

Ohio's Dyslexia Guidebook

Best practices and methods for universal screening, intervention and remediation for children with dyslexia or children displaying dyslexic characteristics and tendencies using a multisensory structured literacy program pursuant to Ohio Revised Code Section 3323.25(C).



Helping students see *dynamic* instead of *dyslexic*.

Executive Summary

Learning to read is a major milestone in a young child's life and fundamental for long-term success. However, for some children, the process of learning to read is extremely difficult and becomes a barrier to their academic and social-emotional development. A large and converging body of research now shows that early identification of children who may experience reading difficulties is possible and focused intervention and remediation efforts are effective for reducing negative long-term impacts. The 133rd Ohio General Assembly passed legislation concerning the screening of and intervention for children with dyslexia, effective April 12, 2021. Ohio's dyslexia support laws ([ORC 3323.25](#), [3323.251](#), [3319.077](#) and [3319.078](#)) established requirements for the formation of the [Ohio Dyslexia Committee](#), [teacher professional development for identifying dyslexia and instructing students with dyslexia](#), [dyslexia screening measures](#) and [a multisensory structured literacy certification process for teachers](#). The primary charge of the Ohio Dyslexia Committee was to develop this document, the Ohio Dyslexia Guidebook, regarding the recommended best practices and methods for universal screening, intervention and remediation for children with dyslexia or children displaying dyslexic characteristics and tendencies using a multisensory structured literacy program, as required by Ohio's dyslexia support laws (ORC 3323.25). The guidebook outlines several recommended best practices to consider when implementing the legal requirements of screening, intervention and remediation. *All best practices in this guidebook are recommendations only.*

Accordingly, and as reflected in the law, the recommended best practices and methods detailed in this guidebook reflect a structured literacy approach across all levels of screening, instruction and intervention. This approach provides clear, explicit and systematic instruction for helping children understand the fundamental connections between sounds and letters, a concept referred to as the alphabetic principle. Children use this knowledge to map speech to print in order to spell, pronounce and store the meaning of words in memory, a cognitive process referred to as orthographic mapping. This ability to map speech to print is a core difficulty for students with dyslexia or dyslexic characteristics and tendencies and is a result of poorly developed or weak phonological awareness skills. Using a structured literacy approach can help activate and facilitate the orthographic mapping process for children experiencing difficulties as it helps children build their knowledge systematically and sequentially.

Although the focus of Ohio's dyslexia support laws and this guidebook center on screening, intervention and remediation procedures, the guidebook additionally highlights that, as best practice, alignment among all levels of instruction that incorporate a structured literacy approach will reinforce the learning process for children with dyslexia or dyslexic characteristics and tendencies.

The Ohio Dyslexia Guidebook is structured to directly reflect the obligations of the Ohio Dyslexia Committee and the dyslexia support laws.

- **Section 1** explains best practices in literacy instruction.
- **Section 2** details the methods for screening and progress monitoring to meet legal requirements.
- **Section 3** describes methods for intervention and remediation with meeting legal requirements.
- **Section 4** outlines a multisensory structured literacy certification process to support districts to meet legal requirements.



As districts and schools prepare to implement these laws to support students with dyslexia or dyslexic characteristics and tendencies, it will be important to consider the required components and associated timelines, which are briefly listed as follows, and further detailed in subsequent sections:

Requirement	Start date or deadline
Screening and Progress Monitoring (page 22) ORC 3323.251	
- Administer a tier 1 dyslexia screening measure to all students in grades K-3. - Administer a tier 1 dyslexia screening measure to students in grades 4-6 whose parent, guardian or custodian request, or teacher requests and the student's parent, guardian or custodian grants permission for the screening measure to be administered. - Administer a tier 1 dyslexia screening measure to each kindergarten student who transfers into the district or school midyear during the school's regularly scheduled screening of the kindergarten class or within 30 days after the student's enrollment if the screening already has been completed. - Administer a tier 1 dyslexia screening measure to each student in grades 1-6 who transfers into the district or school midyear within 30 days of the student's enrollment.	2022-2023 school year only
- Administer a tier 1 dyslexia screening measure to all kindergarten students (see note below for timing). - Administer a tier 1 dyslexia screening measure to students in grades 1-6 whose parent, guardian or custodian request or teacher requests and the student's parent, guardian or custodian grants permission for the screening measure to be administered. - Administer a tier 1 dyslexia screening measure to each kindergarten student who transfers into the district or school midyear during the school's regularly scheduled screening of the kindergarten class or within 30 days after the student's enrollment if the screening already has been completed. - Administer a tier 1 dyslexia screening measure to each student in grades 1-6 who transfers into the district or school midyear within 30 days of the student's enrollment.	2023-2024 school year and beyond
- Students determined to be at risk from the tier 1 dyslexia screening measure will be progress-monitored for up to six weeks. Students who do not demonstrate progress will be administered a tier 2 dyslexia screening measure. The district may administer a tier 2 screening measure to any student for whom the district administered a tier 1 screening measure. - Districts must administer a tier 2 dyslexia screening measure in a timely manner to a transfer student identified as at risk on a tier 1 dyslexia screening measure. <i>The Ohio Dyslexia Committee recommends this take place within 30 days of completing the tier 1 dyslexia screening.</i>	2022-2023 school year and beyond
Communication with Parents, Guardians and Custodians (page 30) ORC 3323.251	
Parent, guardian or custodian of students who are determined to be at risk from the universal screener must be notified.	2022-2023 school year
- Parent, guardian or custodian of students who are progress-monitored and do not demonstrate progress within the six-week period must be notified that an intervention-based diagnostic assessment (tier 2 screener) will be administered. - Parent, guardian or custodian must receive the results of the tier 2 screening measure within 30 days of administration. If the student is identified as having dyslexic tendencies, the parent, guardian or custodian must be provided with information about reading development, the risk factors for dyslexia and descriptions for evidence-based interventions. - If a student demonstrates markers for dyslexia, the parent, guardian or custodian must be provided a written explanation of the district or school's multisensory structured literacy program.	2022-2023 school year

Requirement	Start date or deadline
Multisensory Structured Literacy Certification Process (page 48) ORC 3319.078	
Districts must establish a multisensory structured literacy certification process for teachers providing instruction for students in grades kindergarten through three employed by the district. Each process must align with this guidebook.	2022-2023 school year
Teacher Professional Development ORC 3319.077	
Teachers will complete a professional development course aligned with this guidebook that is evidence-based and requires instruction and training for identifying characteristics of dyslexia and understanding the pedagogy for instructing students with dyslexia.	-By the beginning of the 2023-2024 school year: kindergarten and first grade (all teachers)
The Ohio Department of Education, in collaboration with the Ohio Dyslexia Committee, will maintain a list of online or in-person courses that fulfill the professional development requirements.	-By the beginning of the 2024-2025 school year: second and third grade (all teachers)
	-By the beginning of the 2025-2026 school year: fourth through 12th grade (intervention specialists)

Note: Kindergarten students must be screened after January 1 of their kindergarten year but before January 1 of the following year.

Table of Contents

Executive Summary	2
Table of Dyslexia Law Requirements.....	3
Acknowledgments	7
Introduction	8
Section 1: Best Practices in Literacy Instruction.....	10
Best Practices for Effective Reading Instruction.....	10
<i>Explicit and Systematic Instruction</i>	<i>11</i>
<i>The Essential Early Literacy Skills.....</i>	<i>12</i>
<i>Structured Literacy.....</i>	<i>12</i>
<i>Shifting to a Structured Literacy Approach.....</i>	<i>14</i>
<i>Additional Considerations for English Learners.....</i>	<i>15</i>
Multi-Tiered System of Support.....	16
<i>Three Tiers of Instruction and Intervention</i>	<i>16</i>
<i>Multidisciplinary Teams.....</i>	<i>18</i>
<i>The Problem-Solving Model</i>	<i>20</i>
<i>Purposes of Assessment.....</i>	<i>21</i>
Section 2: Methods for Screening, Intervention-Based Assessment and	
Progress Monitoring.....	22
<i>Requirements of Ohio’s Dyslexia Support Laws</i>	<i>23</i>
Universal Screening (Tier 1 Dyslexia Screening Measures).....	24
<i>Purpose and Use of Universal Screening (Tier 1 Dyslexia Screening)</i>	<i>24</i>
<i>Identifying Universal Screening (Tier 1 Dyslexia Screening) Measures</i>	<i>24</i>
Intervention-Based Diagnostic Assessments (Tier 2 Dyslexia Screening Measures).....	25
<i>Purpose and Use of Intervention-Based Assessments (Tier 2 Dyslexia Screening)</i>	<i>25</i>
<i>Identifying Intervention-Based Diagnostic Assessments (Tier 2 Dyslexia Screening Measures).....</i>	<i>25</i>
Progress Monitoring.....	27
Additional Considerations for English Learners.....	29
Communicating with Parents, Guardians and Custodians.....	30
<i>Parent Request for Screening.....</i>	<i>30</i>
<i>Tier 1 Dyslexia Screening Results</i>	<i>30</i>
<i>Tier 2 Dyslexia Screening Results</i>	<i>30</i>
<i>Demonstrating Markers for Dyslexia.....</i>	<i>31</i>

Table of Contents

Section 3: Methods for Intervention and Remediation	32
Requirements of Ohio's Dyslexia Support Laws	32
Tier 1 Core Instruction	32
<i>The Role of Multidisciplinary Teams in Tier 1 Instruction.....</i>	<i>33</i>
Tier 2 Targeted Structured Literacy Intervention	33
<i>Differences Between Tier 1 Instruction and Tier 2 Intervention</i>	<i>34</i>
<i>The Role of Multidisciplinary Teams in Tier 2 Intervention.....</i>	<i>36</i>
Tier 3 Intensive Structured Literacy Intervention.....	37
<i>The Role of Multidisciplinary Teams in Tier 3 Intervention.....</i>	<i>38</i>
<i>When to Suspect a Disability.....</i>	<i>39</i>
Identifying Dyslexia as a Specific Learning Disability	40
<i>Outside Clinical Diagnosis of Dyslexia.....</i>	<i>41</i>
Support for Adolescent Students.....	42
<i>Intervention and Remediation</i>	<i>42</i>
<i>Strategies for Accessing Core Instruction.....</i>	<i>43</i>
Accommodations for Students with Dyslexia.....	44
Supporting Learners with Co-Occurring Learning Needs	44
<i>English Learners.....</i>	<i>44</i>
<i>Gifted and Dyslexic.....</i>	<i>46</i>
<i>Students With Complex Communication Needs.....</i>	<i>46</i>
<i>Deaf and Hard-of-Hearing Students.....</i>	<i>46</i>
<i>Co-Occurring Difficulties.....</i>	<i>47</i>
Section 4: Certification in Multisensory Structured Literacy Instruction	48
Requirements of Ohio Dyslexia Support Laws.....	48
Certification Process.....	48
Certification Pathways	49
Varying Roles of Certified Educators.....	50
References.....	51
Appendix A: Research Citations for Practices Not Aligned with Structured Literacy	52
Appendix B: Example of an Intervention-Based Diagnostic Assessment (Tier 2 Dyslexia Screening Measure)	53
Appendix C: Risk Factors of Dyslexia Parents and Caregivers Can Look Out For	56
Appendix D: Additional Resources for Educators, Families and Students	57
Glossary of Terms	60

Acknowledgments

The Ohio Dyslexia Guidebook was developed pursuant to [Ohio Revised Code Section 3323.25\(C\)](#):

- (1) Not later than December 31, 2021, the Ohio dyslexia committee shall develop a guidebook regarding the best practices and methods for universal screening, intervention, and remediation for children with dyslexia or children displaying dyslexic characteristics and tendencies using a multisensory structured literacy program.
- (2) The committee shall provide an opportunity for public input when developing the guidebook, in the manner determined by the committee.
- (3) Prior to its distribution, the guidebook shall be subject to final approval by the state board of education.
- (4) The guidebook shall be developed and issued to districts and schools in an electronic format. After the initial development of the guidebook, the Ohio dyslexia committee shall update the guidebook as necessary.

Ohio Dyslexia Committee Members 2021-2022

Dr. Trevor Thomas, *Superintendent*

Heath City Schools, Superintendent of Public Instruction appointee

LaMonica Davis, *Principal*

Akron Public Schools, Superintendent of Public Instruction appointee

Dana Hamilton, *Teacher*

Wheelersburg Local School District, Superintendent of Public Instruction appointee

Olivia Weisman, *Consultant*

ESC of Lorain County, Superintendent of Public Instruction appointee

LM Clinton, *Program Administrator*

Ohio Department of Education, Superintendent of Public Instruction appointee

Chinnon Jaquay, *School Psychologist*

Total Education Solutions, Superintendent of Public Instruction appointee

Melissa Spangler, *Reading Intervention Specialist*

Rocky River City School District, Superintendent of Public Instruction appointee

Steven M. Griffin, *Language Arts Coordinator*

Worthington City Schools, Ohio Speech and Hearing Professionals Board appointee

Mike McGovern, *Parent*

International Dyslexia Association (Ohio Branches) appointee

Dr. Rebecca Tolson, *International Dyslexia Association (Ohio Branches) Board Member*

International Dyslexia Association (Ohio Branches) appointee

Dr. Amy Murdoch, *Associate Professor & Reading Science Program Director and Chair*

Mount St. Joseph University, Chancellor of Higher Education appointee

Introduction

Ohio's vision is that each child is challenged to discover and learn, prepared to pursue a fulfilling post-high school path and empowered to become a resilient, lifelong learner who contributes to society (*Each Child, Our Future*, 2018). There may be no greater purpose for an education system than to provide all learners with effective evidence-based instruction to build language and literacy knowledge and skills so they can enjoy full lives of learning and success. Ohio maintains a portfolio of aligned policies and practices aimed at ensuring all learners acquire essential literacy skills. The Ohio Department of Education promotes alignment of all school improvement efforts into one comprehensive plan. Clear alignment of local literacy plans to other improvement activities and local improvement efforts is critical. (Ohio Department of Education, 2020, p.8)

In 2019, the percentage of students in Ohio performing at or above the NAEP Proficient level was 36 percent in fourth grade and 38 percent in eighth grade. Ohio is committed to meeting equity challenges by improving literacy achievement for all students. [Ohio's Plan to Raise Literacy Achievement](#) calls for district and school leaders to partner with families in the use of technically sound assessments and standards-aligned curricular materials to implement evidence-based reading instruction to meet the needs of all learners, including students with dyslexia. Equitable systems supporting all learners to thrive are grounded in access, opportunity, collaboration and efficiently matching resources to student needs. Access to those equitable systems has been especially challenging for students with dyslexia.

Ohio's dyslexia support laws ([ORC 3323.25](#)) define dyslexia as "a specific learning disorder that is neurological in origin and that is characterized by unexpected difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities not consistent with the person's intelligence, motivation, and sensory capabilities, which difficulties typically result from a deficit in the phonological component of language."

Students with dyslexia tend to have difficulty processing speech sounds, decoding words and reading fluently. Such difficulties often lead to slow and inaccurate reading, inadequate comprehension and difficulty with written and/or spoken language. The percentage of students with dyslexia ranges from 5%-17%, while the percentage of students experiencing *characteristics of dyslexia* is reported as high as 15%-20% (Elliott & Grigorenko, 2014; Fletcher, et al., 2019; International Dyslexia Association, 2012; Odegard, et al. 2020). The resources needed to address these characteristics may vary based on a student's reading profile.

More information about dyslexia is available from the [International Dyslexia Association website](#) and the National Center on Improving Literacy's [Understanding Dyslexia Toolkit](#).

Reading intervention research documents compelling evidence that the use of early and intensive phonemic awareness training, explicit and systematic instruction in phonics and the opportunity to read connected text is effective in improving reading outcomes for students struggling to read in kindergarten through third grade (Al Otaiba et al., 2018; Torgesen et al., 2001; Vellutino et al., 1996; Vellutino et al., 2000). The body of evidence known as the science of reading provides a solid foundation for reading instruction and intervention for all students, including those with dyslexia.

Myths and misunderstandings about dyslexia are prevalent and persistent (see [gaablab.com](#) for some common examples). Teachers desire to have every student learn to read. As the collective knowledge about dyslexia grows, parents and educators are seeking support to more effectively educate students with dyslexia and dyslexic characteristics and tendencies. The Ohio Dyslexia Committee believes the topic of dyslexia has the power to unite parents and schools around the common goal of raising reading achievement for all students. It is from this perspective that this guidebook is written.

The guidebook provides support and direction for Ohio's educators, in collaboration with families and community members, to:

- Increase their knowledge of dyslexia
- Create a common vision for the definition and provision of effective instruction for students with dyslexia
- Build an instructional system that allows resources, even intensive resources, to be given to all students who need them, regardless of disability status
- Accurately identify reading difficulties early and provide support
- Use a systematic assessment process to identify the essential reading skills students have and don't have, which, in turn, will direct next steps in the instructional sequence
- Formalize the identification of dyslexia, when appropriate, as a specific learning disability with special education supports

Ohio's dyslexia support laws ([ORC 3319.077](#)) also emphasize the need for teacher professional development. The Ohio Department of Education, in collaboration with the Ohio Dyslexia Committee, maintains a [list of online or in-person courses](#) that fulfill the professional development requirements. Please note this list is subject to change.

As districts implement the contents of the guidebook, they are encouraged to provide feedback to the [Ohio Dyslexia Committee](#). Over time, the guidebook may be revised based on ongoing research and input from Ohio educators.



Section 1: Best Practices in Literacy Instruction

In this guidebook, recommended *best practices* are educational practices with a high degree of effectiveness. These practices are informed both by the collective results of classroom practice as well as research with empirical data. When these practices are backed by research, they may be referred to as “research-based practices,” “evidence-based practices” or “scientifically-based practices.” The nature of best practices is that they may be aspirational when they are limited by challenges such as time and resources. They also may be subject to variation and adaptations based on the specific needs of students or context of instructional decision-making. Best practices are subject to innovation and transformation when a need arises or research broadens. The recommended best practices described in this section should not be construed as legal requirements but are offered as guidance to providing the most effective literacy instruction to students with dyslexia or who may be at risk of dyslexia.

