. Some of it has been tragic. Let us not be misinformed. Diagnose and treat these children for dyslexia. We have the knowledge and the tools for the kids and the teachers to be successful. Let's do the right thing.

House Education Committee
Date 2-14-08
Attachment # 13

Testimony
February 14, 2008
House Education Committee
House Bill 2778
By
Cynthia Jacobsen, Ph.D.

Representative Aurand and distinguished members of the committee, I thank you for the opportunity to testify today on this most important legislation for children.

I am Cynthia Jacobsen, Ph.D. and I am a speech-language pathologist and a Fellow of the American Speech Language Hearing Association. I have 30 years of experience working with Kansas children who have speech, language and reading difficulties. I am the Director of the Hearing and Speech clinics at Children's Mercy Hospital. The views expressed in this testimony are my own as a citizen, and do not necessarily reflect the views of my employer, Children's Mercy Hospitals & Clinics.

Children's Mercy Hospital and Clinics are involved in the diagnosis of children with language, learning and reading disorders, including dyslexia. In the past five years, over 3000 Kansas children from Johnson, Wyandotte, Douglas, and Leavenworth counties with language, learning and reading disorders, have been seen for evaluation. Fortunately, Kansas has excellent early intervention services for children who are at risk between birth and three years of age. The State Department of Education reaps the benefits of early diagnosis and treatment from both our facility and the Infant Toddler programs across the state. We Kansans can be proud of our accomplishments in early services.

Communication disorders and learning disabilities are high incidence disorders in our schools, ranking first and second. Evidenced-based practice leads to good outcomes and prudent allocation of special education personnel. Research has shown that dyslexia is a specific learning disability that is neurobiological in origin. It results in a deficit in the sound analysis component of language (Lyon, G.R., Shaywitz, S.E. and Shaywitz, B.A. (2003) A definition of dyslexia. *Annals of Dyslexia* 53, 1-14. Dyslexia intervention is well documented with methods for teacher training and intervention.

Kansas is already spending precious special education dollars for learning disabilities help and other reading programs. The purpose of HB 2778 is to ensure that dollars spent get results. HB 2778 will label children correctly and in a timely window of opportunity so that proper treatment is provided. Proper diagnosis is important. When we have a medical problem, we want our physicians to give us the exact diagnosis so that care is effective. HB 2778 ensures early identification by qualified teachers and intervention

House Education Committee
Date 2-14-08
Attachment # 14

programs based on science. Although there will be initial costs to train teachers and provide testing in K-2nd grades, the State Department of Education will reap savings by preventing children from developing severe reading disabilities for which long-term special education will be required, at a much greater cost. In addition, testing results at Children's Mercy show that children with dyslexia who are not identified by second grade, can develop behavioral or mental health concerns due to frustration, bullying and low self-esteem. Kansas taxpayers are likely to incur additional costs to care for children due to mental health expenses in the Kansas Medicaid program, behavioral intervention programs in schools, and ultimate loss of wages from Kansas citizens who lack functional reading and spelling skills. We cannot afford to waste the talents of Kansas children, who are the future of our state.

Why is legislation needed rather than continuing as is with current special education practices? Passage of HB 2778 will provide for rapid implementation of testing and teacher training across Kansas districts and encourage consistency across our many Kansas districts. We simply cannot lose more time waiting for special education programs at the local educational level to catch up with our knowledge in the care of children with dyslexia. We can make a difference more quickly with legislation.

Again, I thank you for the opportunity to testify in support of HB 2778, an act concerning school districts: relating to students with dyslexia. I am glad to answer questions and to have visitors at Children's Mercy Hospital and Clinics, Overland Park.

Cynthia Jacobsen, PhD CCC/SLP
Fellow, ASHA
Director Hearing and Speech
Children's Mercy Hospital and Clinics
cjacobsen@cmh.edu
913-696-8861

SCOTOPIC SENSITIVITY (IRLEN) SYNDROME – SSIS
A major factor in many, if not most, cases diagnosed as DYSLEXIA

J. Kay Shevling, LCPC
913-422-5283 or (cell) 913-424-4810
Member of USD 204 Board of Education
Licensed Clinical Professional Counselor and
Certified Irlen Screener and Cluster Leader for the State of Kansas

When the sixth grade daughter of a teacher told me, “People used to tell me that reading was fun, and I thought they were lying to me – now I know they weren’t!” and then proceeded to read through the eighth grade material, I got a lump in my throat.

When a principal called me a week after I had screened a struggling fourth grader, given her a turquoise overlay, and recommended they print her handouts and tests on blue paper, and said, “Em was getting 50% on her spelling tests. Today, she got 20 out of 22 right!” I got tears in my eyes.

When the mother of a fourth grader told me, “We were working together doing six hours of homework every evening. We don’t have to do that anymore!” I knew a child had found her life!

