

Chairman Abrams, members of the Senate Education Committee, thank you for the opportunity to lend my support to Senate Bill 44 regarding dyslexia.

We must realize that students with dyslexia are not learning disabled. They learn differently. Research also tells us that average or above intelligence does not play a critical role in learning to reading. We also know that there is no strong relationship between IQ and reading in the 1st and 2nd grade. Finally, we know that children with dyslexia often have above average IQ's.

The incidence of dyslexia in the general population is estimated between 10-20%.

This is supported when we look at the State Reading Assessment Scores:

State assessment Reading Scores: All students					
% of Students scoring below the Standard (% Approaching Standard + % Academic Warning)					
	Grade	3	4	5	6
Year	2010	16.1	12.8	14.7	13.1
	2011	13.5	10.1	12.6	12.1
	2012	15.8	11.3	13.3	12.1

State assessment Reading Scores: SES Students					
% of Students scoring below the Standard (% Approaching Standard + % Academic Warning)					
	Grade	3	4	5	6
Year	2010	24.0	19.9	22.6	21.3
	2011	19.7	15.4	19.2	19.7
	2012	23.6	17.4	20.5	19.6

Statistically then, each year 45,000 to 90,000 Kansas elementary and secondary students are at-risk for reading difficulties. With early identification and intervention, the vast majority of these students can have successful academic/vocational careers.

The Bill provides three essential elements that are the basic essentials for a reading program that addresses the needs of students at-risk for reading difficulties.

1. The Bill validates the diagnosis of dyslexia.

One of the issues that we deal with on a continual basis is schools recognizing the validity of the diagnosis of dyslexia. More often than not, schools ignore or dismiss the diagnosis.

This has been a recurrent theme. It hinders the initiation of appropriate intervention in the narrow time-age related window of opportunity that exists for successful intervention.

It also eliminates the need for excessive testing of students in the school setting.

2. The bill mandates early screening in order to identify students at-risk for reading difficulties and mandates "best practices" instruction.

Dyslexia is a time-age related disorder in regards to identification and intervention.

Early screening is necessitated by the fact that at-risk students often fail to be identified. Unfortunately, many children with dyslexia can get by in the early grades simply based on their ability to memorize and verbal skills. However, as material to be learned becomes greater in volume and complexity, the student's capacity to memorize is no longer able to keep up with the pace new material is presented. The student in this circumstance often becomes frustrated, hopeless, maladaptive behaviors begin to manifest, and school failure ensues.

Research shows us these dismal statistics when children with reading difficulties are not identified early:

1. 8 of 10 children with severe word reading problems at the end of 1st grade were below average at the beginning of the 3rd grade (Torgesen 1997).
2. 74 % of children who were poor readers in the 3rd grade remain poor readers in the 9th grade (Frances 1996)

If proper identification and instruction is not provided early (K-3rd grade), developing the skills central to fluent reading, at best, the student never reaches their full potential; at the worst, failure is inevitable.

The effects of early intervention in at-risk students are profound:

The disorganized neural pathways in dyslexic students reorganize to those similar to normal readers

K-3rd grade: Approximately 90%, experience this reorganization of neural pathways.

4-6th grade: Approximately 45% experience this reorganization of neural pathways.

7th grade to adults: less than 15% experience this reorganization of neural pathways.

The effects of intervention are long lasting.

There is the issue of what constitutes “best practices”. Based on the current research and in conjunction with the recommendations of the International Dyslexia Association, “best practices” should include research based, multi-sensory, systematic, explicit, and direct instruction in phonemic awareness and phonics.

Finally, the provision that mandates schools pay for proper intervention when proper instruction is not provided is essential. Dyslexia has no regard for socio-economic class. This ultimately discriminates against those who can afford the expense of private intervention and those that cannot.

3. The Bill requires teacher preparation that will address the identification, intervention, and remediation of students at-risk for reading difficulties.

When teachers are trained in the methods of instructing dyslexic students while completing their preparatory courses, the State benefits in two ways: First and foremost, we get better trained teachers who can deal with the needs and issue of students at risk for reading difficulties. Second: Districts would save significant dollars in cost of training new teaching staff.

I am convinced that the academic quality of the student we graduate is a direct result of the academic foundation laid in the Kindergarten through 3rd grade. This Bill begins laying that solid foundation. That is why I support Senate Bill 44.

Respectfully submitted,

Chad J. Issinghoff, MD, FAAP
Chairman, KAAP Task force on Dyslexia
2101 N Waldron Ave
Hutchinson, Kansas 67502

Addendum 1

School administrators, school board associations, and teacher's groups in the past have opposed this type of bill regarding dyslexia. Why? I am not sure but the following are arguments I have encountered:

1. We already know how to teach reading. That is true for the 80-90% of students who have normal brain pathways and can be taught to read with relative ease. But as the State assessment scores show, 10-20% of all students are below the academic standard. They are floundering in an environment in which they should flourish.
2. Reading is developmental. Reading, unlike speech, is not a developmental issue. All people must be taught to read. If reading were developmental, then all people would be able to do it.
3. If we gear classroom instruction to at-risk or dyslexic readers, the other students will be at a disadvantage and their reading skills will not advance. On the contrary, research shows that systematic instruction in phonemic awareness and phonics has beneficial effects for all readers. There are beneficial effects for all readers, good, average, and at risk.
4. Teaching this type of curriculum for dyslexics is too scripted and does not allow the teacher to use their knowledge and experience. Once again, these programs are effective because they are research based. Once there is a deviation in the method of instruction they become experimental.
5. Physicians and psychologists do not know what is best educationally for teaching reading and the instructing the at-risk reader. While in some sense that may be true, neuroscience has made remarkable gains in the understanding of dyslexia. However, in Kansas, the tracks of neuroscience and education run parallel. This legislation would result in matching the best practices of both disciplines to benefit the children of Kansas.

We must remember that while dyslexia may neurobiological in origin, it has an educational fix.