Students may struggle with reading or learning to read for a variety of reasons, including difficulty acquiring language skills, cognitive impairment, unaddressed hearing problems, gaps in attendance or ineffective reading instruction. Not all students who struggle with reading have a disability, and not all students with reading disabilities have dyslexia. That being said, a significant percentage of students struggling with reading do have dyslexia (Fletcher et al., 2019). The approaches outlined in this guidebook, based in the science of reading, are focused on providing systems of support that will prevent reading failure for most students and identify and support students who are challenged with reading, including those with dyslexia and other reading disabilities.

The Science of Reading: A Defining Guide provides information about the science of reading.

This guidebook aims to support Ohio’s school districts to become better prepared to meet the needs of the full range of students with reading difficulties, including those with dyslexia. As educators increase their knowledge and skills, they will be more equipped to meet the needs of the students they serve. Professional development plays an important role in Ohio’s dyslexia support laws ([ORC 3319.077](#)) and more information pertaining to these requirements is available in the Ohio Department of Education’s supporting resources.

Best Practices for Effective Reading Instruction

Because reading is not a natural or innate skill, becoming a reader must not be left to chance. Reading instruction is most effective when it is taught explicitly and systematically.

The articles Speaking is Natural; Reading and Writing Are Not and See Brain. See Brain Read: Reading Instruction Changes the Brain on the Reading Rockets website provide information about how the brain learns to read.

Explicit and Systematic Instruction

Explicit instruction is direct and unambiguous (Archer & Hughes, 2010). It can be thought of as “errorless learning” because students are supported with direct models and scaffolds to correctly perform the foundational skills that lead to reading comprehension. Systematic instruction is organized through a planned sequence that follows the logical order of the language. It focuses on the prerequisite skills needed for reading before teaching more advanced skills, taking care to not introduce skills in an unintentionally confusing way.

Characteristics of **explicit, teacher-directed instruction** include:

- Breaking tasks into small steps
- Sequencing skills from simple to complex
- Providing explicit models (I do it)
- Teaching prerequisite skills prior to expecting advanced skills
- Using clear examples and non-examples
- Providing immediate affirmative and corrective feedback (We do it)
- Practicing to automaticity (You do it)
- Reviewing in a cumulative fashion

Characteristics of **systematic instruction** include:

- Planning instruction deliberately, before it is delivered
- Building on prior knowledge
- Sequencing from simple to complex
- Progressing toward measurable learning goals

The use of explicit and systematic teaching to improve student outcomes is documented in a vast body of scientific evidence (i.e., Adams & Engelmann, 1996; Brophy & Good, 1986; Christenson et al., 1989; Gersten et al., 1998; Gersten et al., 2009; Gersten et al., 2000; Gersten et al., 2020; Hall & Burns, 2018; Mastropieri et al., 1996; Rosenshine & Stevens, 1986; Rosenshine, 1997; Simmons et al., 1995; Swanson & Hoskyn, 1998; Swanson, 1999; Vaughn et al., 2000).

Students who are acquiring new skills, and those who need intervention, benefit from explicit instruction that reduces cognitive load, transfers new knowledge to long-term memory, minimizes errors and maximizes content learned.

Instruction that is not explicit and systematic often is described as constructivist, problem-based, student-led or discovery learning approaches. These approaches involve minimal teacher structure and guidance as students construct their own knowledge. They are typically less effective when building the foundational reading skills to a level of automaticity that allows students to gain meaning from text (Kirschner et al., 2006; Sweller et al., 2007). This may be especially true for young students who are just acquiring reading and for older struggling readers, such as those with dyslexia.

The following resources provide information on explicit and systematic instruction:

- Anita Archer’s video examples on the [Explicit Instruction website](#)
- The Meadows Center’s [10 Key Policies and Practices for Explicit Instruction](#)
- The National Center on Intensive Intervention’s webinar on [What Every Educator Needs to Know About Explicit Instruction](#)

The Essential Early Literacy Skills

Research has converged on the essential early literacy skills (Castles et al., 2018; Foorman et al, 2016; National Reading Panel, 2000). These skills are recognized as non-negotiable and form the foundation of classroom reading instruction, assessment and intervention. The skills listed below represent the essential skills that are the broad areas of focus, each containing subskills that can be taught sequentially and integrated with other skills for maximum benefit.

- **Phonemic Awareness:** Noticing, thinking about and working with the smallest units of spoken language, which are called phonemes
- **Phonics:** Knowing relationships between sounds (phonemes) and letters (graphemes)
- **Vocabulary:** Understanding the meaning of words we speak, hear, read and write
- **Reading Fluency:** Reading connected text accurately, fluently and for meaning
- **Reading Comprehension:** Gaining meaning from text

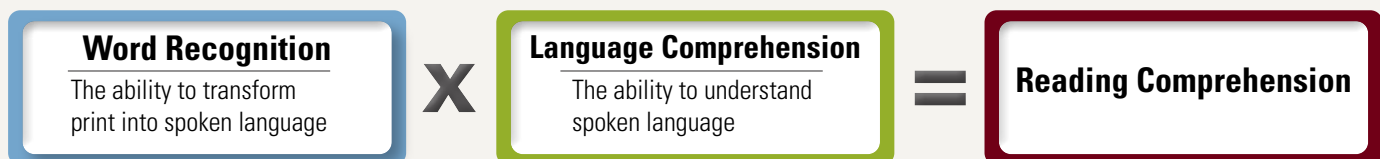
Although all elementary grades contain standards addressing each essential early literacy skill, the emphasis of instruction shifts throughout the grade levels as students progress toward proficiency. [Appendix F](#) of Ohio's Plan to Raise Literacy Achievement depicts the general subskills, highlighted in orange, in each of the five essential early literacy skills that are emphasized as learners move through the elementary grades—this is not about balance, or even amount of time spent on each component, but a changing emphasis on specific skill progressions. Educators must be aware that students who are not progressing in a typical manner will continue to need support targeting the earlier foundational skills. Mastering these foundational early literacy skills will lead to greater success in later years.

[Ohio's Plan to Raise Literacy Achievement](#) and [Appendices](#) provide information about the essential early literacy skills.

Structured Literacy

Structured literacy is an instructional approach that describes the type of explicit and systematic reading instruction supported by research. This instructional approach explicitly teaches the language structures supporting both the word recognition and language comprehension components of the Simple View of Reading (Gough & Tunmer, 1986).

The Simple View of Reading



The term “structured” refers to the systematic way teachers organize the sequencing, presentation and integration of the language components that support skilled reading and writing within a systemic hierarchy of tiered supports for all learners. Structured literacy approaches facilitate children’s ability to learn how to map speech to print, which is the core difficulty for students with dyslexia and students with dyslexic characteristics and tendencies. When students are systematically taught the connections between speech and print, they are better positioned to learn how to read, spell, pronounce and store the meaning of words in memory.

Students who experience risk for dyslexia do not necessarily have dyslexia. The goal of early identification of risk is the provision of early intervention that can prevent or minimize the impact of reading difficulties such as dyslexia. [Appendix C](#) provides more information on what parents, guardians and custodians can watch for in their children’s language, literacy and academic development.

Structured literacy doesn't refer to a single instructional method or program. Several effective instructional and intervention programs are available for implementing a structured literacy approach. These programs share the following characteristics:

- Explicit
- Systematic
- Diagnostic
- Cumulative
- Integrating listening, speaking, reading and writing
- Emphasizing the structures of language (phonology, morphology, syntax, semantics and orthography)

Common instructional practices defining structured literacy approaches include the characteristics of effective reading instruction mentioned above. While structured literacy approaches are especially effective with struggling readers and students with reading disabilities, students with language-based disabilities, students for whom English is not their first language and students without reading difficulties benefit from this approach (Snow & Juel, 2005).

Structured Literacy	
<i>What is taught</i>	<i>How it is taught</i>
• Phonology and phonemic awareness • Sound-symbol association (basic phonics) • Syllable instruction • Morphology • Syntax • Semantics	• Systematic • Cumulative • Explicit • Diagnostic

The [International Dyslexia Association](#) and [Reading Rockets](#) provide information on structured literacy.

The [Meadows Center for Preventing Educational Risk](#) provides research and resources on reading development, including several resources for teaching students who are English learners.

Shifting to a Structured Literacy Approach

A structured literacy approach can be used across multiple essential skill areas needed in reading instruction. Because structured literacy does not refer to any one particular program or curriculum, district personnel who are responsible for reading curriculum and instruction should carefully examine programs and the instructional approaches used to confirm alignment to structured literacy principles. A misalignment may impede the progress of children with dyslexia or at risk of dyslexia. Below are examples of shifts in instruction that can support a school's use of a structured literacy approach.

Essential Skill Area	If these practices are currently used...	...consider making these adjustments to the instructional approach
Phonemic Awareness	- Letters used as the starting point for print - Avoiding segmenting spoken words	- Phoneme awareness used as the starting point for print - Emphasize the sounds in spoken language distinct from and prior to phonics instruction
Phonics & Spelling	- Incidentally taught whole to part (analytic) as students make mistakes in text or by analogy (word families) - Mini lessons responding to student errors in miscue analysis - Treatment of high frequency words as words to memorize	- Intentional instruction in letter-sound combinations and application of word reading in print - Systematic scope and sequence of reading and spelling concepts organized from simple to complex - Developing sight word recognition through phoneme-grapheme (sound-symbol) correspondences and with a clear sequence for instruction
Vocabulary & Oral Language	- Modeling reading aloud from the leveled books students will read - Non-directive questioning and discussion - Asking students to write words in a sentence after looking them up in a dictionary	- Books used for reading aloud are more challenging than those students read independently - Planned teacher dialogue - Model using new vocabulary in oral and written contexts
Text Reading Fluency	- Young students read leveled or predictable texts that are not controlled for decoding difficulty - Error response focuses on picture cues, guessing based on the first letter in the word or the use of context to determine words - High degree of independent silent reading	- Young students read text that is controlled to include only those phonics patterns that have been explicitly taught - Error response focuses on phoneme-grapheme (sound-symbol) correspondence - High degree of teacher-student interaction with immediate corrective feedback
Reading Comprehension	- Extended time on teacher modeling (think aloud) without direct instruction - Extended time on teaching reading comprehension strategies - Selecting books with disconnected topics without consideration for text complexity or background knowledge	- Background knowledge, text structure, inference making are overtly modeled and practiced in a planned progression - Time spent having students engage in close reading, retelling and text-based responses - Select texts that are content-rich, worthy of reading and rereading that are at and above grade level and connected to the area of study

District Decision Point: Has there been an analysis of the match between structured literacy and the literacy instruction provided in elementary grades?

The following is a list of common instructional practices that are not consistent with a structured literacy approach and may impede the progress of children with dyslexia or at risk of dyslexia because they are not effective at triggering orthographic mapping and instant word recognition. Research and additional resources supporting this list are provided in [Appendix A](#).

- Drawing shapes around words
- Vision therapy and using colored overlays
- “Brain-based” exercises such as “crossing the midline”
- Assessing with tools that rely on the three-cueing system such as running records/reading records
- Prompting students to decode with cues such as “does it look right?”; “does it sound right?”; “does it make sense?”; “does the word look like another word you know?”

Additional Considerations for English Learners

Teachers of students who are English learners can enhance the structured literacy approach for students by addressing the similarities and differences in the language structures of students’ native or home languages and English. Instruction should systematically build on the knowledge students already have in phonemic awareness, syllable structure, morphology, syntax and semantics in their native or home languages and explicitly address overlaps, variations and differences in English. Additionally, as instruction for English learners must emphasize oral language development, educators can use features of a structured literacy approach to support this development. Explicit instruction in the similarities of words (cognates) can support the development of oral language and vocabulary for English learners whose native languages derive from languages in which English also comes from (Cardenas-Hagen, 2018).

Multi-Tiered System of Support

There is no single test for dyslexia. Dyslexia is not diagnosed through screening and cannot be diagnosed without measuring a student's response to effective instruction. Because dyslexia is not identified by a score on a single test, students who are on either side of any selected cut point are very likely to have similar instructional needs. Therefore, rather than focusing on how to restrict reading intervention only to students who have dyslexia, it is preferable to provide effective reading instruction and intervention to all students who demonstrate difficulty on screening and to vary the intensity, specificity and duration of the support based on student need (Al Otaiba, et. al., 2009; Fletcher, Lyon, Fuchs, & Barnes, 2018; Yudin, 2015). This approach is consistent with a Multi-Tiered System of Support model.

A Multi-Tiered System of Support (MTSS) includes three tiers of instruction in which all students can access the type and amount of instructional support they need to be skilled readers, without having to fall behind before receiving support. The goal is to support all students with the least intensive resource necessary for all to meet grade-level expectations. Students with dyslexia will need prolonged, intensive, explicit and systematic instructional support delivered by a highly trained educator. Schools can use the MTSS model to ensure intensive support is available to any student who needs it, as soon as they need it and for as long as they need it.

Michigan's MTSS Technical Assistance Center provides more information about establishing and evaluating a Multi-Tiered System of Support.

Results of the [Ohio Dyslexia Pilot Project](#) (2012-2015) confirmed the impact of MTSS on learning and on the cost of service delivery. Districts that implemented a tiered system of early literacy supports increased the percentage of proficient readers and decreased the percentage of students requiring more intensive and expensive supports (Morrison et al., 2020).

Three Tiers of Instruction and Intervention



The three-tiered model of prevention and intervention originated in public health and has been applied to changing reading outcomes in a variety of schools, districts and states (Al Otaiba et al 2011; Ervin et al, 2006; Harn et al, 2011; VanDerHeyden et al., 2017; Vellutino et al., 2008). Conceptualizing the tiers as primary, secondary and tertiary prevention of reading failure is a hallmark of the MTSS model and involves efficiently matching student needs to instruction and using the fewest resources possible to get the desired outcome for the largest number of students.

Structured literacy instruction in tier 1 (core instruction for all students) should be so well matched and differentiated to the needs of the students that it results in the vast majority (at least 80%) of the students reaching grade-level goals. However, some students will need additional targeted tier 2 support, in addition to tier 1 instruction, to reach those goals. And a small number of students will need the most intensive structured literacy support to reach expectations. One goal of the three-tiered model of prevention and intervention is to have students meet grade-level expectations with the least intensive instructional support possible.

Guidance on the characteristics of each tier of support is described below. These are not meant to be rigid mandates, but rather intended as guidance.

	Tier 1 Instruction	Tier 1 Instruction Plus Tier 2 Intervention	Tier 1 Instruction Plus Tier 3 Intervention
Description	- Primary prevention of reading failure - Core structured literacy curriculum and instruction	- Secondary prevention of reading failure - Structured literacy intervention targeting students' specific reading concerns	- Tertiary prevention of reading failure - Individualized plan to intensify and coordinate structured literacy intervention
Effectiveness Criteria	At least 80% of students reach grade-level expectations	An additional 15%-20% of students reach grade-level expectations	Remaining 0%-5% of students reach grade-level expectations
Where	General education classroom	General education classroom with push-in or pull-out services	Location determined by the school
Who Delivers	Classroom teacher with support for differentiation	Classroom teacher with support of others determined by the school (such as reading support staff, special education staff.)	Classroom teacher with support of others determined by the school
Who Receives	All students	Some students who are at risk or haven't responded to effective tier 1 instruction that worked for the majority	A few students with significant reading difficulties or those who haven't responded to effective tier 1 and tier 2 instruction
Group Size	Whole class, with small groups of 5-7	Small groups (3-5 recommended)	Small groups of students who need to work on the same skill (1-3 recommended)
Time	Minimum of 90 minutes every day	30-45 minutes 3-5 times per week in addition to tier 1 instruction	45-60 minutes every day in addition to tier 1 instruction
Assessment	- Universal screening (tier 1 dyslexia screener & Third Grade Reading Guarantee diagnostic assessment) three times per year - Intervention-based diagnostic assessment (tier 2 dyslexia screener) as needed - Progress monitoring as needed	- Intervention-based diagnostic assessment (tier 2 dyslexia screener) as needed - Progress monitoring at least every other week, determined by grade-level team	- Intervention-based diagnostic assessment (tier 2 dyslexia screener) as needed - Progress monitoring weekly

Note: In Ohio's dyslexia support laws ([ORC 3323.251](#)), universal screening (tier 1) refers to the practice of administering a tier 1 dyslexia screener. Ohio's Third Grade Reading Guarantee legislation uses the term "diagnostic assessment" to refer to this same process of universal screening. If possible, schools are encouraged to leverage the overlapping requirements and guidelines for screening by using the fewest approved assessments necessary to find at-risk students and provide them with effective instruction as soon as possible. There is no need to adopt new tools if the screening measure used for diagnostic assessment under Ohio's Third Grade Reading Guarantee also appears on Ohio's list of approved universal screening assessments for tier 1 dyslexia screening.

Multidisciplinary Teams

Multidisciplinary teams that form at the district, building, grade and student levels are tasked with using a structured data-based decision-making framework to build the MTSS for prevention and intervention that will increase the reading performance of all students.

- **District Leadership Teams (DLT)** review aggregate screening data and establish a vision for consistent literacy improvement efforts across the district. They create a district action plan for the policies, staffing, professional learning, service delivery and instructional approaches necessary to improve reading outcomes for all students.
- **Building Leadership Teams (BLT)** use student data to identify needs of students in the school and create an action plan that is aligned to the district plan but contextualized for the needs and resources of the school. Their task is to create the systems that support reading improvement.
- **Grade-Level Teams (also called Teacher-Based Teams)** use student data to identify the needs of students in their grade and implement systems for classroom reading instruction and reading intervention to meet those needs.
- **Student-Level Teams (also called Teacher-Based Teams)** are formed around the needs of individual students who need intensive reading support.