When a little third grader cried, “Look, look, look!” and the mother asked “What?” and he replied, “Can’t you see?” I asked what he was seeing. He excitedly replied, “Diamonds! Can’t you see the diamonds?” and I knew exactly what was happening to the rows of Xes and that I could fix it. I also knew that I had found something I would do for the rest of my life whether I got paid or not!

Finally, when a mother called me, all excited, from her home over the hill from me and told me they were so happy that her son could read. I learned that he had been going to the local public school, the one my children attended, but could not get help for his dyslexia. They had enrolled him in a very fundamentalist school, and earlier that day, I had screened him and the son of a doctor at that school. The doctor’s son

stopped when reading about elephants and a mastodon was mentioned saying, "I can't read this." Asked why, he said, "I don't believe in evolution." I realized I was helping that school trade a thorough education in science for the right to read. I knew then that I had to run for the local school board!

You will probably be hearing many definitions for "dyslexia" today. I'm glad you used the term, "dyslexia and related disorders." The fact is, diagnosis of mental disorders is, at best, inexact. Even medical doctors misdiagnose physical disorders, and they have X-rays, blood tests, microscopic examination of samples, MRIs, CAT scans, and many other definitive tests to help them. All that was available to the psychological community in the past was observation of behavior and a variety of standardized tests that are open to errors in administration and evaluation. That may partially account for the hundreds of theories promoted by well meaning people who want to help children. Now, we have brain scans that can tell us just what part of the brain is working or having problems. The theory of Scotopic Sensitivity or Irlen Syndrome, which I will call SSIS, has been validated by four different brain scan studies.

I want to help children, too. I feel qualified to speak on this topic, not only because I have SSIS, but also because my first career was as a chemist for the FDA, where I learned a lot about science and medicine, and my latest career was in counseling psychology. I worked for eight years in psychiatric hospitals and six years as an assistant to a consulting psychologist. In those two positions, I saw more misdiagnosis than accurate diagnosis.

If you think about it, light is the most pervasive entity in the universe and the one we know the least about. We are just beginning to learn scientifically just how it affects us, and, for some people the effect is life changing. This is what happens when a person has SSIS. It stands to reason that some people will be more sensitive to light than others. For these people certain wavelengths of light cause areas of the brain to

malfunction. We now have brain scan evidence that this is so. I will give you references at the end of this document to four highly respected brain research studies that have shown this is true and that filtering the offending light waves can correct the problem.

As I said, dyslexia is NOT one thing! It has many forms and causes. However, about one-third of its victims, like the ones I mentioned as I began my testimony, experience immediate relief with the filters provided for SSIS. Another one-third are helped but also need some remediation. We are honest enough to admit that, for those who do not show the symptoms, some other intervention is needed. We recognize that all children are not alike, and we must not treat them as if they are.

SSIS affects:

- An estimated 10% to 15% of the population – some estimates are above 20%
- Two-thirds of people diagnosed with dyslexia
- About 30% or more of people diagnosed with ADD, ADHD, and Autism
- About 45% of children in Special Education
- From 46% to 86% of the inmates in a study in the Colorado Correctional Facilities
- Screening for SSIS can actually save money for the schools. When these students are served by the simple interventions, teachers have more time to work with the more difficult cases. (See the document from Riverside USD)

What are the Interventions?

- Colored plastic overlays to reduce the contrast and filter out the offending light.
- Printing handouts and tests on appropriately colored paper.
- Filters worn as glasses or contact lenses. (Not required of schools)

Parts of the Problem:

- **Fluorescent lights.** Many people believe reading requires more light. The opposite is true for this population.
- **Environmental stress.** Contrast, print size and style, demands for performance.
- **Problems with depth perception,** sometimes affecting athletic performance and driving.
- **Math problems – e.g. discriminating between a plus and a division sign or a 3 and a 5.**
- **Progression from first and second grade to third and fourth where print is smaller and there are fewer pictures.**
- **Behavior caused by frustration, stress, fear of failure, etc.**
- **Escaping by daydreaming, etc. misdiagnosed as ADD or ADHD**

Objections -- This has been available for more than 20 years. Why do we not know about it?

- **Optometrists said it doesn't exist. They could not find it in the eye or in a dark room.**
- **Teachers who heard about it and tried passing overlays around so the students could select the one they like. That didn't work.**
- **People found it too simple and easy – it couldn't be true!**
- **There are no drugs involved, so there is no money to be made.**

Recommendations:

- **Every school should have at least one screener. When possible these screeners should have fewer demands on their time, and, ideally, have SSIS or a close family member with SSIS.**
- **Every teacher in the school should have a copy of the "Irlen Syndrome Warning Signs" posted where all can see it.**
- **The above document should also be made available for the parents at registration and at parent/teachers conferences.**
- **SSIS should be within the first three evaluations done at registration.**
- **Everyone needs to realize that these children might be straight A students or average students who are working VERY hard.**

- Annual training on recognizing SSIS should be available to all staff.
- Irlen screeners are trained by Irlen Diagnosticians in a two day session. The Diagnostician for the State of Kansas is Dr. Cathryn Hay of Wichita. Her address can be found on the web site, or you can call me to get it.