Under Ohio's dyslexia support laws ([ORC 3323.251 \(C\)\(3\)](#)), districts are tasked with establishing a multidisciplinary team to administer screening and intervention measures and analyze the results of the measures. The team must include trained and certified personnel and a stakeholder with expertise in the identification, intervention and remediation of dyslexia. The term "stakeholder" refers to any individual who has an interest in reading outcomes and includes district employees, parents, guardians or custodians and community members. This stakeholder is knowledgeable and experienced in guiding conversations around analyzing literacy data and planning for instruction. This stakeholder may be an educator with a multisensory structured literacy certification, a school psychologist with this expertise, a speech-language pathologist with this expertise or an individual from the community with specific expertise in dyslexia assessment. Districts may find it necessary or beneficial to reach out to partners outside of the district, such as educational service centers, when fulfilling this role.

The following information provides guidance for how districts can align existing teams to the functions of MTSS and requirements of Ohio's dyslexia support laws ([ORC 3323.251\(C\)\(3\)](#)).

District Leadership Team (DLT)

- *Who:*
 - Stakeholders with expertise in the identification, intervention and remediation of dyslexia
 - District and building administrators
 - Teacher and staff representatives from each building
 - Related service personnel
 - Parent and community representatives
- *Meeting Frequency:* Quarterly (more often until strategic plan is written)
- *Tasks:*
 - Set a vision, priorities and expectations
 - Review district data to develop, implement and evaluate a district action plan
 - Review and establish district policies, professional development and funding for alignment to the action plan
 - Provide support for implementation (funding, professional development, coaching) of building action plans
 - Guide building leadership teams

Building Leadership Team (BLT)

- *Who:*
 - Stakeholders with expertise in the identification, intervention and remediation of dyslexia
 - Principal
 - Teacher representative from each grade, related service staff, union representative
 - Related service personnel
 - Representative from non-certificated staff
 - Parent, community representative
 - A person in the role of systems coaching
 - District office representative
- *Meeting Frequency:* Monthly
- *Tasks:*
 - Review building data to develop, implement and evaluate a building action plan
 - Develop knowledge and skills of building staff for implementation
 - Plan and conduct professional learning and coaching
 - Set a vision, priorities and expectations
 - Provide support for implementation (funding, professional development, coaching) of the building action plan
 - Guide building leadership teams

Grade-Level Team/Teacher-Based Team (TBT)

- *Who:*
 - All teachers in the grade
 - Related service staff
 - Coach
- *Meeting Frequency:* Every other week
- *Tasks:*
 - Review grade-level data to develop, implement and evaluate building action plan
 - Guide student teams

Student-Level Teacher-Based Team (TBT)

- *Who:*
 - Teachers
 - Parents
 - Student when appropriate
- *Meeting Frequency:* As needed to support student learning
- *Tasks:* Review student data to develop, implement and evaluate student intervention plan

**District Decision Points: Who will serve on the multidisciplinary teams at the district, school and grade level?
When will each team meet? What are the roles and functions of each team?**

The Problem-Solving Model

The use of the below problem-solving model is a suggested framework to use while screening and designing instructional supports for children with dyslexia or children displaying dyslexic characteristics and tendencies. A structured data-based decision-making framework guides and supports the implementation of MTSS. All teams outlined above use the problem-solving model to guide implementation of MTSS to improve reading outcomes at the district, school, grade and individual student levels. The basic steps of problem-solving used at all levels are the same and are outlined below.

The [Ohio Improvement Process \(OIP\)](#) provides a framework for connecting collaborative team structures and facilitating communication and decision-making.

The [Florida Problem Solving/Response to Intervention Project](#) provides information and resources to support the problem-solving model.

Step 1: Problem Identification: *What is the problem? Which systems and students need support?*

The problem should be defined as precisely as possible as the difference between what is expected and what is actually happening for the student and the system.

Step 2: Problem Analysis: *Why is the problem happening?*

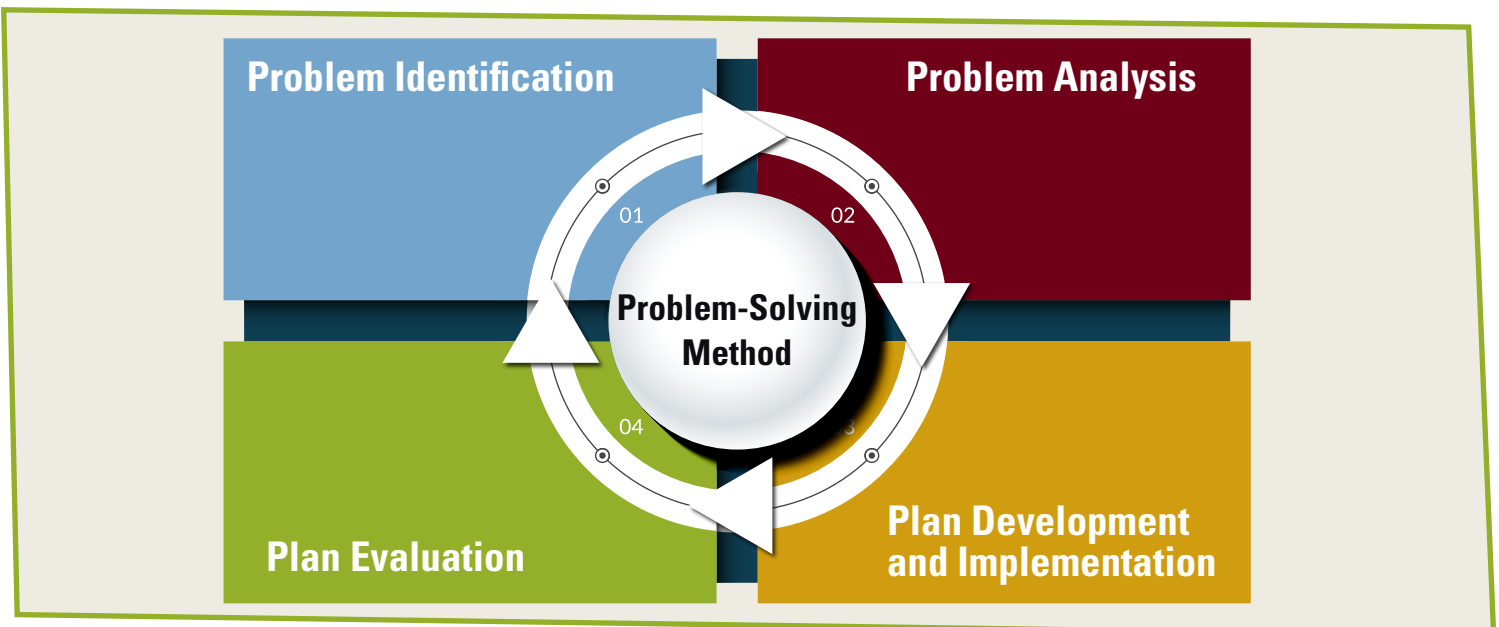
Teams should consider student, instruction and environment variables, barriers and resources to generate hypotheses about the factors contributing to the problem.

Step 3: Plan Development and Implementation: *What is the plan?*

Teams use information from step two to create a plan. This includes setting a goal, identifying necessary resources and stating how progress will be monitored.

Step 4: Plan Evaluation: *Is the plan working? Did the plan work?*

Formative and summative, brief, reliable and valid, curriculum-based evaluation data are used to determine if the plan needs to be revised. Teams may return to step one or two if the problem is not resolved.



Teams use student data in the problem-solving model to build a tiered system of evidence-aligned instruction to meet the needs of all students. Learning to use the problem-solving model requires training and ongoing coaching. Over time, members of the multidisciplinary teams can support all members of the school community to use the problem-solving model.

Purposes of Assessment

Implementation of a MTSS requires a comprehensive and coordinated system of assessments to address each of the four purposes described below. **The goal is to guide instruction and intervention rather than the diagnosis of dyslexia or determination of eligibility for special education.**

Universal Screening (Tier 1 Dyslexia Screening)

- **Problem-solving step:** Step 1 Problem Identification
- **Questions answered:**
 - Which students and systems need support?
 - Who is at risk?
 - How many students are at risk?
 - Which grade should be prioritized?
 - What is the problem?
- **Characteristics:**
 - Brief
 - Standardized
 - Predictive
 - Indicators of essential early literacy skills

Intervention-Based Diagnostic Assessment (Tier 2 Dyslexia Screening)

- **Problem-solving step:** Step 2 Problem Analysis; Step 3 Plan Development and Implementation
- **Questions answered:**
 - Why is the problem happening?
 - What support is needed?
 - What is the next step for instruction?
- **Characteristics:**
 - Standardized or informal rather than teacher-created
 - Specific and detailed
 - Closely linked to instruction

Progress Monitoring

- **Problem-solving step:** Step 4 Plan Evaluation
- **Questions answered:**
 - Is the support working?
 - Should instruction change or stay the same?
- **Characteristics:**
 - Brief
 - Standardized
 - Sensitive to change
 - Alternate forms at same difficulty level
 - May be same as universal screening measures
 - Aligned to universal screening

Outcome Evaluation

- **Problem-solving step:** Step 4 Plan Evaluation
- **Questions answered:** Did the support work?
- **Characteristics:**
 - Standardized
 - Change in percent at risk on universal screening over time

District Decision Point: Does the district have a comprehensive assessment system for each of the four purposes of assessment?

Section 2: Methods for Screening, Intervention-Based Assessment and Progress Monitoring

Screening assessments are not designed to diagnose dyslexia but rather to identify risk. To effectively identify students with dyslexia or children at risk of dyslexia, schools must first start by screening all students. An effective screening process includes the full student population and, through a process of deduction, identifies students demonstrating risk factors. A multi-tiered process then takes those students who have been identified through an initial screener and assesses them further to determine the students' need for intervention and support. Casting a "wide net" at the beginning of the process ensures that students who may have dyslexia do not somehow "slip through the cracks" and miss the opportunity for interventions and supports that could help them during the critical early years of literacy development.

Recommendations pertaining to **best practices** in administering screening and progress monitoring assessments will be noted in **bold** within this section of the guidebook but are not required unless specifically stated in Ohio's dyslexia support laws ([ORC 3323.251](#)). **It is strongly recommended by the Ohio Dyslexia Committee to conduct brief universal screening (tier 1 dyslexia screening) three times a year to students in kindergarten through grade 3.**

Early elementary is a time of rapid growth and development in foundational literacy skills. Providing a brief universal screening (tier 1 dyslexia screening) three times a year helps to prevent misidentifying students as at risk or not at risk for a prolonged period.

By providing robust structured literacy instruction and intervention at the first sign of risk, educators can positively impact all students at risk for reading concerns. Through a multi-tiered system of supports, educators can identify and meet the needs of students at risk for dyslexia and those with other reading concerns. An immediate instructional response to the early signs of difficulty uncovered during universal screening (tier 1 dyslexia screening) can positively impact the future for students at risk for dyslexia.

Requirements of Ohio's Dyslexia Support Laws

The following table outlines the dyslexia screening and progress monitoring requirements of Ohio's dyslexia support laws ([ORC 3323.251](#)). Each part of the screening and progress monitoring process will be explained in the section that follows.

Requirement in Ohio's Dyslexia Support Laws	Dates
Universal Screening (Tier 1 Dyslexia Screening) – Students Enrolled at the Start of the School Year	
Kindergarten: Administer a tier 1 dyslexia screening measure to all kindergarten students.	Beginning in the 2022-2023 school year and each school year thereafter. Screening to take place after the first day of January of the school year in which the student is enrolled in kindergarten and prior to the first day of January of the following school year.
Grades 1-3: Administer a tier 1 dyslexia screening measure to all students in grades 1-3.	Only in the 2022-2023 school year.
Grades 1-3: Administer a tier 1 dyslexia screening measure upon request of a student's parent, guardian or custodian or request of a student's teacher and the student's parent, guardian or custodian grants permission for the screening measure to be administered.	Beginning in the 2023-2024 school year and each school year thereafter.
Grades 4-6 by Request: Screen students in grades 4-6 upon request of a student's parent, guardian or custodian or request of a student's teacher and the student's parent, guardian or custodian grants permission for the screening measure to be administered.	Beginning in the 2022-2023 school year and each school year thereafter.
Universal Screening (Tier 1 Dyslexia Screening) – Transfer Students	
Kindergarten: Administer a tier 1 dyslexia screening measure to each kindergarten student who transfers into the district or school midyear during the school's regularly scheduled screening of the kindergarten class or within 30 days after the student's enrollment if the screening already has been completed.	Beginning in the 2022-2023 school year and each year thereafter.
Grades 1-6: Administer a tier 1 dyslexia screening measure to each student in grades 1-6 who transfers into the district or school midyear within 30 days of the student's enrollment.	Beginning in the 2022-2023 school year and each year thereafter
Intervention-Based Diagnostic Assessments (Tier 2 Dyslexia Screening)	
Students At Risk on Tier 1 Dyslexia Screening: • The district may administer a tier 2 screening measure to any student whom the district administered a tier 1 screening measure. • Unless the district is administering a tier 2 screening measure shortly after the administration of a tier 1 screening measure, the district must monitor the progress of each student identified as at risk on the tier 1 dyslexia screening measure for up to six weeks. The district must check progress at least on the second, fourth and sixth week after the student is identified as at risk. If no progress is observed during this period, the district must administer a tier 2 screening measure.	Beginning with the 2022-2023 school year and each school year thereafter.
At-Risk Transfer Students: Districts must administer a tier 2 screening measure in a "timely manner" to a transfer student identified as "at risk" on a tier 1 screening measure. <i>The Ohio Dyslexia Committee recommends this take place within 30 days of completing the tier 1 dyslexia screening.</i>	Beginning with the 2022-2023 school year and each school year thereafter.

Universal Screening (Tier 1 Dyslexia Screening Measures)

Purpose and Use of Universal Screening (Tier 1 Dyslexia Screening)

Universal screening, referred to as a tier 1 dyslexia screening measure in Ohio's dyslexia support laws ([ORC 3323.251](#)), identifies the students whose current level of skills indicate they may be at risk of reading difficulties such as dyslexia.

As noted above, although Ohio's dyslexia support laws ([ORC 3323.251](#)) require students to be administered one universal screening measure (tier 1 dyslexia screening), it is considered **best practice to screen all kindergarten-grade 3 students with a universal screening measure (tier 1 dyslexia screening) three times a year.**

Grade-level and/or building-level teams review the results of universal screening (tier 1 dyslexia screening) to identify students who are at risk. The needs of individual students must be addressed within the context of the needs of all students. The percentage of students who are identified as being at risk of dyslexia on the universal screening (tier 1 dyslexia screening) serves as an indicator of the overall effectiveness of the tier 1 reading instructional system.

If a significant number of students are at risk on universal screening, it is a strong indicator that structured literacy is needed. Additionally, it is difficult to claim that any individual student who is learning in this instructional context has dyslexia and difficult to provide the student with more intensive support. Therefore, universal screening (tier 1 dyslexia screening) provides an opportunity to check the effectiveness of tier 1 instruction for all students.

The primary purpose of early screening is to prompt and guide instruction and early intervention.

Identifying Universal Screening (Tier 1 Dyslexia Screening) Measures

Districts must select universal screening measures (tier 1 dyslexia screening measures) from the list of Ohio Department of Education-approved assessments for this purpose (list is forthcoming and will be linked here).

The table below outlines the skills that should be assessed at each grade level.

Skills Measured by Universal Screening (Tier 1 Dyslexia Screening)

Skill to screen	Grade			
	K	1	2	3-6
Phonemic Awareness	X	X		
Letter Naming	X	X		
Letter-Sound Correspondence	X (starting in midyear)	X	X (through beginning of 2nd)	
Real and non-word reading	X (end of year only and only non-words)	X (starting in midyear)	X (non-words through beginning of 2nd)	
Oral Text Reading Accuracy and Rate		X (starting in midyear)	X	X
Comprehension				X

Clarification of Universal Screening in Ohio's Dyslexia Support Laws and Ohio's Third Grade Reading Guarantee

In Ohio's dyslexia support laws ([ORC 3323.251](#)), tier 1 dyslexia screening refers to the practice of universal screening. [Ohio's Third Grade Reading Guarantee](#) uses the term "diagnostic assessment" to refer to this same concept of universal screening. The Ohio Dyslexia Committee strongly recommends that, if possible, districts and schools should leverage the overlapping requirements and guidelines for universal screening by using the fewest approved assessments necessary to understand and meet students' instructional needs and maximize instructional time.

[The National Center on Improving Literacy](#) provides information and resources on universal screening.

Intervention-based Diagnostic Assessments (Tier 2 Dyslexia Screening Measures)

Purpose and Use of Intervention-based Assessments (Tier 2 Dyslexia Screening)

Because universal screening assessments (tier 1 dyslexia screening measures) are brief indicators, they often do not provide sufficient detail about a student's skills to facilitate instructional planning. Intervention-based diagnostic assessments (tier 2 dyslexia screening) are administered to understand the specific skills a student needs instructional support with.

Intervention-based diagnostic assessments (tier 2 dyslexia screening) identify where each student is on an instructional continuum and specifies next steps for instruction. The purpose of intervention-based diagnostic assessments (tier 2 dyslexia screening) is to drive instruction and accelerate student progress by identifying the next step for instruction or in the appropriate lesson within a structured literacy program.

Under Ohio's dyslexia support laws ([ORC 3323.251](#)), the administration of an intervention-based diagnostic assessment (tier 2 dyslexia screening) is not required until after a period of progress monitoring. **However, it is best practice to promptly administer an intervention-based diagnostic assessment (tier 2 screening) to students determined to be at risk and provide instructional support.**

Identifying Intervention-based Diagnostic Assessments (Tier 2 Dyslexia Screening Measures)

Intervention-based diagnostic assessments (tier 2 dyslexia screening measures) should be directly linked to a school's structured literacy intervention program. Along with the universal screening (tier 1 dyslexia screening) results, the additional assessment results provide guidance on the specific skills a student needs help with and guides placement in the intervention program. These assessments may be selected to answer problem analysis questions or they may be placement tests within instructional programs. The table below describes key characteristics of intervention-based diagnostic assessments (tier 2 dyslexia screener measure) and how they differ from universal screening (tier 1 dyslexia screening).

Universal Screening (Tier 1 Dyslexia Screening)	Intervention-Based Diagnostic Assessment (Tier 2 Dyslexia Screening)
- Brief (10 minutes or less) - Standardized - Technically adequate (reliable, valid, demonstrate accuracy for predicting reading achievement) - Direct indicators of essential literacy skills - Given by classroom teachers with the support of other educators - Predictive of future reading outcomes through research-based skill levels and risk status - Include alternate forms for ongoing progress monitoring	- Given to all students who demonstrate a need or are at risk of dyslexia - Linked to structured literacy instruction - Standardized or informal, rather than teacher-created - Norm-referenced, criterion-referenced or curriculum-based - Selected to clarify instructional need and inform instructional placement by answering specific problem-analysis questions - Individually administered - Connected to specific foundational skills



Student Vignette **Lucia's Story**

Lucia is in first grade. At the start of first grade, her screening results indicated she was significantly below the benchmark for phonological awareness (as measured by a phoneme segmentation task) and phonics skills (as measured by letter sound knowledge and reading nonsense words). Her universal screening (tier 1 dyslexia screening) results revealed she was having trouble with fully segmenting a word but was able to isolate the initial sound, short vowel sounds and blending sounds into words.

Her school uses the XYZ Intervention Program (this is a fictional program invented for this example). The XYZ Intervention Program is the first-grade tier 2 intervention program for phonics. It is a structured literacy program that explicitly teaches the phonemic awareness, phonics and spelling skills Lucia needs to catch up to grade-level peers. Her teacher administers the program's placement test, a phonics inventory. This provides her teacher with important information about the specific phonics skills she needs to work on and wherein the XYZ intervention program she should start. This, along with the screening results, helps guide the instructional plan and placement. *(Continued on page 27)*

The Ohio Department of Education will not be creating a list of approved intervention-based diagnostic assessments for tier 2 dyslexia screening. Teams working with students who are at risk of dyslexia will need to select intervention-based diagnostic assessments (tier 2 dyslexia screening measures) meeting the criteria described in this section and designed to answer the questions they have about the students. An example of an intervention-based diagnostic assessment (tier 2 dyslexia screening) is provided in [Appendix B](#).

Student performance on universal screening (tier 1 dyslexia screening) and the shifting emphasis on the essential early literacy skills across grades inform the selection of intervention-based diagnostic assessments (tier 2 dyslexia screening).

The following table provides guidance on the skill areas in which an intervention-based diagnostic assessment (tier 2 dyslexia screener) might assess.

Grade	Beginning Of Year	Middle Of Year	End Of Year
K	Phonemic awareness Vocabulary/Oral Language Listening Comprehension	Phonemic awareness Phonics/Spelling Vocabulary/Oral Language Listening Comprehension	Phonemic awareness Phonics/Spelling Vocabulary/Oral Language Listening Comprehension
1	Phonemic awareness Phonics/Spelling Vocabulary/Oral Language Listening Comprehension	Phonemic awareness Phonics/Spelling Oral Reading Fluency Vocabulary/Oral Language Listening Comprehension	Phonemic awareness Phonics/Spelling Oral Reading Fluency Reading Comprehension Vocabulary/Oral Language Listening Comprehension
2	Phonemic awareness Phonics/Spelling Oral Reading Fluency Reading Comprehension Vocabulary/Oral Language Listening Comprehension	Phonemic awareness Phonics/Spelling Oral Reading Fluency Reading Comprehension Vocabulary/Oral Language Listening Comprehension	Phonemic awareness Phonics/Spelling Oral Reading Fluency Reading Comprehension Vocabulary/Oral Language Listening Comprehension
3+	Phonemic awareness Phonics/Spelling Oral Reading Fluency Reading Comprehension Vocabulary/Oral Language Listening Comprehension	Phonemic awareness Phonics/Spelling Oral Reading Fluency Reading Comprehension Vocabulary/Oral Language Listening Comprehension	Phonemic awareness Phonics/Spelling Oral Reading Fluency Reading Comprehension Vocabulary/Oral Language Listening Comprehension

Clarification on Intervention-based Diagnostic Assessments (Tier 2 Dyslexia Screening) and Ohio's Third Grade Reading Guarantee

In Ohio's dyslexia support laws ([ORC 3323.251](#)), intervention-based diagnostic assessment (tier 2 dyslexia screening) refers to the practice of identifying where a student is on an instructional continuum and specifies next steps for instruction. Ohio's Third Grade Reading Guarantee requires schools to provide kindergarten-grade 3 students identified as not on track with a Reading Improvement and Monitoring Plan. The intervention-based diagnostic assessments (tier 2 dyslexia screeners) can be used to support the identification of the student's reading needs, inform the instructional services and support that will be provided to the student, provide scientifically based and reliable assessment and initial and ongoing analysis of the student's reading progress as required by the Reading Improvement and Monitoring Plan.

Progress Monitoring

For children identified as at risk of dyslexia, instruction is monitored through a *progress monitoring tool*. Progress monitoring is the repeated measurement of the targeted area of instruction for the purpose of making decisions about continuing or changing instruction. Progress monitoring is formative assessment, meaning data are collected before a skill is taught, while a skill is being taught and at the point of expecting mastery of a skill.

Ohio's dyslexia support laws ([ORC 3323.251](#)) require monitoring the progress of students identified as at risk on the universal screening (tier 1 dyslexia screening) toward attaining grade-level reading and writing skills for up to six weeks, checking the student's progress on at least the second, fourth and sixth week after the student is identified as being at-risk. It is **best practice to progress monitor weekly following the start of small-group structured literacy instruction**. Ongoing progress monitoring allows educators to make decisions about student growth and the effectiveness of their instruction based on data rather than hunches or intuition. Decisions that are based on repeat measurement over time, rather than a single point in time, are more reliable and accurate.

Frequent data collection allows educators to make real-time adjustments to instruction rather than waiting months for the results of summative assessments. Research indicates that when teachers use progress monitoring data to inform instruction, student outcomes improve (Jimerson et al., 2016; Miciak & Fletcher, 2020).

Progress monitoring measures are:

- Brief
- Standardized, not teacher-created
- Technically adequate for the purpose of monitoring progress
- Direct measures of essential literacy skills
- Matched to the skill that is the focus of instruction
- Sensitive to learning over small increments of time through an adequate number of alternate forms
- Aligned to universal screening (tier 1 dyslexia screening)

Progress monitoring should be done with indicators of the essential early literacy skills (phonemic awareness, phonics, vocabulary, reading fluency and reading comprehension) connected to the student's area of concern. When students score below expectation on multiple skills, the one that is first in the instructional sequence should be the initial focus of progress monitoring. The skills that are the focus of instruction should be monitored with a progress monitoring tool that meets the criteria outlined in this guidebook.



Student Vignette Lucia's Story

The first-grader, Lucia (mentioned on page 25), who was receiving the XYZ Phonics Intervention that explicitly worked on phonemic awareness, phonics and spelling, also received weekly progress monitoring assessments on phonemic awareness and letter sounds. These brief assessments took about two minutes to administer and the results were graphed to examine her progress.

District and building teams should be mindful of the following best practices for conducting literacy assessments.

- Use assessments for the purposes for which they were designed (screening, diagnostic, progress monitoring, outcome evaluation).
- Use screening assessments that predict important reading outcomes. Use intervention-based assessments (tier 2 dyslexia screening) that briefly and comprehensively assess the full range of skills within an essential skill area.
- Use intervention-based assessments (tier 2 dyslexia screening) that explicitly provide information about next steps for instruction (for example, placement tests for structured literacy programs).
- Use tests that minimize testing time by including discontinue rules.
- Use tests that have an adequate number of items to measure the essential skill area(s).
- Access training from the test author or publisher or their designee.
- Include the classroom teacher in the assessment team.
- Follow the standardized procedures for giving and scoring the assessment.
- Test in a quiet location.

Interpreting Assessment Results

Districts use intervention-based diagnostic assessments (tier 2 dyslexia screening measures) primarily to identify next steps in instruction and intervention. This information, combined with progress in instruction and formative assessment, can inform the multidisciplinary team as to whether a student is displaying dyslexia tendencies and is at risk of dyslexia. The following table provides examples of indicators that when present and not consistent with a student's intelligence, motivation and sensory capabilities may support a multidisciplinary team in identifying a student as having dyslexia tendencies and at risk of dyslexia.

Dyslexia Tendencies

- Weakness in phonological awareness tasks (for example, rhyming, phoneme segmentation, blending, letter naming fluency)
- Difficulty learning letter names and letter sounds
- Difficulty learning sound-symbol association
- Weakness in phonological memory (for example, non-word repetition)
- Weakness in word recognition fluency
- Weakness in spelling
- Weakness in oral vocabulary

(Mather & Wendling, 2012)

An appropriate response to risk for dyslexia involves the immediate provision of structured literacy instruction and intervention, promotion of protective factors and ongoing monitoring of the student's response to increasingly intensive instructional supports.

Assessments That Do Not Meet the Characteristics of Dyslexia Screening or Progress Monitoring Measures

Running records, assessments analyzing reading miscues or focused on "sources of information," and other assessments designed to match students to text levels do not meet the criteria for use as universal screening (tier 1 dyslexia screening), intervention-based diagnostic assessment (tier 2 dyslexia screening measures) or progress monitoring. Clinical assessments focusing on arriving at a clinical diagnosis and without a direct application to classroom instruction do not meet the characteristics of intervention-based diagnostic assessments for use as tier 2 dyslexia screening measures.

Additional Considerations for English Learners

Districts use a variety of data sources to design instruction for students who are English learners. Schools should not isolate the dyslexia screening information from the other sources of data on students' language and literacy development. Some of these data, such as information from the language usage survey and state English language proficiency screener, are required by federal and state laws. Below are examples of additional data sources for understanding the language and literacy needs of English learners and guiding instruction:

- Language Usage Survey
- Ohio English Language Proficiency Screener
- Ohio English Language Proficiency Assessment
- Instructional interventions provided for English language development
- Information regarding previous educational experiences (inside or outside of the United States)
- Progress in the district's selected educational approach for English learners

When selecting intervention-based diagnostic assessments (tier 2 dyslexia screening measures) to administer with English learners, schools should use assessment processes to guide instruction in both basic literacy skills and English language development. Additionally, schools are encouraged to use an intervention-based diagnostic assessment (tier 2 dyslexia screening measure) and culturally responsive processes that provide information about the student's language and literacy in a home or first language other than English. If there is not an assessment in a student's native or home language, informal measures of language proficiency such as reading a list of words and listening comprehension in the native or home language may be considered. This information will assist schools in designing integrated language and literacy instruction that addresses the multilingual learner including whether the student is at risk of dyslexia.

Communicating with Parents, Guardians and Custodians

Appendix C provides more information on what parents, guardians and custodians can watch for in their children's language, literacy and academic development.

Parent, Guardian or Custodian Request for Screening Request for Screening

As a child's first teacher, parents, guardians or custodians may recognize difficulties with early literacy skills, even before school entry, and can share their concerns with the school district. Parents, guardians or custodians of students in grades 1-6 may request universal screening (tier 1 dyslexia screening) at any time and give permission for screening when teachers request it.

Tier 1 Dyslexia Screening Results

Districts are required to use the universal screening (tier 1 dyslexia screening) results to identify risk for dyslexia, based on the test publisher-determined cut point, and notify the student's parent, guardian or custodian when the student has been identified as at risk. All parents, guardians or custodians should receive the results of their children's screenings within at least 30 days after they are given. If assessment used for universal screening (tier 1 dyslexia screening) is used for the Third Grade Reading Guarantee, one communication can meet the requirements of both laws.

Tier 2 Dyslexia Screening Results

The results of the intervention-based diagnostic assessment (tier 2 dyslexia screening measure) must be shared with parents, guardians or custodians within 30 days of the administration.

Helpful communication should include:

- The assessment used
- The skills measured
- The expected performance
- The student's performance
- The next steps for instruction
- A request to share information about their child and their family history
- Whether or not the performance indicates risk of dyslexia
- Resources outlined in this guidebook

Risk of dyslexia is indicated by:

- Inaccurate reading of text
- Dysfluent reading of text
- Difficulty with automatic word recognition
- Difficulty matching sounds to letters
- Difficulty blending and segmenting sounds in spoken words
- Difficulty naming letters
- Slow progress or resource-intensive progress despite effective structured literacy instruction and intervention

If a student's intervention-based diagnostic assessment (tier 2 dyslexia screening measure) does not indicate risk of dyslexia, the student still would receive effective instruction/intervention and the student's parent, guardian or custodian would be informed of instructional needs as part of effective home-school communication. Even without risk of dyslexia, the student's needs would be addressed and parents, guardians or custodians informed.



Student Vignette **Carter's Story**

Carter's parents first noticed he was having difficulty in school when he was in third grade. While he enjoyed reading and being read to as a young child, he was now expressing a dislike of school and starting to experience some behavior challenges in the classroom. As the year progressed, Carter also began to express frustration and boredom when reading and his parents noticed he was laboring to sound out new words when reading aloud to them. After receiving more feedback from his teachers and information on his progress in reading, including his grade 3 English language arts assessment, Carter's parents decided that more information might be needed. As Carter entered fourth grade, his parents requested he be screened for dyslexia to determine if that was the cause of his reading difficulties and challenges in the classroom.

If a student's intervention-based diagnostic assessment results indicate risk of dyslexia, the student would receive effective structured literacy instruction and intervention and parents, guardians or custodians must be given information about:

- Reading development
- The risk factors for dyslexia
- Descriptions of evidence-based intervention

Demonstrating Markers for Dyslexia

In addition to the above communications, districts must provide parents, guardians or custodians with a written explanation of the district's multisensory structured literacy program when a multidisciplinary team determines a student is demonstrating markers of dyslexia aligned to Ohio's definition of dyslexia.

"Dyslexia" means a specific learning disorder that is neurological in origin and characterized by unexpected difficulties with accurate or fluent word recognition and poor spelling and decoding abilities not consistent with the person's intelligence, motivation and sensory capabilities, which difficulties typically result from a deficit in the phonological component of language.



Section 3: Methods for Intervention and Remediation

Requirements of Ohio's Dyslexia Support Laws

As required by Ohio's dyslexia support laws ([ORC 3323.25](#)), this guidebook provides information to districts and schools concerning recommended best practices and methods for intervention and remediation for children with dyslexia or children displaying dyslexic characteristics and tendencies using a multisensory structured literacy program.

If a student demonstrates markers for dyslexia, Ohio's dyslexia support laws ([ORC 3323.251\(A\)\(6\)](#)) require districts and schools to provide the student's parent, guardian or custodian with a written explanation of the district or school's multisensory structured literacy program. It is recommended by the Ohio Dyslexia Committee that this program be inclusive of core literacy instruction as well as any necessary intervention. For students with or at risk of dyslexia, it is a crucial best practice to provide an aligned instructional approach to literacy across core literacy instruction (tier 1) and intervention (tiers 2 and 3). As such, the guidebook first provides information for strengthening tier 1 reading instruction that is effective and helpful for all children and is absolutely crucial for children with dyslexia or at-risk for reading concerns.

Tier 1 Core Instruction

It is best practice to align the instructional approach to teaching reading across all tiers of instruction. This is beneficial for both the student and educators. This removes what could be confusing or conflicting information for the student and allows the student to apply what the student is learning in intervention to other academic experiences. Second, the alignment of the instructional approach across tiers of instruction allows educators to better evaluate the effectiveness of the instruction. When the intervention approach is substantially different than the approach in tier 1, it is difficult for educators to determine the effectiveness of either the intervention or the tier 1 instruction.

The goal of tier 1 reading instruction is primary prevention of reading failure. All students receive tier 1 instruction with supports as needed. Tier 1 instruction includes whole-group, small-group and even individualized instruction, based on student needs as defined by the universal screening (tier 1 dyslexia screening).

It is best practice for tier 1 instruction to be comprehensive in scope (teaches all essential components of literacy), aligned with the instruction articulated in this guidebook and supportive of meeting state standards. The skills taught within and across grades should be articulated in a clear scope and sequence that progresses logically from simple to complex and integrate the language structures that support skilled reading.

Research indicates the best outcomes for students who may be at risk of reading difficulties, including dyslexia, occur when explicit and systematic instruction in the essential components of reading is provided even prior to the first signs of difficulty (Lovett et al, 2017; Wanzek & Vaughn, 2007). Multidisciplinary teams use assessment data in the problem-solving model to design multi-tiered instructional systems that support all students to become skilled readers. A strong core literacy program (tier 1) is the base that supports all children becoming strong readers. The tier 1 core instructional program should result in at least 80% of students meeting grade-level reading expectations with this instruction alone.

The ability of a school system to meet the reading needs of all students depends on:

- Conceptualizing classroom reading instruction as risk reduction
- Matching student needs to instruction
- Using the fewest and least intensive resources to get the maximum benefit

A strong core program takes care of at least 80% of students, thus leaving intervention resources to a more manageable percentage of students.

The following are free online tools multidisciplinary teams can use when evaluating instructional materials:

- [Ohio Curriculum Support Guide](#)
- [Curriculum Evaluation Tool](#) from The Reading League
- [Consumer's Guide to Evaluating a Core Reading Program K–3](#) from the University of Oregon
- [EdReports](#) reviews and reports on instructional materials for English language arts

The Role of Multidisciplinary Teams in Tier 1 Instruction

Multidisciplinary teams at the district and/or building level have these responsibilities:

- Educating themselves about the purposes of assessment necessary for implementing a schoolwide reading improvement model (MTSS)
- Selecting a universal screening assessment (tier 1 dyslexia screening measure) from the Ohio Department of Education's list of approved assessments
- Selecting an intervention-based diagnostic assessment (tier 2 dyslexia screening measure) to identify next steps for instruction
- Selecting progress monitoring assessments to inform instruction and track student growth
- Providing training for staff and family members on the selected assessments
- Coordinating efficient data collection and reporting
- Facilitating data review, interpretation and use within a structured problem-solving process
- Communicating results of literacy improvement efforts to all stakeholders

Multidisciplinary teams use student data in the problem-solving model to build three tiers of instruction that support all students to meet grade-level reading expectations.