Attachments:

- New Business Item 35 from the NEA web site
- Memo from Riverside Unified School District, Dr. Bill Hendrick (see highlighted areas)
- Letter from Bonnie L. Renfro, MD to Dr. Brad Allison Superintendent, Albuquerque Public Schools refuting Dr. Goldbaum's statement that there are no well controlled studies on SSIS.
- Attention Deficit Disorder – ADHD and ADD Syndromes by Dale Jordan
- Irlen Syndrome Warning Signs
- List of references to four brain research studies from the web site: www.irlen.com

Recommended Books & a magazine:

- The Light Barrier, 2002, Rhonda Stone. A journalist mother's story about the problems faced by her two children, including a long list of references.
- The Queen of Education, 2004, LouAnne Johnson. Chapter 9 tells about a teen age boy who hates to read and finally learns why.
- Reading by the Colors, 1991, Helen Irlen. This tells the story of the discovery of the interventions for SSIS.
- National Geographic Magazine, Vol. 196, No. 1, July 1999, in an article called "Quest for Color" on pages 84 and 85, has computer generated photo of the visual distortions experienced by a person who is diagnosed with Autism Spectrum Disorder.

Brain Research (from www.irlen.com)

Visual Evoked Magnetic Fields in Scotopic Sensitivity Syndrome

by Jeffrey Lewine, Ph.D., John Davis, Ph.D., Sherri Provencal, M.A., James Edgar, M.A., and William Orrison, Jr., M.D.

Visual Revoked Responses: Yellen-Schweller Effect

by Drew Yellen

Toward an Authentic Diagnostic Impression Using Clinical Composites and Functional Brain Imaging for an Improved Understanding of Irlen Syndrome

by Robert Dobrin, M.D., F.A.A.P

Light in the Brain

Brain in the News Newsletter by Daniel G. Amen M.D.

I pulled this out of the NEA web site. Kay

NEW BUSINESS ITEM 35

NEA will inform its members through its website and publications, such as NEA Today, regarding Irlen Syndrome Lscotopic sensitivity, a visual perception problem caused by sensitivity to light that results in serious reading difficulties for many thousands of school children. Information so disseminated will include a clear explanation of the condition, its symptoms, and its proven remedy (color filtration). Reporting should include highlights of credible research, legislation, and selected accounts of students who have met with success following appropriate assessment and treatment. A list of resources should be provided in order to enable all interested parties to become well informed about Irlen Syndrome and to take action for the benefit of students.

Rationale/Background

Irlen Syndrome affects approximately one out of five students. Visual perception distortions prevent efficient reading and, therefore, keeps students from reaching their achievement potential.

Submitted by
50 Delegates

Contact
Dan Parsons, California

Relevant Strategic Goal
SG-1 Closing the Achievement Gaps (AG)

Cost Implications
The estimated cost of this NBI \$5,000.



Attention Deficit Disorder – ADHD and ADD Syndromes

Third Edition

by Dale R. Jordan

Visual Perception Disorder

Approximately half of those who are diagnosed as ADHD or ADD also have a brain-based disorder with visual perception (Irlen, 1993; Jordan, 1996a; Payne, 1994; Pollan & Williams, 1992; Weisel, 1992). This problem in clearly perceiving visual images is called by two names: *word blindness* and *Irlen syndrome*.

Toward the end of the 1880s, scientists and educators in Europe were perplexed by the fact that certain individuals with normal vision (20/20 acuity) become "word blind" when they looked at black print on white paper under bright light. In spite of having 20/20 visual acuity, those persons declared that they saw black print begin to swirl, move sideways, move up and down, and fall off the edge of the page. In every other way, those word blind persons had normal eyesight. Separate classrooms were established in Scandinavian countries, Germany, England, and Scotland where word blind students learned to compensate for this visual perception disability (Broadbent, 1872; Hinshelwood, 1900).

The phenomenon of word blindness was first studied in the United States by Samuel T. Orton (1925) following World War I. However, it was not until the 1970s that the first solution for word blindness was discovered. Helen Irlen, a psychologist working with dyslexic adult readers at Long Beach Community College in California, discovered that if struggling readers placed sheets of colored spotlight filters on their book pages, the print often stopped moving and distortions of the printed page frequently disappeared. During the 1980s Irlen perfected a standard method for identifying word blindness, then applying the right color or combination of colors to printed pages. This technique became known as the Irlen procedure. In 1991, Irlen's book *Reading by the Colors* renamed her procedure as the Irlen syndrome.

Still, no one knew why adding color to reading corrected the visual misperceptions of word blindness. In the early 1990s, Margaret Livingstone and her colleagues at Harvard Medical School discovered a missing link in the brain pathway that connects the retina of each eye to the visual cortex (Livingstone, Rosen, Drislane, & Galaburda, 1991). In 1993, Stephen Lehmkuhle and his associates at the University of Missouri School of Optometry corroborated the Harvard information (Lehmkuhle, Garzia, Turner, Hash, & Baro, 1993). Figure 5.1 shows the magnicellular pathway that carries visual information from the retina to the midbrain. The magnicellular pathway is composed of two types of transmission cells. Large *magno cells* rapidly transfer part of each visual image to the brain stem, where that data waits until small *parvo cells* more slowly deliver the rest of the visual

information. When the magno cells are fully developed, the brain stem blends these batches of visual data and sends that information to the parietal lobe, which fires it on to the visual cortex. In word blind individuals, the magno cells are incomplete. A missing chunk, much like a bite out of a cookie, exists on the edge of the magno cells. This missing section causes magno cells to deliver only part of what the eyes see. The visual cortex receives distorted images that move about and fail to blend into focused images. If the word blind person glances quickly at fixed objects or printed information, then looks away, he or she is not aware of the distortions shown in Figures 5.2 through 5.7. However, if the individual with Irlen syndrome stares at something for several seconds, as must be done to read, a variety of visual distortions occur. Figures 5.2 through 5.7 show what most word blind individuals see when they keep looking at black print on white paper, especially under a bright fluorescent light. Livingstone's research also has demonstrated that adding the right color (or colors) to the printed page and adjusting the level of light "fills in" the missing segments of magno cells. This stops the print distortions shown in Figures 5.2 through 5.7. PET scan and MRI images of the magnicellular pathway change from abnormal to normal when appropriate light levels and colors are added to a word blind person's visual processing (Livingstone, 1993).

Word blindness, or Irlen syndrome, triggers a cascade of behaviors that often imitate ADHD or ADD. Soon after the word blind individual starts to read under bright light, both eyes begin to sting or burn. The reader squints the eyes to shut out bright light. After a few minutes, both eyes begin to hurt or feel uncomfortable. Many readers with Irlen syndrome lean over their work to shade pages from overhead light, or they hold a hand up to the forehead to shade the eyes. Word blind individuals often want to wear a baseball cap into the classroom and let the bill shade the eyes. Print begins to blur in and out of focus in a pulsing pattern (see Figure 5.2). Many word blind readers see a swirling pattern like a wheel turning over the page (see Figure 5.3). Words and lines of print often stack on top of each other, then separate (see Figure 5.4). Rivers of space start to run down the page as words slide sideways, then come back together (see Figure 5.5). Letters begin to flicker or blink on and off. The inside portions of words often fade away, then return (see Figure 5.6). Sometimes the reader sees words sliding off the edge of the page. At a certain point of visual stress, whole lines ripple up and down like a flag waving (see Figure 5.7).

Many word blind students lean down close with the nose almost touching the page, then they lean back away from the page. Or the reader might lift the book up close to the face, then put it back on the

Continued on page 7 . . .

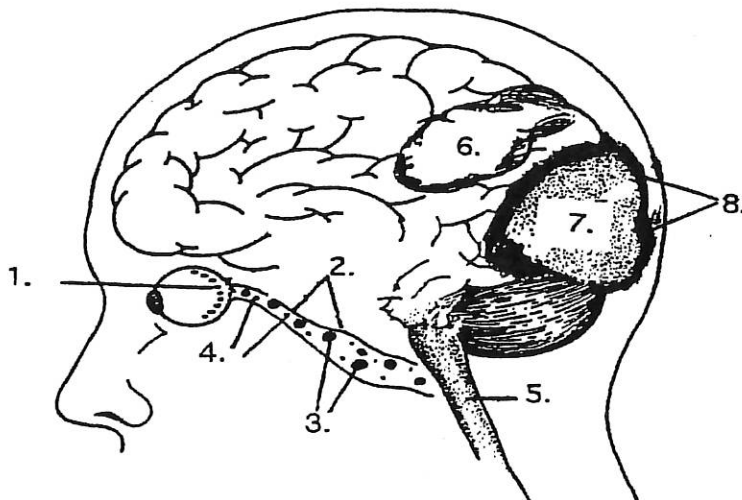
desktop. The body starts to shift and turn in different directions that lets the person view the page from different angles. After a few minutes, a headache develops across the forehead (frontal headache), then moves over the temple regions (temporal headache). When Irlen syndrome individuals keep on trying to read, they often develop headache at the back of the head and

down the neck (occipital headache). As these word blind patterns set in, the reader begins to fidget, squirm, glance away, and appear to be ADHD. When Irlen syndrome is corrected, symptoms of ADHD disappear. The tag-along syndrome of poor visual perception often is mistaken for ADHD.