District Decision Points: How is a structured literacy approach used in the tier 1 reading program? Does the percent of students meeting reading expectations at each grade indicate the need to analyze and improve tier 1 reading instruction?

Tier 2 Targeted Structured Literacy Intervention

Tier 2 intervention is strategic small-group structured literacy intervention provided in addition to tier 1 instruction. Using the results of the intervention-based diagnostic assessment (tier 2 dyslexia screener), tier 2 intervention is specifically tailored to the needs of students in the group and designed or selected based on alignment to the research about how best to intervene on the missing essential component(s) of reading. The classroom teacher and/or other instructors, inside or outside the general education classroom, can provide tier 2 intervention. Each grade should have a system of tier 2 instructional supports. Instruction provided through tier 2 intervention should be aligned to tier 1 instruction by using the same instructional routines, language and sequence. The staff providing the intervention should have ongoing training on the program or approach. Tier 2 intervention typically is delivered in a 30- to 45-minute block, three to five days a week, with sufficient time built into the school schedule.

The goal of tier 2 intervention is to provide more structured instructional time and practice opportunities to students who are at risk so they will catch up to grade-level expectations and standards at an accelerated rate. The curriculum for tier 2 intervention must focus on the specific skills the students in the small group need to learn to achieve grade-level expectations. Tier 2 intervention elevates the use of a structured literacy approach. It is more explicit, includes more opportunities to respond and practice, is delivered at a brisk pace, includes more immediate affirmative and corrective feedback and uses cumulative review over time. All children receiving a tier 2 intervention should be given a weekly progress monitoring assessment to understand if the tier 2 intervention is effective. The child's progress should be graphed and shared with the child's parent, guardian or custodian.

Differences Between Tier 1 Instruction and Tier 2 Intervention

The tables below illustrate the ways tier 2 intervention is different from tier 1 reading instruction. Instruction in each of the essential skill areas is delineated for clarification; however, this should not be interpreted as a need for a different small group to work on each skill.

Vocabulary

Tier 1 Classroom Instruction	Tier 2 Intervention Instruction
- Whole group and small group - Word learning strategies through teaching orthography, word origin and morphology - Classroom discussion supporting the development of oral language including story structure, syntax and morphology - Pre-teach before reading aloud and independent reading - Words that are essential to understanding the text - Words that will be encountered again and again - Difficult words such as those with multiple meanings and idioms	- Small group - More explicit instruction - Additional practice with words taught in classroom instruction - Fill in possible “gaps” in vocabulary, morphology, syntax and the knowledge essential for oral language development and school success

Phonemic Awareness

Tier 1 Classroom Instruction	Tier 2 Intervention Instruction
- Whole group and small group - Sequence from larger to smaller linguistic units	- Homogenous small groups - Explicit modeling of new skills - Use of movement and/or manipulatives such as chips, blocks or letter tiles - Focus on two types of activities during a lesson - Multiple practice opportunities - Immediate corrective feedback

Phonics & Spelling

Tier 1 Classroom Instruction	Tier 2 Intervention Instruction
- Whole group and small group - Follows a purposeful sequence - Word learning strategies through teaching orthography, word origin and morphology	- Small group - Students all have same next steps for instruction - Explicit modeling of new patterns - Use of manipulatives such as letter tiles, syllable cards, prefix and suffix cards - Immediate corrective feedback - Practice to automaticity in controlled decodable text

Fluency

Tier 1 Classroom Instruction	Tier 2 Intervention Instruction
- Choral reading - Partner reading - Audio-assisted reading - Independent practice	- Small-group and partner practice - Repeated reading of words, phrases, sentences and paragraphs leading to repeated reading of text - Teacher modeling - Partner reading

Comprehension

Tier 1 Classroom Instruction	Tier 2 Intervention Instruction
• Begins as listening comprehension • Follows a purposeful sequence of content knowledge • Explicit modeling of strategies (retell, main idea, inference making, summarization) that includes ◦ Purpose of strategy ◦ How, when and where to use it ◦ Which strategies work best in which instances ◦ How to apply to different types of text ◦ Development of a mental schema ◦ Close reading of the text ◦ Intentional questioning before, during and after reading aloud	• Small-group discussion of texts • Instruction in syntax, grammar and word analysis • Comprehension at the sentence, paragraph and text levels

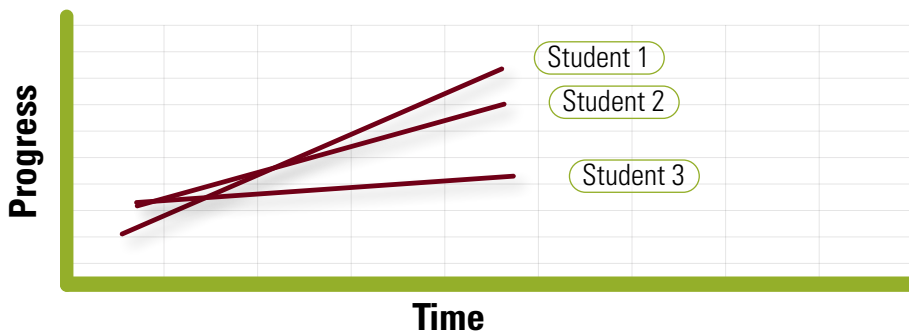
District Decision Point: What is the tier 2 intervention needed at each grade level?

The Role of Multidisciplinary Teams in Tier 2 Intervention

Multidisciplinary building or grade-level teams use student data in the problem-solving model to design a system of tier 2 intervention that meets the needs of students at each grade level. The team must ensure targeted intervention is available in addition to tier 1 reading instruction for those who need it by addressing system-level issues such as scheduling, program selection, flexible use of resources and professional development.

Although student-level teams do not need to plan tier 2 intervention (a previous Intervention Assistance Team model), they may meet to review progress and revise intervention for individual students. Students who receive tier 2 intervention should have frequent progress monitoring to inform changes to the intervention.

The current instructional supports should be continued for students who are making progress (students 1 and 2 in the figure below). For students who are not making progress, the team should consider the causes of lack of progress by returning to the problem analysis step. Students who are not making progress, despite the tier 2 intervention resulting in most students in their small group making progress, may be considered for more intensive support through tier 3 intervention (student 3 in the figure below).



The Meadows Center's [10 Key Policies and Practices for Reading Intervention](#) provides information about effective reading intervention.



Student Vignette

Hannah's Story

Hannah is an energetic first-grade student who enjoys dancing and is interested in learning to play an instrument. As Mr. Gallo reviews the tier 1 screening measure for his first-grade student, Hannah, he notes in her reading profile that she is well below the benchmark on phoneme segmentation and reading whole words. Her classroom formative assessments confirm this data. He provides Hannah with an intervention-based diagnostic assessment to inform placement in the district's structured literacy program. Based on this information, Mr. Gallo places Hannah with a few other students with similar needs in a group whom he meets with three times a week. He works with Hannah and her group on letter sounds, letter recognition and adds in CVC (consonant-vowel-consonant) words. From classroom observation, Mr. Gallo notices that Hannah uses pictures or the first letter to guess words. He adds into his instruction decodable texts and plans for additional dictation activities. He will collect data on Hannah's progress on a frequent basis.

District Decision Points: What is the tier 2 intervention program for each essential component of reading in each grade? What data will be used to match students to intervention? What will be used to monitor the effectiveness of the tier 2 intervention system?

Tier 3 Intensive Structured Literacy Intervention

Tier 3 intensive intervention is individualized structured literacy instruction that is provided in addition to tier 1 instruction, and in addition to or in place of tier 2 intervention, depending on the needs of the student. This level of intervention should be provided by an educator with multisensory structured literacy instruction certification or under consultation of an educator with multisensory structured literacy instruction certification (see Section 4 for more information on the certification process). The goal of intensive intervention is to catch students up to grade-level expectations by addressing severe and persistent learning difficulties. In an effective schoolwide reading system, only a few students need intensive intervention support since the needs of most students have been met through the provision of tier 1 and tier 2 support.

Intensifying intervention should be conceptualized in terms of the type and amount of instruction. Tier 3 intervention is not necessarily a different program than what was used for tier 2 intervention, but it should be more intensive and individualized in terms of the following characteristics of the instruction:

- More frequent instructional sessions
- Longer instructional sessions
- Smaller groups
- More homogenous groups
- More practice opportunities
- More immediate and individualized feedback and incentives

Interventions containing the elements and characteristics listed in the common practices not using a structured literacy approach do not meet the definition of intensive intervention and should not be used.

The reading curriculum for intensive intervention must amplify the elements of structured literacy by breaking tasks into smaller units, continuing to provide an explicit model of new skills, scaffolding the production of correct responses and providing enough opportunities to practice. Intensive intervention typically is delivered in small groups or individually, more frequently and for longer blocks of time than tier 2 instruction. Universal screening (tier 1 dyslexia screening), intervention-based diagnostic assessment (tier 2 dyslexia screening) and progress monitoring assessment results are used to articulate the needs of each student and provide individualized intervention. The most intensive instruction should be reserved for students with the most need.

Tier 3 is not synonymous with special education. It is not necessary for a student to have a diagnosis of a disability such as dyslexia before getting reading support, even intensive reading support. It is not necessary for a student to wait for a contrived period of intervention before receiving intensive reading support. In fact, careful monitoring of how students respond to intensive instruction is an accurate way to identify the students whose need for support will be ongoing and may require special education resources.

District Decision Point: What data and criteria will be used to decide instruction should be changed? What data and criteria will be used to decide when students need tier 3 intensive intervention?

Intensifying Literacy Instruction: Essential Practices provides information on intensifying intervention for students with severe and persistent reading and writing challenges.

The Role of Multidisciplinary Teams in Tier 3 Intervention

Multidisciplinary building or grade-level teams ensure the systems are in place to support intensive and individualized tier 3 intervention at each grade level. The team must ensure intensive intervention is available in addition to tier 1 and tier 2 reading instruction for those who need it by addressing system-level issues such as scheduling, program selection, flexible use of resources and professional development. As time and resources permit, multidisciplinary teams will benefit from including speech-language pathologists and school psychologists in this process.

Individual Collaborative Problem-Solving

Student-level teams use the collaborative problem-solving model to plan the instruction and intervention for individual students. This team is created around those who support the student (teacher, interventionist) and may include a speech-language pathologist (SLP), school psychologist, and English learner (EL) teacher. The child's parent, guardian or custodian is part of this team. Students who receive tier 3 intervention should have continued weekly progress monitoring to inform changes to their intervention. The problem-solving cycle continues until the student-level team finds the instruction that enables learning.

The current instructional supports should be continued for students who are making progress. For students who are not making progress, the team should consider the causes of lack of progress by returning to the problem analysis step. Students who are not making progress may be considered for more intensive intervention within tier 3.

Some students will benefit from a short-term experience with intensive structured literacy support. Others have an ongoing need for intensive support. Student teams can use progress monitoring data to test the possibility of fading support. Decisions about intensifying and fading support can be guided by districtwide decision rules grounded in data.

Intensifying Support Within Tier 3

When faced with students who are not progressing with intensive tier 3 intervention, school teams need clear decision rules about intensification of support and suspecting a disability. In the absence of clear guidelines, teams may revert to the old refer-test-place model of service delivery. The old model relied on high-inference assessment practices. Too often, special education was seen as a generic cure-all and implemented without targeted intensive instruction to specific student needs. Not all students who need intensive support in reading are students with disabilities such as dyslexia. Not all students with dyslexia and other reading disabilities need intensive support in reading (Shaywitz, 2003).



Student Vignette **Simone's Story**

Simone is in second grade and a budding artist. She always looks forward to art class and is planning to enter this year's city-wide art contest. While analyzing the beginning-of-year universal screening data, the grade-level multidisciplinary team determined Simone was likely to need intensive support to make adequate progress. Because her Oral Reading Fluency score indicated she was highly inaccurate, the team recommended an intervention-based diagnostic assessment (tier 2 dyslexia screening measure) to determine why she is not accurate and what supports she needs to improve her accuracy.

Based on the results of the diagnostic, the team recommended intensive intervention using a multisensory approach with a beginning focus on reading single syllable words with short vowels. Each session included:

- Phonemic awareness on targeted sounds
- Review of prior skills
- New skill practice using gradual release of responsibility
- Opportunities to practice the skill through reading and spelling
- Connected reading using decodable texts

The intensive intervention would occur for three weeks, five days per week, for 30 minute session. Simone's interventionist would progress monitor her response to the intervention every other week. If Simone was not responding to the intervention at the end of three weeks, the team would reconvene to determine next steps.

After three weeks, the team adjusted Simone's intervention by moving her to a smaller group. This reduced group size allowed her to receive more intensive support and opportunities to respond and practice skills with feedback from her interventionist. This adjustment improved her response. The intervention will continue, with progress monitoring conducted using a first-grade oral reading fluency passage.

For students who are not making progress, the team should consider potential causes of lack of progress and return to the problem analysis step of the problem-solving model. Students who are not making progress, or who need more resources to make progress, may be considered for more intensive intervention within tier 3.

Factors to consider for intensifying support include:

- Effectiveness
- Match between instruction and student needs
- Explicitness
- Practice opportunities
- Dosage
- Frequency
- Group size
- Engagement and motivation
- Knowledge and experience of the instructor
- Individualization

It is important to provide access to intensive intervention to students based on their progress in instruction. Both federal and state legislation supports early intervening services. Flexible service delivery, such as serving students cross-categorically and providing intensive, even specialized instruction to students regardless of disability status, is permitted and even encouraged in federal and state law.

When to Suspect a Disability

The student-level team can suspect a student may have a disability and request a comprehensive evaluation for special education eligibility when the instruction required for a student to make progress is individualized and intensive and cannot be maintained with general education resources.

Suspecting a disability prior to finding instruction that enables learning may perpetuate the unhelpful practice of viewing special education eligibility as the goal, rather than a potential necessary level of support to reach the goal of improved reading outcomes.

[The National Center on Intensive Intervention](#) provides information and resources for supporting students with intensive intervention.

Identifying Dyslexia as a Specific Learning Disability

School districts have a responsibility to identify, locate and evaluate children who need special education. This is referred to as *Child Find*. Either a parent of a child or a public agency may initiate a request for an evaluation to determine if the child is a child with a disability. If the district has reason to believe a child has a disability, then the district must engage in an evaluation.

Once a referral has been made for an evaluation, the school district has 30 days to obtain parental consent for the evaluation or to provide the parents, guardians or custodians with written notice that the district does not suspect a disability.

Once the district has received permission for the evaluation, the district has 60 days to complete it. Progress monitoring data from interventions must be used to determine eligibility for special education services; however, districts may not use interventions to delay an evaluation unnecessarily. The evaluation must consist of procedures to determine if the student is a child with a disability and to determine their educational needs as outlined in [Ohio's Administrative Code](#) related to special education.

A team of qualified professionals, as well as the child's parent(s) or guardian, determine if the student is a child with a disability. The team will then meet to determine specific educational needs. The school must provide the parents or guardian with a written report summarizing the evaluation and determination of eligibility within 14 days of determining eligibility.

The [Ohio Administrative Code](#) includes dyslexia in the definition of a specific learning disability. School personnel have the authority to identify students as having dyslexia. It is not necessary for parents to receive a dyslexia diagnosis from a professional outside the school. Under federal and state law, school districts are required to find, identify and serve students with disabilities, including dyslexia. The U.S. Department of Education Office of Special Education and Rehabilitation Services provided guidance on the use of the term dyslexia in its [Dear Colleague letter in 2015](#), stating "There is nothing in the IDEA or our implementing regulations that prohibits the inclusion of the condition that is the basis for the child's disability determination in the child's IEP... There is nothing in the IDEA or our implementing regulations that would prohibit IEP teams from referencing or using dyslexia, dyscalculia, or dysgraphia in a child's IEP."

Ohio's dyslexia support laws ([ORC 3323.25](#)) define dyslexia as "a specific learning disorder that is neurological in origin and that is characterized by unexpected difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities not consistent with the person's intelligence, motivation, and sensory capabilities, which difficulties typically result from a deficit in the phonological component of language."

The use of a discrepancy between a student's measured cognitive ability and measured academic achievement to identify students with a specific learning disability has been discredited as unreliable and inaccurate and has been removed from decisions about instruction. Using a discrepancy model can create a false hurdle for students to clear, leaving some struggling readers without the reading intervention they need. Nothing in federal or state law requires the use of a discrepancy formula for the identification of a specific learning disability. This guidebook outlines an alternative to the discrepancy model approach using direct assessment and response to instruction to understand a student's needs and plan for intervention.

Once a student is identified as a student who has a specific learning disability, such as dyslexia, and who needs specially designed instruction, that instruction is formalized and legally guaranteed through an Individualized Education Program (IEP). At least annually, and more often if needed, the student-level team uses the problem-solving model to review the student's progress and revise the specially designed instruction as needed. A reevaluation must be completed at least every three years or sooner if requested by the district or parents.

Outside Clinical Diagnosis of Dyslexia

When a multi-tiered system of support (MTSS) is implemented as described in this guidebook and the provisions of the dyslexia legislation are being followed, parents and school personnel will continue to work together on the student's behalf from the first indication of reading difficulty. Parents can request a comprehensive multifactored evaluation if they suspect a disability or have received a dyslexia diagnosis by an outside professional. The school district is obligated to consider the request. If parents seek an evaluation outside of the school district, they are encouraged to share the results with the district. A diagnosis of dyslexia by an outside professional does not mean the school district must automatically identify the student as a student with a disability. However, the district should consider the information from outside professionals as they endeavor to understand and meet the student's learning needs.

The National Center on Learning Disabilities provides information for parents and educators in [5 Questions Parents and Educators Can Ask to Start Conversations About Using Terms Like Learning Disabilities, Dyslexia, Dyscalculia, and Dysgraphia](#).

District Decision Point: What data and criteria will be used to suspect a disability?