*Reprinted by permission: Pages 124-130,
pro-ed International Publishers, 1999*

Figure 5.1

1. Photoreceptors in the retina
2. Magnicellular visual pathway that connects the retina and brain stem
3. Magno cells
4. Parvo cells
5. Brain stem
6. Parietal lobe
7. Visual cortex
8. Occipital lobe



*Bonnie L.
Renfro, MD*

Fellow, American
Academy of
Otolaryngology-Head
and Neck Surgery

Fellow, American
Academy of Pediatrics,
Broncho-Esophagology
Section

Certified Irlen Screener

10209 Florence NE
Albuquerque, NM
87122

856-6067

February 25, 2000

Dr. Brad Allison, Superintendent
Albuquerque Public Schools
725 University Blvd SE
Albuquerque, NM 87125

Dear Dr. Allison:

I am a pediatric otolaryngologist currently living in Albuquerque. Prior to receiving my medical training I was a school teacher in Orange County Florida Public Schools. I am writing to you because I have been made aware of a letter you received from one Todd Goldblum.

In his letter, Dr. Goldblum asserts that a policy statement written in 1984 (revised later) states that there are no well-controlled studies to demonstrate that colored overlays or lenses are effective for children with reading or learning difficulties. Dr. Goldblum is obviously NOT conversant with all the literature in this area of special education and so he is NOT up-to-date. Policy statements notwithstanding, there are well-controlled studies demonstrating effectiveness of colored overlays used by children with reading difficulties who have Scotopic Sensitivity. (Citations: *Irlen Coloured Filters for Reading: A Six Year Follow-up* by Whiting, Robinson and Parrott, 1994 and *Coloured Lenses and Reading: A Review of Research into Reading Achievement, Reading Strategies and Causal Mechanisms* by G.L. Robinson, 1994). No one would assert that colored overlays or lenses will help all children with reading or learning difficulties. The disorder called Irlen Syndrome is NOT a vision problem and Dr Goldblum is right when he says that such children do NOT need to see him for correction of this perception difficulty.

As a specialist involved for many years in the amelioration of conditions which impair learning in children, I can suggest an analogy. From time to time we meet children who appear not to hear in the classroom. When we test their hearing with conventional audiometry, their hearing is normal. We have learned to look at auditory perception and find that sometimes children with normal hearing for tones in a sound-proof booth may have disturbances in auditory processing or perception that make it

Page 2
Dr. Brad Allison
February 25, 2000

appear that they functionally do NOT hear in the classroom without other interventions/teaching methods. In a like manner we find children who have difficulty reading who appear to have normal vision if Dr. Goldblum or an optometrist tests them, but who experience distortions of print so great that those visual perceptions do not permit easy interpretation of printed matter, i.e., learning to read. Once again, NO ONE believes all children with reading problems have difficulties with visual perception, but the group of children with reading difficulties most likely does include many children with Irlen Visual Perception Syndrome.

This brings me to a very important point, Dr. Allison. The community of highly trained professionals which constitutes the Irlen Screeners of New Mexico includes many persons who already are doing their utmost within the school system to help children with learning problems. Thirteen screeners are current or former APS teachers. Irlen Screeners of New Mexico wishes to proceed with informational meetings to familiarize classroom teachers with this syndrome which can be so easily remedied (with an average cost of \$4-\$6 for overlays for each affected student). This organization believes that screening children in APS who demonstrate difficulties in reading by third grade as has been done in school districts in Arizona, Australia and New Zealand, will promote efficient use of special education resources because children whose difficulty is Irlen Syndrome will be helped with simple measures such as overlays and the use of colored paper in the regular classroom.

Dr. Allison, I urge you to permit the informational meetings about Irlen Syndrome to continue so that there will not be a disparity in knowledge of this treatable condition. Many schools in our district already do know about this disorder and do currently screen for it; all children in APS deserve this opportunity to find out if they have this problem for which there is such a simple solution.

I will be glad to meet with you if you have any concerns or questions.

Very Truly Yours,

Bonnie L. Renfro, MD

Cc: Ellen Miller-Brown
APS Strategic Professional Development

15-11

RIVERSIDE UNIFIED SCHOOL DISTRICT
Pupil Services
Ext. 7173
MEMORANDUM

DATE: February 11, 2002
TO: Rhonda Stone
FROM: Dr. Bill Hendrick, Director, Pupil Services
RE: Irlen Information

In an era of ever increasing pressure upon school administrators to find methods to enhance instruction and improve student test scores, any method that offers assistance to under performing students should be carefully considered. The Irlen filters which are used for improving reading skills offers exciting opportunities for students with either inefficient reading skills or mild learning disabilities.