Support for Adolescent Students

Efforts toward early identification and intervention are critical for supporting the reading development of all children, particularly those with dyslexia or dyslexic tendencies. However, it is important to acknowledge the need for intervention and remediation efforts for students in later grades. Even with effective universal screening and classroom instruction, there will be students in older grades who will need intense intervention and/or accommodations for academic and social-emotional success.

Intervention and Remediation

Intervention and remediation share the common goal of supporting children with reading difficulties. Intervention is a systematic approach to targeting specific skills identified as the potential cause of the reading difficulty. It is an ongoing process with clear goals and benchmarks. Remediation, or “re-teaching,” is appropriate for any student who has not demonstrated mastery of certain skills and requires intensive instruction to address errors in understanding and foundational knowledge.

There are several possible reasons that older students may have difficulties with word decoding and fluency and would benefit from intervention and/or remediation. Some students may not have been identified in earlier grades as at risk for reading difficulties or may have received inadequate intervention. Some students may have been able to compensate in early grades but experienced difficulties later as the text complexity and knowledge demands increased (Leach et al, 2003; Lipka et al, 2006). For these students, it is especially important to support both word decoding and reading comprehension within the context of intervention.

Evidence from studies of intervention for older students with word decoding difficulties suggests that they benefit from similarly structured interventions used for younger students with adjustments for age and experience (Wanzek et al, 2013). Explicit, systematic approaches that focus on vocabulary and reading comprehension, in addition to explicit instruction in the use of strategies to read words quickly and accurately, can be effective (Austin et al., 2021). It also is suggested that targeting phonemic awareness, oral reading fluency, vocabulary and reading comprehension using current curriculum content may be particularly effective for older students. In this way, students build foundational reading skills in tandem with their academic content and are provided multiple and reinforcing learning opportunities (Deshler, 2007).

The following table provides an overview of the instructional components used in intervention and remediation for adolescent students.

Instructional Component	Description
Word Study	Instruction should include advanced word study that teaches phoneme-grapheme patterns, syllable patterns and how to break words into parts. Teach students meaningful parts of words such as prefixes, suffixes and roots. Older readers also need practice in applying decoding strategies through connected texts.
Fluency	Integrate fluency instruction when introducing new structures so words are read within texts. Provide controlled texts to allow students to apply skills and practice within context. Controlled decodable passages help to establish fluent reading and break habits of guessing.
Vocabulary Instruction	Focus instruction on words that are useful to know and encountered across settings and content. Directly teach words using structured opportunities to practice using the words in a variety of contexts.
Comprehension Instruction	Provide access to grade-level curriculum and texts. While intervening with word-level deficits, older students need access to content and knowledge to support new information contained in texts. This can be facilitated by previewing headings and key concepts and engaging in before-, during- and after-reading strategies.

(Roberts, et al, 2008).

Strategies for Accessing Core Instruction

Students in later grades may need additional scaffolds and supports to access core instruction across all content areas. Access to grade-level content, instruction and text is critical alongside intervention and remediation for reading development. Support and guidance from the teacher can help students gain meaning and make sense of the texts they encounter.

To aid reading comprehension, students may need to be supported through scaffolding strategies that allow them to access complex, grade-level text. The use of before-, during- and after-reading strategies may guide students who are not decoding fluently and automatically to interact with the complex language and vocabulary demands of text they encounter. For example, teachers may provide support in:

- Breaking down complex sentences found within a text
- Determining the meaning of multisyllabic words
- Writing and discussion about text using sentence frames
- Accessing academic language and background knowledge specific to the text under study

The Meadows Center for Preventing Educational Risk provides information for supporting adolescent students in the following resources:

- [Resources for Improving Low Literacy Levels in Adolescents](#)
- [What Dyslexia Looks Like in Middle School and What You Can Do to Help Your Child](#)
- [How Can I Help My Middle Schooler Read Multisyllabic Words?](#)

Accommodations for Students with Dyslexia

Accommodations are strategies or tools that facilitate equal access to instruction and instructional content for students with disabilities and may be used for both screening and instruction/intervention. Accommodations provide the opportunity for children to demonstrate their knowledge, skills and abilities without changing or diminishing the content, expectations or requirements of the learning task. Further, accommodations adjust the way the student responds, the way the teacher presents instructional content or the schedule of learning the student follows. For example, accommodations for testing a student with dyslexia may include providing extra time, allowing students to respond to questions verbally or ensuring a quiet testing area.

Selecting appropriate accommodations requires consideration of how the student's difficulties affect academic progress. After barriers are identified, there are many possible accommodations that may be appropriate based on the student's age and individual needs.

Some examples of accommodations for students with dyslexia may include:

- Presentation accommodations that allow students to access content in alternative ways, such as text-to-speech software or read-aloud tools
- Response accommodations that allow students options for answering questions, such as speech-to-text software or verbal responses
- Setting accommodations that allow students to work on assignments in alternate locations
- Timing accommodations that allow students to have more time to complete assignments or follow an alternate schedule of completion.

The International Dyslexia Association provides information in its [Accommodations for Students with Dyslexia Fact Sheet](#).

Supporting Learners with Co-Occurring Learning Needs

English Learners

In Ohio, districts follow a two-step process for qualifying a student as an English learner. Schools complete this process and notify parents, guardians or custodians of the student's identification as an English learner within 30 days of enrollment at the beginning of the school year or within two weeks of enrollment during the school year. More information on these requirements is provided in the Ohio Department of Education's [Guidelines for Identifying English Learners](#). This process should take place prior to administering a universal screening (tier 1 dyslexia screener). The information gathered from the dyslexia screening measure(s) should be used alongside all other language and literacy development data collected by the district to inform the student's instruction in the English language, as well as in literacy development.

Language and Literacy Instruction

Students who are English learners have varying language and literacy skills in English, as well as in their native or home languages. Some students enter school with literacy skills in their native languages. Other students may be learning literacy skills in their native languages at the same time they are learning literacy skills in English. Whereas other students will have only oral language skills in their native languages. When designing language and literacy instruction for English learners, the best practices and methods described in this guidebook are applicable; however, simultaneous instruction also is needed for English learners in English language development. Providing effective English learner programs continues to be the basis for valid and equitable procedures to identify and serve English learners with dyslexia.

Multi-Tiered System of Support and Data-Driven Decision-Making

English learners are included in the multi-tiered system of support (MTSS) described in this guidebook. However, the language and literacy data and information needed to design instruction and intervention for English learners varies from that of non-English learners. For example, if an English learner is identified as at risk of dyslexia from the universal screening (tier 1 dyslexia screening), the school also will need to consider the impacts of language transfer from the student's native language and the levels of exposure to English language phonemes, phonics and overall language.

Educators providing language and literacy instruction to English learners identified with dyslexia tendencies will need to have expertise in both structured literacy and English language development. Collaboration and professional learning experiences that include teachers of English to speakers of other languages and bilingual educators are essential.



Student Vignette **Fabiola & Ahmed's Story**

Third graders Fabiola and Ahmed are English learners in Ms. Othmar's class. Ms. Othmar uses Ohio's English Language Proficiency (ELP) Standards to plan her instruction and assessments, but neither student is meeting grade-level reading benchmarks. She consults with the English as a second language instructor (a Teaching English to Speakers of Other Languages (TESOL) specialist), Mr. Nguyen, who explains that language and reading skills develop over multiple years and it is important to understand each child's educational, family and language experience. He points out that although both students have the same Ohio English Language Proficiency Assessment (OELPA) composite score of 2 (progressing), their domain scores are different and the results on their dyslexia screening measures diverge as well. The two colleagues discuss the individual experiences of the two students.

Fabiola is outgoing and makes friends easily. Her family speaks Spanish at home and, while her parents don't have an opportunity to read to her often, she has an older sister who helps her with homework. Fabiola developed foundational reading skills in school in Mexico and has language support in class with a Spanish-speaking classroom aide and tier 2 small group reading instruction. Ahmed's family speaks Arabic at home, and he started learning the Roman alphabet in Jordan before moving to the U.S. He is a shy student who doesn't like to make mistakes. Ahmed's parents read to him every night in Arabic and state that he is engaged and progressing well. He receives daily small group English language development and reading support.

Considering these experiences, Mr. Nguyen shows Ms. Othmar how to further differentiate the instruction and support based on each student's individual needs. They decide to add more structured practice with speaking and opportunities to build background knowledge and vocabulary. Mr. Nguyen also helps Ms. Othmar understand how the difference between the home languages (print, phonemic and syntactic features) and English and the opportunities to practice language and academic skills outside of school shape the current needs of the students. With these new insights, they collaborate to develop lessons that address these skills within the context of the school's multi-tiered system of support.

The Ohio Department of Education offers a resource to support schools in [implementing MTSS with English learners](#).

Additional research, tools and resources on a multi-tiered system of supports for English learners is available from the U.S. Department of Education sponsored [Multi-Tiered System of Supports for English Learners Model Demonstration Sites](#).

Language Differences Versus Language-based Disability

Federal and state special education laws state that students cannot be identified as having a specific learning disability if the primary determinant for the decision is limited English proficiency. This does not mean that students who are learning English cannot have a disability. It is possible for a student who has limited English proficiency to also have a specific learning disability.

The Ohio Department of Education's [Guidelines for Referral and Identification of English Learners for Disabilities](#) provides a checklist that offers questions to assist team discussions around the identification of English learners with suspected disabilities.

The U.S. Department of Education provides useful tools to assist school teams in considering effective interventions and decisions related to English learners and students with disabilities. See Chapter 6 of the [English Learner Tool Kit](#).

Gifted and Dyslexic

Educators and parents, guardians or custodians should be aware that it is possible for students to both be gifted and have dyslexia. Students who have met the state criteria for being both students with disabilities and students who are gifted are sometimes called “twice exceptional.” Like all students with dyslexia, those who are gifted will benefit from early identification, careful consideration of their complex needs, structured literacy instruction and ongoing monitoring.

The International Dyslexia Association provides information in its [Gifted and Dyslexic Fact Sheet](#). This [fact sheet](#) also is available in Spanish.

Students with Complex Communication Needs

Dyslexia may co-occur with other areas of complexities, delays or disabilities, including but not limited to speech-language, behavior or other health impairments. Assessing children with complex communication needs, as well as those with visual impairments, may require adaptations to standardized procedures. Many assessments will offer instructions for how to adapt the assessment protocol to serve diverse learners, and in some cases, assistive technologies may be used to meet individual access needs.

[OCALI](#) and the [Assistive Technology & Accessible Educational Materials Center](#) provide information and resources for assessing and instructing students with complex communication needs.

The Teaching Diverse Learners Center at OCALI offers a free, [10-part video series](#) exploring strategies designed to provide access to the general education curriculum for all learners.

Deaf and Hard-of-Hearing Students

Early access to language is critical to reading development in Deaf and Hard-of-Hearing children. Deaf and Hard-of-Hearing students benefit from a variety of unique strategies, including but not limited to using visuals and a bilingual approach that bridge sign language and English in print. While phonology is critical for reading development, assessing for dyslexia in Deaf and Hard-of-Hearing children can be complex as language deprivation (lack of access to language) and dyslexia can both lead to challenges in reading development and may require different interventions (Mayberry et al., 2011; Clark et al., 2016). Standardized assessments designed in English present challenges when given in a signed language. Some specific assessment recommendations have been used to identify a signing Deaf or Hard-of-Hearing child with dyslexia, which should be considered when screening students (Herman & Roy, 2016). Not every Deaf or Hard-of-Hearing child who is a struggling reader has dyslexia but they may need systematic interventions that support their individualized needs. Research still is limited in appropriate interventions for Deaf students with dyslexia (Enns & Landford, 2007). However, depending on student auditory and visual access, some beneficial strategies may include the use of visual aids, American Sign Language (ASL) fingerspelling, bilingual approaches to reading intervention that connect ASL phonology features and English in print, visual phonics (more beneficial for those with some auditory access), among others. Ensuring the child is served by an intervention specialist for the Deaf or Hard-of-Hearing will provide greater support and insight for screenings and individualized interventions.

[The Outreach Center for Deafness and Blindness](#) provides resources to support literacy for Deaf and Hard-of-Hearing children.



Student Vignette James' Story

James is a new student in Mrs. Taylor's third grade classroom. He arrived in October. James was identified as gifted in his previous school, with high cognitive and reading scores. Mrs. Taylor designs activities in her gifted cluster group for him. From a classroom writing diagnostic that she administers during his first three days, she notes his spelling errors in 75 words written. Concerned with the types of errors, Mrs. Taylor requests and obtains his parents' permission to administer a dyslexia screening measure. This measure checks for phonemic proficiency and decoding. The results demonstrate that James has not secured his learning in decoding concepts that would help support his improvement in writing multisyllabic words. She provides structured word study lessons with James and other students with similar needs. She consistently documents his progress to check that his rate of learning is sufficient and that he applies his understanding to writing on demand assignments.

Co-Occurring Difficulties

Students with dyslexia are sometimes diagnosed with other difficulties such as Attention Deficit Hyperactivity Disorder, dysgraphia (difficulty with handwriting and spelling), dyscalculia (difficulty with math calculation) and mental health concerns such as anxiety and depression. These additional conditions should be considered as part of the problem-definition and problem analysis steps when problem-solving and planning for students with dyslexia.

The International Dyslexia Association provides information on co-occurring difficulties in its fact sheets:

- [Attention Deficit/Hyperactivity Disorder and Dyslexia \(Spanish version\)](#)
- [Understanding Dysgraphia Fact Sheet \(Spanish version\)](#)
- [Dyslexia-Stress-Anxiety Connection Fact Sheet \(Spanish version\)](#)



Section 4: Certification in Multisensory Structured Literacy Instruction

Requirements of Ohio Dyslexia Support Laws ([ORC 3319.078](#))

Certification Process

Districts must establish a multisensory structured literacy certification process for teachers providing instruction to students in kindergarten through third grade. Not every teacher will need to be certified, so districts should determine locally which educators will become certified through this process. This person can serve as part of the district or school's multidisciplinary team that administers screening and intervention measures.

In recognition of the fact that districts across the state may be in different stages of having a multisensory structured literacy certification process in place, the Ohio Dyslexia Committee has developed the four-stage procedure shown below to help districts to establish this process.

Some districts may not need to start at stage 1 of this process. For example, if a district already has someone on staff who is certified and qualified to train others, the district may find itself at stage 3 of this process. Other districts may choose to start at stage 1. Each of the four stages outlined below includes a bulleted list of recommended ways districts may choose from to meet the goal at each step.



Identify and Recruit Certified Educators

Districts may want to consider:

- Surveying educators to determine certification status (certified, in progress, interested, not interested)
- Supporting hiring personnel (human resources and administrators) with understanding of the certification process and what to look for in qualified candidates
- Identifying employees of the district or school with certification to serve as instructional leaders
- Providing clear messaging to candidates on the district website and other forms of communications that the district or school is committed to the structured literacy approach
- Prioritizing candidates with certification for certain leadership positions (for example, special education coordinators, elementary principals, literacy coaches)

Identify Certification Candidates

Districts may want to consider:

- Data and observations from the teacher training to help bridge the gap to certification
- Sharing about the certification process at staff meetings and trainings
- Making the opportunities available to all educators and not isolating by licensure
- Including other personnel in the identification pool: speech-language pathologist, school psychologist, teachers of English learners
- Targeting recruitment of K-2 teachers, lead teachers of every grade level and instructional coaches
- Including preschool educators
- Prioritizing each grade level having someone at the table with certification for teacher-based teams

Train-the-trainer or Support External Training

Districts may want to consider:

- Developing an in-house certification program
- Partnering with neighboring districts or educational service centers to provide shared training opportunities
- Expanding in-house professional development to bridge from professional development to full certification for identified educators
- Partnering with philanthropic community organizations to support the costs of certification
- Scheduling training to take place during the day/on contract time
- Identifying local organizations to support the certification process (for example, the Children's Dyslexia Centers)

Retain Certified Educators

Districts may want to consider:

- Providing positive incentives for maintaining certification and continuing employment with the district (for example, perk days or additional planning time)
- Providing relevant continuing professional development
- Limiting competing priorities (for example, waiving districtwide professional development not relevant to a position)
- Developing a tutor to classroom teacher model whereby the certified tutor has a pathway to move into a full-time teaching position and the district doesn't lose highly qualified personnel
- Providing pathways for professionals who obtain certification into leadership roles (lead teachers, reading specialists, literacy coaches, literacy coordinators, principals, curriculum staff)
- Clearly articulating the support from leadership
- Ensuring certified personnel are available to meet the intensity of needs presented each year

Certification Pathways

The Ohio Dyslexia Committee recognizes several options as appropriate certification. More information on these pathways to certification is available on the [Ohio Department of Education's website](#).

The Ohio Dyslexia Committee acknowledges that external accrediting organizations control the approval processes for programs to qualify for some of the certifications. If a program is added by the accrediting organization, educators completing that program will then be considered certified so long as they completed the program according to what is approved by the accrediting organization. Independent training programs or higher education programs offering certification that are not included on the [list approved by the Ohio Dyslexia Committee](#) are not recognized as "appropriate certification" by the committee. Educators completing these or other programs are encouraged to consider the alternate route certifications offered by the Center for Effective Reading Instruction.

The committee recommends the district assume responsibility for tracking the maintenance of certification status for individuals the district identified for certification. This might be done through the Local Professional Development Committee and the educator's Individual Professional Development Plan.

Varying Roles of Certified Educators

Educators with multisensory structured literacy certification have completed intensive training, including practicum, to hone their expertise and skills. Because of this, districts are encouraged to consider the various ways certified educators can contribute to the academic outcomes of students.

Instructional Support

When assigning students who have been identified as dyslexic or having dyslexia tendencies to classroom teachers or interventionists, the district should consider whether that educator has obtained or is working toward a multisensory structured literacy certification. Additionally, if the results of the tier 1 dyslexia screening measure indicate high numbers of students at risk of dyslexia, the district should consider assigning an educator who has obtained or is working toward a multisensory structured literacy certification to that class or grade-level team.