Research studies have suggested that as much as 10 to 15 per cent of the general student population in this country has inefficient reading skills. This population of students is not considered to have learning disabilities and, for the most part, they do not have a sufficient enough delay in reading ability to be considered for special education services. Yet, they do not perform well on standardized tests and do poorly in most academic subjects, in particular classes or activities that require intensive reading. While these students know how to read, that is, there is no history of dyslexia, auditory processing deficits, or other common forms of learning disability, they nevertheless, do poorly, anguish through homework activities, under perform academically and in many cases, simply give up on school by the time they reach secondary education. It is this population that is perhaps the most successful group when assistance from the Irlen filters is implemented. They find that reading can be fun and it is not the laborious and confusing task they have come to expect due to the visual distortions they have experienced.

Educational research studies further suggest that as much as 45% of the diagnosed learning disability population can derive benefit from the use of Irlen filters. Results for some of this group are dramatic and in some cases, students provided with Irlen filters are capable of meeting success in school without the expensive supportive services provided by special education. When this occurs, students can avoid placement in special education classes and school districts benefit as the provision of special education services is very costly. In recent years, an increasing number of states are requiring that non-severely handicapped special education students take standardized tests designed for regular students to measure instructional improvements and as a pre-requisite for high school graduation. School administrators and teachers are increasingly being held accountable for demonstrating

increased levels of success for the completion of IEP goals and this special education population is increasingly being held accountable for state administered high school exit proficiency examinations. The assistance provided to special education students by the use of Irlen filters, when appropriate, has proven not only beneficial to the individual students, but to school districts by increasing the ability of this population on state mandated testing programs and in improving finishing high school rates which reduces the high school dropout phenomena, a real dilemma for special educators.

Perhaps the single most important variable for senior school administrators is the cost savings associated with the Irlen filters. When compared to the tremendous costs for special education services, the use of Irlen Filters, at a one time cost of between \$300 to \$500, is incredible when compared to the millions of dollars spent by most school districts to provide special services. In addition, the funds lost when this population of students reaches the secondary grades and demonstrate very poor attendance also is an incentive to explore the implementation of the Irlen filters in school districts for the regular education and special education students.

SCOTOPIC SENSITIVITY/IRLEN SYNDROME

1. Visual Perceptual Disorder
 - Neurologically based
 - Visual Cortex (Lateral geniculate bodies)
2. Genetic component: positive family history
3. Condition is varied and intermittent
4. Not identified by standardized tests
5. Environmental stress enhances symptoms
 - Lighting
 - Contrast
 - Print size and style
 - Format
 - Demands for continuous performance
 - Demands for comprehension
6. Ranges from mild to severe:
 - Mild: undiagnosed***
 - Underachievement
 - Hyperliexia-rote reading
 - Moderate to Severe: misdiagnosed***
 - ADD/HD
 - Learning Disabled
 - Dyslexic
 - Moderate to Severe: undiagnosed***
 - Motivation
 - Attention
 - Behavior
7. Coexists with specific learning disabilities
8. Does not eliminate the need for special education or remediation

IRLEN SYNDROME WARNING SIGNS



The following is a list of symptoms associated with Irlen Syndrome. If you or your child exhibit many of the following characteristics, you may want to consult an Irlen Specialist.



READING BEHAVIOR

Does your child:

- avoid reading?
- dislike reading?
- prefer reading under dim lights?
- have difficulty with comprehension?
- become easily distracted?

When reading out loud, does your child:

- skip words or reread words and lines?
- read word by word?
- misread words?
- read slowly or with hesitation?

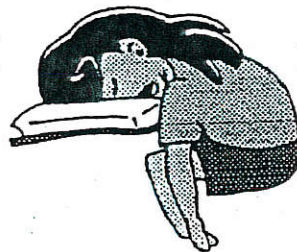
When reading, does your child complain:

- the print seems to move or even disappear?
- of stomachaches or feeling dizzy?
- the page seems too bright or glary?
- of headaches or sore eyes?
- of blurry print?

BODY LANGUAGE

Does your child:

- move around trying?
- shade the page?
- move his/her head across the page?
- use a finger or marker?
- blink a lot, squint, open his/her eyes wide, rub his/her eyes?
- vary his/her distance from the page?
- become very sleepy?
- become restless and lose concentration?



I get sleepy when I read-it is very hard for me...

WRITTEN WORK

Do you see:

- an inability to write on the line, writing uphill or downhill?
- unequal spacing?
- errors in copying?
- inconsistent spelling of the same word?
- misaligned numbers in columns?



...my writing looks straight to me - teacher says I have to do it again....for the third time! This is so boring...

Irlen Institute & Irlen Specialists Worldwide

5380 Village Road, Long Beach, California 90808, USA
Tel: (562) 496-2550 Fax: (562) 429-8699
Email: IrlenInstitute@Irlen.com www.irlen.com

Ann Harts testimony
February 14, 2008
HB2778

Having a child with this learning issue, I'm finding schools lack the resources and abilities to not only educate our kids with dyslexia, but the schools do not test for nor look for this in Kansas children. It is not as if the schools do not want to help. Very contrary. They do want to help.

In our case, the schools missed an opportunity to help a child succeed to the best of her ability for 9 years as they do not test for dyslexia and we were not aware that they did not. The final result the school determined, was that she had a low but normal IQ and after more digging, found that she had a comprehension issue. After having private testing performed, it turns out our daughter is gifted, but dyslexic. When she was diagnosed at age 14, she said to me, "Mom, isn't great? Now I know I'm not stupid."

We now struggle to find private resources and assistance, along with school resources, to help her get the best education possible. The school is helping our daughter with her leaning through an IEP and passionate teachers, but there are no specific tools to teach her to read using skill sets specific to dyslexic children.

As you know, reading and learning go hand in hand. One must learn to read in order to be able to read to learn. Given this, a child who is dyslexic and a poor reader will usually also be a poor learner. Let's provide the necessary tools to allow all our Kansas children to be good learners and for every Kansas child to learn to read.

Literacy is also the key to employment. Dyslexia can jeopardize a child's entire future. It is therefore imperative to deal with this issue proactively through our schools and educators. Research tells us that one in three entrepreneurs is dyslexic, they are average or above average in IQ and they have natural leadership skills. Are we missing out on our future leaders?

We are missing a lot of kids. Children are slipping through the system and not being diagnosed, or if diagnosed, unable to get the resources specific for this learning disorder that they need in our schools. How can our great state, where education is so important, let any child not get what they need for success?

Thank you in advance for your support on this important issue.

House Education Committee
Date 2-14-08
Attachment # 16

February 12, 2008

Via email: JanethH@house.state.ks.us.

Representative Clay Aurand
Chairman of the Education Committee
Capitol Office – 142-W
300 SW 10th Street
Topeka, KS 66612

RE: Passage of House Bill HB 2778
Support of diagnosis of dyslexia and treatment

Dear Representative Watkins:

We are writing in support of House Bill 2668 which provides the Board of Education the means to diagnose dyslexia and provides for the education of teachers on dyslexia. If this had been done before our daughter had started school, years of mental trauma and stress on her and us, plus financial stress could have been avoided.

Our daughter was so excited to start school; we could barely hold her back from running to the bus before it stopped. She was happy every day she went to school. Her kindergarten teacher was an experienced teacher. At the end of the school year, the teacher noticed our daughter was not recognizing words at quite the level she needed. This teacher, Ms. Kris Vollmar, told us to keep an eye on this, and we did.

The first grade teacher felt my daughter needed to read more and out loud. I knew the problem was more than reading because my daughter could not remember how to spell her spelling words after we practiced. When I explained this situation to the teacher, her responses included having my daughter read more out loud in class and re-testing my daughter.

By second semester in the first grade, our happy, smiling child was gone. She developed a rash requiring medical attention due to stress. In the morning, she would put her head under the covers, crying and begging not to go to school. She hated school.

My daughter was lucky enough to have a wonderful second grade teacher. We are very thankful to Ms. Gretchen Young. She worked closely with us to help our daughter like school. But my daughter fell further and further behind in every subject because of her undiagnosed dyslexia.

My daughter was given evaluations by the Blue Valley School District but it does not evaluate for dyslexia. We obtained the diagnosis through multiple private evaluations and the services of Dr. Cynthia Jacobsen.

Though we finally obtained a working diagnosis, there was a delay. My daughter is catching up quite rapidly thanks to Dr. Jacobsen. But the delay affects her

House Education Committee
Date: 2-14-08
Attachment # 17

comprehension in other subjects. My daughter see two tutors a week to bring her to grade level. When she is done with the tutors, she does her homework.

The school system our daughter attends is an excellent school system. The problems are not because people do not care. The problems result when people do not know about dyslexia or because the current education system does not allow for help on dyslexia.

As our daughter has progressed in school, we have had to help educate her teachers annually on the symptoms and treatment of dyslexia. We have also had mixed experiences with the Special Education teachers and other support staff who have worked with our daughter. If all public education teachers in Kansas were given the tools to help identify and treat dyslexia during kids' formative, elementary school years, the students, their teachers, parents and the State as a whole would benefit greatly.

If I could change anything, it would be that my daughter was diagnosed with dyslexia earlier. If my daughter had been diagnosed in kindergarten or in first grade, help would have been immediate and she could have avoided the stress of the early years.

And please rest assured that there are others, many others like our daughter. Others who don't know they have a problem because a teacher thinks they just need to be read to more. Or worse, the teacher thinks the student just needs to settle down and pay more attention. This ignorance can damage a student, which we saw and dealt with first hand.

The various ways dyslexia can negatively impact learning are eye-opening. If teachers learned all the ways, they would discover that the dyslexic students have been paying attention and have tried to learn with all their might. But it was the teachers who didn't know how to teach.