System Support

Educators with multisensory structured literacy certification can provide expertise to assist multidisciplinary teams in administering screening and intervention measures and analyzing the results of the measures. These educators also can provide expertise at the district, building and grade levels to support other educators in identifying best practices in assessment, instructional materials and intervention programs for children at risk of dyslexia.

District Decision Points:

Which K-3 staff members currently hold certification in a multisensory structured literacy program?

Do additional K-3 staff need multisensory structured literacy certification?

Which staff members teach those with significant reading needs and desire additional training?

Which certification pathway(s) will the district recommend?



References

- Adams, G. L., & Engelmann, S. (1996). Research on direct instruction: 25 years beyond DISTAR. *Educational Achievement Systems*, 319 Nickerson Street, Suite 112, Seattle, WA 98109.
- Al Otaiba, S., Rouse, A. G., & Baker, K. (2018). Elementary grade intervention approaches to treat specific learning disabilities, including dyslexia. *Language, Speech, and Hearing Services in Schools*, 49, 829-842.
- Al Otaiba, S., Connor, C. M., Folsom, J. S., Greulich, L., Meadows, J., & Li, Z. (2011). Assessment data-informed guidance to individualize kindergarten reading instruction: Findings from a cluster-randomized control field trial. *The Elementary school journal*, 111(4), 535-560.
- Al Otaiba, S., Connor, C. M., Foorman, B., Schatschneider, C., Greulich, L., Sidler, J. F. (2009) Identifying and intervening with beginning readers who are at-risk for dyslexia: Advances in individualized classroom instruction. *Perspectives on Language and Literacy*, 35(4), 13.
- Archer, A. L., & Hughes, C. A. (2010). *Explicit instruction: Effective and efficient teaching*. Guilford Publications.
- Austin, C. R., Vaughn, S., Clemens, N. H., Pustejovsky, J. E., & Boucher, A. N. (2021). The relative effects of instruction linking word reading and word meaning compared to word reading instruction alone on the accuracy, fluency, and word meaning knowledge of 4th-5th grade students with dyslexia. *Scientific Studies of Reading*, 1-19.
- Brophy, J., & Good, T. (1986). Teacher behavior and student achievement. In M. C. Wittrock (Ed.), *Handbook of research on teaching* (3rd ed.). New York: McMillan.
- Cardenas-Hagan, E. (2018). Language and literacy development among English language learners. In J. R. Birsh, *Multisensory teaching of basic language skills* (4th ed.) (pp. 720-754). Baltimore, MD: Paul H. Brookes Publishing.
- Castles, A., Rastle, K., & Nation, K. (2018). Ending the reading wars: Reading acquisition from novice to expert. *Psychological Science in the Public Interest*, 19, 5-51.
- Christenson, S. L., Ysseldyke, J. E., & Thurlow, M. L. (1989). Critical instructional factors for students with mild handicaps: An integrative review. *Remedial and Special Education*, 10(5), 21-31.
- Deshler, D.D. (2007). Informed choices for struggling adolescent readers: A research-based guide to instructional programs and practices. Newark, DE: International Literacy Association.
- Elliott, J. G., & Grigorenko, E. L. (2014). *The dyslexia debate* (No. 14). Cambridge: Cambridge University Press.
- Enns, C., & Lafond, L.D. (2007). Reading against all odds: a pilot study of two deaf students with dyslexia. *American Annals of the Deaf*, 152(1), 63-72. <https://doi.org/10.1353/aad.2007.0011>
- Ervin, R. A., Schaughency, E., Goodman, S. D., McGlinchey, M. T., & Matthews, A. (2006). Merging research and practice agendas to address reading and behavior school-wide. *School Psychology Review*, 35(2), 198-223.
- Fletcher, J. M., Lyon, R. D., Fuchs, L. S., & Barnes, M. A. (2019). *Learning disabilities: From identification to intervention*, 2nd ed. New York: Guilford Press.
- Foorman, B., Beyer, N., Borradaile, K., Coyne, M., Denton, C. A., Dimino, J., Furgeson, J., Hayes, L., Henke, J., Justice, L., Keating, B., Lewis, W., Sattar, S., Streke, A., Wagner, R., & Wissel, S. (2016). Foundational skills to support reading for understanding in kindergarten through 3rd grade (NCEE 2016-4008). Washington, DC: National Center for Education Evaluation and Regional Assistance (NCEE), Institute of Education Sciences, U.S. Department of Education. Retrieved from the NCEE website: <http://whatworks.ed.gov>.
- Gersten, R., Baker, S. K., Shanahan, T., Linan-Thompson, S., Collins, P., & Scarella, R. (2007). *Effective Literacy and English Language Instruction for English Learners in the Elementary Grades: A Practice Guide* (NCEE 2007-4011). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education. <http://ies.ed.gov/ncee/www/publications/practiceguides>
- Gersten, R. (1998). Recent Advances in Instructional Research for Students with Learning Disabilities: An Overview. *Learning Disabilities Research and Practice*, 13(3), 162-70.
- Gersten, R., Chard, D. J., Jayanthi, M., Baker, S. K., Morphy, P., & Flojo, J. (2009). Mathematics instruction for students with learning disabilities: A meta-analysis of instructional components. *Review of Educational Research*, 79(3), 1202-1242.
- Gersten, R., Schiller, E. P., & Vaughn, S. R. (Eds.). (2000). *Contemporary special education research: Syntheses of the knowledge base on critical instructional issues*. Routledge.
- Gersten, R., Haymond, K., Newman-Gonchar, R., Dimino, J., & Jayanthi, M. (2020). Meta-analysis of the impact of reading interventions for students in the primary grades. *Journal of Research on Educational Effectiveness*, 13(2), 401-427.
- Gersten, R., Haymond, K., Newman-Gonchar, R., Dimino, J., & Jayanthi, M. (2020) Meta-analysis of the impact of reading interventions for students in the primary grades, *Journal of Research on Educational Effectiveness*, 13:2, 401-427.
- Haft, S.L., Myers, C.A., & Hoeft, F. (2016). Socio-emotional and cognitive resilience in children with reading disabilities. *Current Opinion in Behavioral Sciences*, 10, 133-141
- Hall, M. S., & Burns, M. K. (2018). Meta-analysis of targeted small-group reading interventions. *Journal of School Psychology*, 66, 54-66.
- Harn, B. & Chard, D., & Kame'enui, E. (2011). Meeting societies' increased expectations through responsive instruction: The power and potential of systemwide approaches. *Preventing School Failure*, 55, 232-239.
- Herman, R., & Roy, P. (2016). Dyslexia and deafness. In M. Marschark & P. E. Spencer (Eds.), *The Oxford handbook of deaf studies in language*. (pp. 344-356). Oxford University Press.
- International Dyslexia Association. (2012). *Dyslexia basics*. <https://dyslexiaida.org/dyslexia-basics>
- International Dyslexia Association. (2014). *Dyslexia handbook: What every family should know*. <https://www.readingrockets.org/sites/default/files/IDA%20Dyslexia%20Handbook.pdf>
- Jimerson, S.R., Burns, M.K., VanDerHeyden, A. (2016). *Handbook of Response to Intervention: The Science and Practice of Multi-Tiered Systems of Support*. Springer.
- Kirschner, P.A., Sweller, J., & Clark, R.E. (2006). Why minimum guidance during instruction does not work: An analysis of the failure of constructivist, discovery, problem-based, experiential, and inquiry-based teaching. *Educational Psychologist*, 41(2), 75-86
- Leach, J. M., Scarborough, H. S., & Rescorla, L. (2003). Late-emerging reading disabilities. *Journal of educational psychology*, 95(2), 211.
- Lipka, O., Lesaux, N. K., & Siegel, L. S. (2006). Retrospective analyses of the reading development of grade 4 students with reading disabilities: Risk status and profiles over 5 years. *Journal of Learning Disabilities*, 39(4), 364-378.
- Lovett, M. W., Frijters, J. C., Wolf, M., Steinbach, K. A., Sevcik, R. A., Morris, R. D. (2017). Early intervention for children at risk for reading disabilities: The impact of grade at intervention and individual differences on intervention outcomes. *Journal of Educational Psychology*, 109(7), 889-914.
- Mastropieri, M. A., Scruggs, T. E., Bakken, J. P., & Whedon, C. K. (1996). Reading comprehension: A synthesis of research in learning disabilities. In T. E. Scruggs & M. A. Mastropieri (Eds.), *Advances in learning and behavioral disabilities* (Vol. 10, Part B, pp. 201-227). Greenwich, CT: JAI.
- Mather, N. & Wendling, B.J. (2012). *Essentials of Dyslexia Assessment and Intervention*. Hoboken, NJ: John Wiley & Sons.
- Miciak, J. & Fletcher, J.M. (2020). The critical role of instructional response for identifying dyslexia and other learning disabilities. *Journal of Learning Disabilities*, 1-11.
- Mugnaini, D., Lassi, S., La Malfa, G., & Albertini, G. (2009). Internalizing correlates of dyslexia. *World Journal of Pediatrics*, 5, 255-264
- National Reading Panel (U.S.) & National Institute of Child Health and Human Development (U.S.). (2000). Report of the National Reading Panel: Teaching children to read: An evidence-based assessment of the scientific research literature on reading and its implications for reading instruction.
- Odegard, T.N., Farris, E.A., Middleton, A.E., Oslund, E. & Rimrodt-Frierson, S. (2020). Characteristics of students identified with dyslexia within the context of state legislation. *Journal of learning disabilities*, 53(5), 366-379.
- Ohio Department of Education. (2019). Each child, our future: Ohio's strategic plan for education 2019-2024. <https://education.ohio.gov/getattachment/About/EachChildOurFuture/Final-Strategic-Plan-Board-Approved.pdf.aspx?lang=en-US>
- Ohio Department of Education, (2020). Ohio's plan to raise literacy achievement. <https://education.ohio.gov/getattachment/Topics/Learning-in-Ohio/Literacy/Ohios-Plan-to-Raise-Literacy-Achievement.pdf.aspx?lang=en-US>
- Roberts, G., Torgesen, J.K., Boardman, A., & Scammacca, N. (2008). Evidence-Based Strategies for Reading Instruction of Older Students with Learning Disabilities. *Learning Disabilities Research & Practice*, 23(2), 63-69.
- Rosenshine, B., & Stevens, R. (1986). Teaching functions. *Handbook of research on teaching*, 3, 376-391.
- Rosenshine, B. (1997, March 24-28). The case for explicit, teacher-led, cognitive strategy instruction (Paper presentation). American Educational Research Association Conference. Chicago, IL, United States.
- Shaywitz, S. (2003). *Overcoming Dyslexia: A new and complete science-based program for reading problems at any level*. New York, NY: Knopf
- Simmons, D. C., Fuchs, L. S., Fuchs, D., Mathes, P., & Hodge, J. P. (1995). Effects of explicit teaching and peer tutoring on the reading achievement of learning-disabled and low-performing students in regular classrooms. *The Elementary School Journal*, 95(5), 387-408.
- Snow, C. E., & Juel, C. (2005). Teaching children to read: What do we know about how to do it? In M. J. Snowling & C. Hulme (Eds.), *The science of reading: A handbook* (pp. 501-520). Blackwell Publishing.
- Swanson, H. L., & Hoskyn, M. (1998). Experimental intervention research on students with learning disabilities: A meta-analysis of treatment outcomes. *Review of educational research*, 68(3), 277-321.
- Swanson, H. L. (1999). What develops in working memory? A life span perspective. *Developmental Psychology*, 35(4), 986-1000.
- Svetaz, M. V., Ireland, M., & Blum, R. (2000). Adolescents with learning disabilities: Risk and protective factors associated with emotional well-being: Findings from National Longitudinal Study of Adolescent Health. *Journal of Adolescent Health*, 27(5), 340-348.
- Sweller, J., Kirschner, P. A., & Clark, R. E. (2007). Why minimally guided teaching techniques do not work: A reply to commentaries. *Educational Psychologist*, 42(2), 115-121
- Torgesen, J., Alexander, A., Wagner, R., Rashotte, C., & Voeller, K. (2001). Intensive remedial instruction for children with severe reading disabilities: Immediate and long-term outcomes from two instructional approaches. *Journal of Learning Disabilities*, 34, 33-58.
- Vaughn, S., Gersten, R., & Chard, D. J. (2000). The underlying message in LD intervention research: Findings from research syntheses. *Exceptional Children*, 67(1), 99-114.
- VanDerHeyden, A., Burns, M., Brown, R., Shinn, M. R., Kukic, S., Gibbons, K., Batsche, G., Tilly, W. D. (2016). Four steps to implement RTI correctly. *Education Week*, 35, 25. Retrieved from <http://www.edweek.org/ew/articles/2016/01/06/four-steps-to-implement-rti-correctly.html>
- Vellutino, F. R., Scanlon, D. M., Sipay, E. R., Small, S. G., Pratt, A., Chen, R., & Denckla, M. B. (1996). Cognitive profiles of difficult-to-remediate and readily remediated poor readers: Early intervention as a vehicle for distinguishing between cognitive and experiential deficits as basic causes of specific reading disability. *Journal of Educational Psychology*, 88(4), 601.
- Vellutino, F. R., Scanlon, D. M., & Lyon, G. R. (2000). Differentiating between difficult-to-remediate and readily remediated poor readers: More evidence against the IQ-achievement discrepancy definition of reading disability. *Journal of Learning Disabilities*, 33(3), 223-238
- Vellutino, F. R., Scanlon, D. M., Zhang, H., & Schatschneider, C. (2008). Using response to kindergarten and first grade intervention to identify children at-risk for long-term reading difficulties. *Reading and Writing: An Interdisciplinary Journal*, 21(4), 437-480
- Wanzek, J., & Vaughn, S. (2007). Research-based implications from extensive early reading interventions. *School Psychology Review*, 36(4), 541-561.
- Wanzek, J., Vaughn, S., Scammacca, N. K., Metz, K., Murray, C. S., Roberts, G., & Danielson, L. (2013). Extensive reading interventions for students with reading difficulties after grade 3. *Review of Educational Research*, 83(2), 163-195.
- Yudin, M. K. (2015, October 23). Dear Colleague. Retrieved from US Department of Education:

Appendix A: Research Citations for Practices Not Aligned with Structured Literacy

The following provides research citations and resources supporting the list of common instructional practices that are not consistent with a structured literacy approach described in Section One.

Research Citations

Adams, M. J. (1998). The three-cueing system. In J. Osborn & F. Lehr (Eds.), *Literacy for all: Issues in teaching and learning* (pp. 73–99). Guilford Press.

Adams, M. J. (1990). *Why not phonics and whole language?* In W. Wray (Ed.) *Literacy: Major Themes in Education*, Vol. 2, RoutledgeFalmer.

Adams, M. J., Fillmore, L.W., Goldenberg, C., Oakhill, J. Paige, D.D., Rasinski, T., Shanahan, T. (2020). [*Comparing Reading Research to Program Design: An Examination of Teachers College Units of Study*](#), Student Achievement Partners: New York.

Castle, A, Rastle, K., Nation, K. (2018). Ending the reading wars: Reading acquisition from novice to expert. [*Psychological Science in the Public Interest*](#), 19, 5-51.

Dehaene, S. (2001). *Reading in the Brain: The New Science of How We Read*. Penguin.

Denton, C. (2011). *Physical exercise and movement- based interventions for dyslexia*. *Perspectives on Language and Literacy*, 37, 27-31.

Fletcher, J. M. & Currie, D. (2011). *Vision efficiency interventions and reading disability*. *Perspectives on Language and Literacy*, 37, 21-24.

Griffiths, P. G., Taylor, R. H., Henderson, L. M., & Barrett, B. T. (2016). *The effect of coloured overlays and lenses on reading: a systematic review of the literature*. *Ophthalmic and Physiological Optics*, 36(5), 519-544.

Handler, S. M., Fierson, W. M., & Section on Ophthalmology and Council on Children with Disabilities, American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, and American Association of Certified Orthoptists. (2011). *Learning disabilities, dyslexia, and vision*. *Pediatrics*, 127, e818-e856.

Kuster, S. M., van Weerdenburg, M., Gompel, M., & Bosman, A. M. (2018). Dyslexia font does not benefit reading in children with or without dyslexia. *Annals of Dyslexia*, 68, 25-42.

Moats, L. C. (2020). [*Teaching reading is rocket science*](#), 2020. American Federation of Teachers.

Olson, R. K. (2011). Evaluation of Fast ForWord® Language effects on language and reading. *Perspectives on Language and Literacy*, 37, 11-15.

Pennington, B. F. (2011). Controversial therapies for dyslexia. *Perspectives on language and literacy: a quarterly publication of the International Dyslexia Association*, 37, 7-8.

Seidenberg, M. (2017). *Language at the Speed of Sight: How we Read, Why so Many Can't, and what can be done about it*. Basic Books.

Wery, J. J., & Diliberto, J. A. (2017). The effect of a specialized dyslexia font, OpenDyslexic, on reading rate and accuracy. *Annals of Dyslexia*, 67, 114-127.

Additional Supporting Resources

[*When Educational Promises Are Too Good to Be True*](#)
by John Alexander (*IDA Fact Sheet*)

[*Online Dyslexia Simulation Is Compelling, Powerful, and Wrong*](#)
by Carolyn D. Cowen (*IDA Examiner*, March 2016)

[*Thoughtful Responses to Controversial Dyslexia Study Offer Perspective*](#) by Examiner Editorial Board, (*IDA Examiner*, November 2017)

[*What is the Role of the Visual System in Reading and Dyslexia?*](#)
by Jason D. Yeatman (*IDA Examiner*, February 2016)

Appendix B: Example of an Intervention-Based Diagnostic Assessment (Tier 2 Dyslexia Screening Measure)

This example is provided to illustrate what is expected in an intervention-based diagnostic assessment (tier 2 dyslexia screening measures). Districts should not use this example assessment with students, as it is not linked to the district's structured literacy intervention.

Intervention Program Diagnostic Assessment

Part 1: Fluency and Comprehension—attach Survey Level Assessment grid

Level at Which to Progress Monitor: _____

Observations Regarding Fluency: _____

Observations Regarding Comprehension Skills: _____

Additional Information Regarding Comprehension: _____

Part 2: Phonics Assessment—Attach Informal Phonics Inventory Cover Sheet

Level Administered: _____ Sounds Score _____ Words Score _____

Level Administered: _____ Sounds Score _____ Words Score _____

Observations: _____

Part 3: Spelling Assessment—Attach Informal Spelling Inventory Grid

Level Administered: _____ Score: _____

Observations: _____

Part 4: Foundational Skills Assessment—Attach Informal Inventory

Skill Area: _____ Assessment Used _____ Score: _____

Skill Area: _____ Assessment Used _____ Score: _____

Skill Area: _____ Assessment Used _____ Score: _____

Observations: _____

Informal Phonics Inventory for Lesson Placement and Planning

Part 1: Decoding Skills

Directions: Say to the student: **"I am going to show you some letters and I want you to tell me the sound the letter or letters make. If you don't know the sound that is ok, I will tell it to you. Please try your best."** Present each card for a maximum of 4 seconds. Ask for a second sound if applicable.

Sounds				
a ____ a ____ short long	h ____	l ____	e ____ e ____ short long	x ____
t ____	j ____	n ____	w ____	wh ____
m ____	p ____	th ____	k ____	-ck ____
b ____	i ____ i ____ short long	u ____ u ____ short long	y ____ yell	ph ____
s ____	g ____ g ____ (hard g) (soft g)	ch ____	v ____	
f ____	o ____ o ____ short long	d ____	z ____	
c ____ c ____ (hard c) (soft c)	r ____	sh ____	qu ____	

Total Sounds Known: ____/

Notes: _____

Directions: Say to the student: **"Now we are going to read some make-believe words. None of these words are real words. Please read the words the best you can. Start here and read across the page."** If the child hesitates on a sound for 3 seconds, provide the sound and point to the next letter. Sounds must be pronounced correct given their placement in the words. Thus, only short vowel sounds are counted as correct in CVC and only long vowels are correct in silent e words.

Nonsense Words				
cvc mip ____	cvc lop ____	cvc keb ____	cvc yud ____	cvc haj ____
digraphs chut ____	digraphs shap ____	digraphs meck ____	Silent e *pate ____	Silent e *mipe ____

*For the silent e words, ask the child to explain what the e does in this word. Note if they could explain this.

If the student got less than 85% of this assessment correct, do not administer the Part 2 decoding assessment.

Part 2: Decoding Skills

Directions: Say to the student: **"I am going to show you some letters and I want you to tell me the sound the letter or letters make. If you don't know the sound that is ok, I will tell it to you. Please try your best."** Present each card for a maximum of 4 seconds. Ask for a second sound if applicable.

Sounds			
Vowel teams	r-controlled vowel	ng, nk endings w/ vowel	Diphthongs
ee _____	or _____	ang _____	ow _____ as in clown (diphthong) as in snow (long vowel team)
oo _____ as in spoon as in book	ir _____	ing _____	ou _____ as in ouch
ay _____	er _____	ong _____	oy _____ as in boy
ea _____ as in eat as in head	ur _____	ung _____	oi _____ as in boil
oa _____	ar _____	ink _____	
ai _____		ank _____	
ew _____			
igh _____			

Directions: Say to the student: **"Now we are going to read some make-believe words. None of these words are real words. Please read the words the best you can. Start here and read across the page."** If the child hesitates on a sound for 3 sec. provide them the sound and point them to the next letter. Sounds must be pronounced correct given their placement in the words. Thus, only short vowel sounds are counted as correct in CVC and only long vowels are correct in silent e words.

Nonsense Words				
Vowel Team seag _____	Vowel Team goog _____	Vowel Team soid _____	Vowel Team kray _____	Vowel Team jaib _____
Diphthong loy _____	Diphthong toid _____	R controlled mird _____	R controlled gorf _____	R controlled lerm _____

*For the silent e words, ask the child to explain what the e does in this word. Note if they could explain this.

Appendix C: Risk Factors of Dyslexia Parents and Caregivers Can Look Out For

Students with the below behaviors do not necessarily have dyslexia and will not necessarily be identified in the future as having dyslexia. However, if the below characteristics are unexpected for a student's age or education level, if they persist over time despite generally effective instruction and if they interfere with learning, they may be associated with dyslexia.

The following list outlines risk factors for dyslexia across the age/grade level (International Dyslexia Association, 2012; 2014; Mugnaini, et al, 2009; Svetaz, Ireland, & Blum, 2000).

Watch for difficulty with: Birth-Kindergarten Entry

- Learning to speak
- Learning nursery rhymes
- Identifying initial sounds in words
- Learning letter names, colors, numbers, days of the week
- Pronouncing familiar words
- Retrieving the correct word when speaking
- Telling a story in sequence
- Following multistep directions
- Not making progress despite generally effective instruction

Early Elementary

- Recognizing, producing and working with individual sounds (phonemes) in spoken words
- Confusion of visually similar letters or letters that represent sounds that are similar
- Learning the relationships between sounds and letters
- Learning to decode
- Reading out loud
- Retrieving words when speaking
- Pronouncing long, difficult, or complicated words
- Spelling
- Handwriting/letter formation
- Not making progress despite generally effective instruction

Later Elementary

- Organizing written and spoken language
- Reading multisyllabic words
- Reading common irregular words
- Reading text fluently enough to support comprehension
- Spending time reading
- Reading out loud
- Retrieving words when speaking
- Spelling and writing
- Handwriting
- Not making progress despite generally effective instruction

Middle and High School

- Organizing written and spoken language
- Reading text fluently enough to support comprehension
- Expressing ideas verbally
- Spending time reading
- Reading out loud
- Learning a foreign language
- Managing homework
- Taking notes in class
- Spelling and writing
- Not making progress despite generally effective instruction

Appendix D: Additional Resources for Educators, Families and Students

Resources for Educators

Books

Conquering Dyslexia (2020) by Hasbrouck
 Explicit Instruction (2010) by Archer & Hughes
 Language at the Speed of Sight: How we Read, Why so Many Can't, and What Can be Done About It (2017) by Seidenberg
 Overcoming Dyslexia (2020) by Shaywitz
 Proust and the Squid: The Story and Science Behind the Reading Brain (2007) by Wolf
 Reader, Come Home (2018) by Wolf
 Reading in the Brain (2009) by Dehaene
 Speech to Print (2020) by Moats
 Teaching Students with Dyslexia, Dysgraphia, OWL LD, and Dyscalculia, Second Edition (2015) by Berninger & Wolf
 The Reading Mind (2017) by Willingham
 Uncovering the Logic of English (2011) by Eide
 Multisensory Teaching of Basic Language skills, 4th ed (2018) by Birsch
 Integrated Multi-Tiered Systems of Support (2016) by Goodman and McIntosh
 Multi-Tiered Systems of Support for Young Children (2018) by Carta and Miller-Young
 Leading Equity-Based MTSS for All Students (2019) by McCart and Miller
 Effective Universal Instruction (2018) by Gibbons, Brown and Niebling
 Dyslexia: Revisiting Etiology, Diagnosis, Treatment and Policy (2020) by Washington
 Essentials of Assessing, Preventing, and Overcoming Reading Difficulties (2015) by Kilpatrick
 Essentials of Dyslexia Assessment and Intervention (2011) by Mather and Wendling
 Multisensory Teaching of Basic Language Skills (2011) by Birsch and Carreker
 Equipped for Reading Success (2016) by Kilpatrick
 Bringing Words to Life (2002) by Beck
 Literacy Foundations for English Learners (2020) by Cárdenas-Hagan
 Difference or Disorder? Understanding Speech and Language Patterns in Culturally and Linguistically Diverse Students (2014) by Kester

Articles

[Dyslexia Basics by the International Dyslexia Association](#)
[What Is Dyslexia? by the Yale Center For Dyslexia & Creativity](#)
[Knowledge and Practice Standards for Teachers of Reading by the International Dyslexia Association](#)
[Structured Literacy and Typical Literacy Practices by Spear-Swerling](#)
[Dyslexia Handbook for Families: What Every Family Should Know by the International Dyslexia Association](#)
[IDA Fact Sheets](#)

Podcasts

[Teaching, Reading and Learning Podcast from The Reading League](#)
[Emily Hanford Podcasts from APM Reports](#)
[Research to Practice Podcast from Glean Education](#)
[Science of Reading: The Podcast from Amplify](#)

Websites with Free Resources

The Yale Center for Dyslexia and Creativity	Reading Rockets
The Reading League	National Center on Intensive Intervention
The International Dyslexia Association	National Center on Improving Literacy
Decoding Dyslexia	Gaab Lab Dyslexia Myths
University of Florida Virtual Teaching Hub	Understood
Florida Center for Reading Research	PaTTAN Literacy Resource Hub
The Center for Dyslexia at MTSU	

*Resources for Families***Books**

Parenting a Struggling Reader (2002) by Hall & Moats
 The Human Side of Dyslexia (2002) by Kurnoff
 Basic Facts About Dyslexia and Other Reading Problems (2008) by Moats & Dakin
 The Many Faces of Dyslexia (1988) by Rawson
 Overcoming Dyslexia (2020) by Shaywitz
 The Complete IEP Guide: How to Advocate for Your Special Ed Child (1999) by Siegel
 Understanding Dyslexia and Other Learning Disabilities (2013) by Siegel
 One Word at a Time: A Road Map for Navigating Through Dyslexia and Other Learning Disabilities (2017) by Tessler
 From ABC to ADHD (2007) by Tridas
 From Emotions to Advocacy: The Special Education Survival Guide (2002) by Wright & Wright
 Dyslexia Advocate (2016) by Sandman-Hurley
 The Dyslexia Empowerment Plan (2013) by Foss
 Conquering Dyslexia (2020) by Hasbrouck
 Thinking Differently: An Inspiring Guide for Parents of Children with Learning Disabilities (2014) by David Flink

Websites

Decoding Dyslexia Ohio	A Day in Our Shoes
Dyslexia Advantage	Ohio Department of Education
Dyslexia Help	Disability Rights Ohio
Yale Center for Dyslexia and Creativity	Learning Ally
Understood	Bookshare
International Dyslexia Association	Grammarly
Ohio Coalition for the Education of Children with Disabilities	IDA Central Ohio
Wrights Law	IDA Northern Ohio
National Council on Learning Disabilities	IDA Ohio Valley
Council of Parent Attorneys and Advocates	

*Resources for Students***Books**

It's Called Dyslexia by Moore-Mallinos & Roca
 What Do You Mean I Have a Learning Disability? by Dwyer
 If You're So Smart, How Come You Can't Spell Mississippi? by Esham, Gordon & Gordon
 Thank You, Mr. Falker by Polacco
 My Name Is Brain Brian by Betancourt
 I Wish I Could Fly Like a Bird by Denison
 The Don't-Give-Up Kid and Learning Disabilities by Gehret & DePauw
 All Kinds of Minds: A Young Student's Book About Learning Disabilities and Disorders by Levine
 The Boy Who Hated to Write by Richards & Richards
 Many Ways to Learn: Young People's Guide to Learning Disabilities by Stern & Ben-Ami
 Adam Zigzag by Barrie
 Me and Einstein: Breaking Through the Reading Barrier by Blue
 The School Survival Guide for Kids with LD by Fisher & Cummings
 How Dyslexic Benny Became a Star by Griffith
 Josh: A Boy With Dyslexia by Janover
 It's All in Your Head: A Guide to Understanding Your Brain and Boosting Your Brain Power by Barrett
 The Runaway Learning Machine: Growing Up Dyslexic by Bauer
 Trouble With School: A Family Story About Disabilities by Dunn & Dunn
 A Walk in the Rain With a Brain by Hallowell
 The Worst Speller in Junior High by Janover
 Hacking the Code: The Ziggety Zaggety Road of a Dyslexic Kid by Meijering
 Magnificent Meg: A Read-Aloud Book to Encourage Children With Dyslexia by Wells
 Dyslexia is My Superpower (Most of the Time) by Rooke
 The Alphabet War by Robb
 Fish in a Tree by Mullaly
 Hank Zipzer by Winkler
 Looking for Heroes: One Boy, One Year, 100 Letters 2nd Edition by Colvin
 Ben and Emma's Big Hit by Newsom

Glossary of Terms

Accommodations- Strategies or tools that facilitate equal access to instruction and instructional content for students with disabilities and may be used for both screening and instruction/intervention. These strategies or tools change how students access instruction or an assessment but do not change the content of instruction or what the assessment measures.

Accrediting organization- An organization that rigorously reviews educator preparation programs based on a defined accreditation model.

Alphabetic principle- The understanding that letters and letter patterns represent the sounds of spoken language.

Appropriate certification- Certification at a certified level, or higher, from a research-based, multisensory structured literacy program or any other certification as recognized by the majority vote of the Ohio Dyslexia Committee (ORC 3323.25).

Best practices- Educational practices with a high degree of effectiveness. These practices are informed both by the collective results of classroom practice as well as research with empirical data. When these practices are backed by research, they may be referred to as “research-based practices,” “evidence-based practices” or “scientifically-based practices.”

Clinical assessments- Norm-referenced assessment designed to provide diagnostic information for the purposes of identification and classification. Example includes the Comprehensive Test of Phonological Processing, 2nd Edition (CTOPP-2).

Cumulative instruction- Each step in instruction is based on concepts previously learned.

Curriculum-based measures (CBM)- A practice teachers use to learn how students are progressing in reading, writing and spelling. These 1- to five-minute assessments measure a student’s progress in learning the content/skill and measure the impact of the instruction.

Decoding- The ability to apply knowledge of letter-sound relationships, including knowledge of letter patterns, to correctly pronounce written words.

Diagnostic teaching- Instruction is based on careful and continuous assessment, both informally and formally.

Discrepancy model- A way to capture and compare a student’s intellectual ability with academic achievement. In Ohio, the criteria for determining whether a child has a specific learning disability permit the use of a process based on the child’s response to

scientific, research-based intervention and the use of alternative research-based procedures and do not require the use of a severe discrepancy between intellectual ability and achievement.

Dyslexia- A specific learning disorder that is neurological in origin and characterized by unexpected difficulties with accurate or fluent word recognition and poor spelling and decoding abilities not consistent with the person’s intelligence, motivation and sensory capabilities, which difficulties typically result from a deficit in the phonological component of language (ORC 3323.25).

Explicit instruction- A teacher directed and systematic instructional approach that includes specific components of delivery and design of instruction such as review of previous content, step-by-step demonstrations, clear language, adequate range of examples, frequent student responses, monitoring of student progress, feedback to students and multiple opportunities for practice, both guided and independent. This practice includes distributed and cumulative practice. This practice does not make assumptions that learners will acquire skills and knowledge on their own.

Fluency- The ability to read with appropriate speed, accuracy and proper expression.

Intervention- A systematic approach to targeting specific skills identified as the potential cause of reading difficulty. Intervention consists of enhanced opportunities to learn, including but not limited to, additional time with the core curriculum in small groups, other supplementary instruction or individualized intensive instruction.

Intervention-based diagnostic assessments- Criterion-referenced assessments used to pinpoint specific academic skill weaknesses for the purposes of identifying academic skill targets for intervention and selecting appropriate, evidence-based interventions. Examples include: Phonological Awareness, Phonics and Word-Reading Surveys

Morphology- Describes how words are formed from morphemes, the smallest unit of meaning in a word. Morphology is the study of word structure.

Norm-referenced assessments- Measures that compare a person’s knowledge or skills to the knowledge or skills of a defined population used in standardizing the assessment.

Orthographic mapping- The mental process used to permanently store words to read words by sight, spell words from memory and acquire meaning from print.

Orthography- A writing system for representing language.

Outcome evaluation- Also called outcome assessments or high-stake assessments, these are given to all students at the end of a specific period of time, often the end of a school year. The assessments measure students' skills against grade-level expectations.

Phonemic awareness- Ability to focus on and manipulate individual sounds (phonemes) in words. Phonemic awareness is a subskill of phonological awareness.

Phonology- The study of the sound structure of spoken words.

Phonological awareness- A set of skills that include identifying and manipulating units of oral language (words, syllables, onsets and rimes).

Phoneme segmentation- Ability to break a word into individual sounds.

Phonics- Instruction that teaches the relationships between the letters of written language and sounds of spoken language, how to sound out words and exceptions to the principles.

Progress monitoring- Assessment procedures used on a frequent basis (for example, monthly, weekly, daily) to measure student growth in response to targeted or intensive intervention. Progress monitoring data are used to determine whether the intervention is having the intended effect or if the intervention needs to be modified or intensified to meet the student's unique needs.

Reading comprehension- The understanding and interpretation of what is read in written material.

Reading fluency- The ability to read with appropriate speed, accuracy and proper expression.

Remediation- Also called "re-teaching," an instructional technique used when a student has not demonstrated mastery of certain skills and consists of intensive instruction to address errors in understanding and foundational knowledge.

Science of reading- A vast, interdisciplinary body of scientifically-based research about reading and issues related to reading and writing.

Sound-symbol association- Mapping phonemes (smallest unit of sound) to symbols or printed letters.

Structured Literacy- A diagnostic approach to literacy instruction that provides explicit, systematic and cumulative instruction in phonology, sound-symbol association, syllables, morphology, syntax and semantics.

Syllable instruction- Teaching the six basic syllable types in English language: closed, vowel-consonant-e, open, consonant-le, r-controlled and vowel pair.

Syntax- A set of principles that dictate the sequence and function of words in a sentence to convey meaning. This includes grammar, sentence variation and the mechanics of language.

Systematic instruction- Instruction is organized through a planned sequence of instruction that follows the logical order of the language with important prerequisite skills taught before more advanced skills and care taken to not introduce skills in a way that is unintentionally confusing.

Universal screening- A process that involves administering measures to all students to identify students who are at risk for future difficulties and thus should be considered for prevention or early intervention services. Universal screening data also can be used to assess the overall effectiveness of the academic instruction in meeting the needs of students.

Vocabulary- Words that must be understood to communicate effectively.