We urge you to pass this legislation. The early diagnosis and treatment of dyslexia will give afflicted Kansas students, their teachers and parents an invaluable advantage in combating the problem. This will help make all Kansas students more educated and productive citizens.

Thank you for your time, attention and consideration in this matter.

Benita M. Seliga
Michael B. Ostrom



**Testimony Provided by Dr. Erin Dugan
House Bill No. 2778
February 14, 2008**

My name is Erin Dugan. I am the Director of Special Services for the Olathe School District. Thank you for this opportunity to provide testimony on "AN ACT concerning school districts related to students with Dyslexia." I represent the Olathe School District as an opposing party with respect to House Bill 2778.

As the Director of Special Education Services in the Olathe School District I am a passionate advocate for all students with disabilities, regardless of the disability's degree of severity, intensity, or incidence. Additionally, I am a passionate advocate for the Individuals with Disabilities Education Act, a federal statute which provides states and school districts with the legal mandate to find, evaluate and serve students with disabilities.

This federal statute also includes mandates for parental notification and consent, timelines for evaluation, appropriate evaluations, trained evaluators, and a written plan for the provision of services and for the monitoring of those services

Included in this federal statute are 13 identified areas or categories of disability by which a student can be determined eligible and in need of special education. Students with a medical diagnosis of dyslexia can be served under the category of either "Specific Learning Disability in the area of reading" or under Other Health Impairment."

Additionally, in Kansas, *early intervening services* are provided to students that demonstrate reading difficulties very early in their educational career, prior to any eligibility determination for special education. In Olathe, this starts immediately upon entering kindergarten. Evidence-based best practices in reading instruction are implemented in small group and 1:1 instructional formats for students with reading difficulties. If students do not make progress with those levels of intervention, they are referred for a special education evaluation.

Based on the above and for the following reasons, **we are opposed to House Bill No. 2778**

- Each item in HB 2778 is addressed in existing mandates under NCLB and IDEA-04. In fact, more specificity is in place in those mandates related to research-based instructional reading programs than in HB 2778.
- Kansas schools are already accountable under NCLB for the performance of their students that demonstrate a difficulty in learning to read, write, or spell, despite

House Education Committee
Date: 2-14-08
Attachment # 18

conventional instruction, adequate intelligence and sociocultural opportunity.” Duplicative legislation is unnecessary.

- HB 2778 adds additional and unnecessary costs in terms of mandated reading assessments/instruments, staff to give such assessments and additional parental notification requirements.
- There will be a loss of instructional time for students not having reading difficulties while participating in such a universal screening as mandated by HB 2778.
- If Kansas addresses dyslexia with separate legislation, is it prepared to address other medical diagnosis not specifically named as one of IDEA's 13 categories? For example, ADHD, Asperger's Syndrome, Cerebral Palsy, Down Syndrome, Dysgraphia, and Dyscalculia?
- Similar to recent requests for separate legislation in the areas of gifted, autism, and deaf and hard-of hearing, we can not support any legislation that advocates one area of disability as more worthy than another in its need for screening, training, specialists, bills of rights, specialty certifications, monetary reimbursement etc...
- We support individuals with disabilities being served as individuals, addressing their unique instructional needs and with matching specialized instruction and supports – not with mandated evaluations and screening based on a poorly defined medical diagnosis.

We thank you for your attention to this testimony.



Testimony before the
House Committee on Education

on
HB 2778 – Services to Students with Dyslexia

by

Mark Tallman, Assistant Executive Director/Advocacy
Kansas Association of School Boards

February 14, 2008

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to offer comments today on **HB 2778**, which would require school districts to test and provide treatment for any student determined to have dyslexia or a related disorder. KASB opposes this measure for the following reasons.

First, with the exception of the gifted education mandate, KASB opposes adopting state laws or regulations that exceed the rights and protections for students under federal special education law, the Individuals with Disabilities Education Act (IDEA). Students with reading difficulties are already eligible to seek testing and services to address learning disabilities under IDEA. We think it is a dangerous practice to begin creating separate entitlements to services and programs for the various exceptionalities within special education.

Second, KASB opposes the imposition of new mandates without an independent cost analysis and additional funding to cover those costs. To our knowledge, neither Post Audit nor any other independent agency has conducted a study of the impact of this bill. Although the bill states that section 3 of the bill will be implemented only if funds are appropriated, the mandates for testing and services are contained in section 2. It is our understanding that your Appropriations Committee has directed itself to draft a budget that does not provide any additional funding beyond current obligations.

Third, schools are already under a mandate to bring all students, including those with dyslexia, to reading proficiency by 2014. It's called No Child Left Behind, and it has been incorporated into school accreditation requirements – and its results are printed for every school in the newspaper each year. In fact, school districts have made significant progress in helping every child reach reading proficiency. KASB believe districts should be held accountable for reaching that outcome, rather than mandating specific services.

Thank you for your consideration.

House Education Committee

Date: 2-14-08

Attachment # 19