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On August 14, 2016 NH passed HB 1644 and created RSA 200:58-62 which requires screening and intervention for students at risk of dyslexia and related disorders. These laws went into effect on July 1, 2017.

Currently there are 7 states in the US that still do not have legislation on the books relative to dyslexia. Although NH is usually a leader in educational reform, we are a little late to the party on this one. However, we are working diligently to catch up and provide training and resources to the field. I certainly hope this series of videos will be a helpful resource to you and your team.

Like many other states the dyslexia law in NH was born out of a parent advocacy movement. Unlike most states, NH has a unique system of governing that provides local control in education which makes implementing a law like this challenging. It also means that passage of this law, the first in the state that mandates an academic universal screening, was a landmark event.

The legislation also created the Reading Specialist position within the Department of Education. This is the position that I currently hold as a contractor with the DOE. A little about me, my name is Natasha Kolehmainen. In my previous role I was the Director of Curriculum, Instruction, and Assessment for the Pelham School District. In that role I had oversight on the PK-12 educational program, supervision and evaluation of teachers, and professional learning, among other things. Prior to that I was a reading specialist at McKelvie Intermediate School in Bedford and prior to that I was a classroom teacher at Greenville Elementary School. My heart and my passion lie with the reading specialist position so I am grateful to be here with you all today. My personal connection to dyslexia is that I myself am dyslexic as is my daughter. I will share stories from our family experience of dyslexia throughout these trainings in hopes that they help to shed light on what can be a diverse but yet consistent disability.

In this video we will quickly review the requirements of the Dyslexia Law in NH and I will share with you my experience and expertise. Please note that the requirements of the law are related to what must be done, not how it must be done, we are a local control state. So I will make recommendations, I will tell you what I have done and found successful, and I will share the research, but ultimately, how you implement the requirements of the law is a series of local decisions.

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What does the law require? The law has five parts:

1. Universal Screening for All Students - the screening must be completed no later than November 30 of Kindergarten or First Grade, depending on when they enter school. So if they enter school in Kindergarten, they must be screened by November 30 of that school year. Some school districts do their screening as part of the registration process in the spring and summer, others wait until late November, those are local decisions.
2. Identify At-Risk Students - you must identify which students are showing risk factors and will receive interventions. We will talk about this more in a minute.
3. Design an Intervention Plan - the law requires that an intervention plan be developed for students identified at risk, "wait and see" is not an option. The "gift of time" is no gift for students who are actually dyslexic, early intervention is crucial, and for those who are not dyslexic, early interventions are not going to harm them.
4. Implement and Monitor the Intervention Plan - the plan must be implemented and monitored using best practices and the specific recommendations of the programs or practices being used. We will talk more about this.

5. Plan for Next Steps - and finally there is language in the law about future screening and monitoring. This language is vague here and we discuss it in depth in later videos.

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The law does not tell you explicitly what data to collect or which tool to use to complete the screening, those are local decisions. However, the research on dyslexia is solid and as a result we know that these 5 factors are crucial in capturing our at-risk students. Depending on if you are screening Kindergarten or First Grade students you may look at these factors differently and put more or less weight on each. Ideally the following areas should be formally measured:

1. Phonological and Phonemic Awareness - phonological awareness is the ability to attend to, remember, discriminate, and manipulate oral language units at the word, syllable, and phoneme level. Phonemic awareness is a subset of phonological awareness: the ability to segment, manipulate, and blend the sounds within words. Please note that this is one of the areas that parents can help shed light on and why it can be very helpful to have them involved in developing the intervention plan if and when the time comes.
2. Alphabet Knowledge is just what it sounds like, ability to name the letters in the alphabet.
3. Sound-Symbol Knowledge is the ability to say the sounds the letters make.
4. Decoding Skills are the ability to read simple decodable words as well as initial sight words.
5. Rapid Naming Skills - this is a crucial factor often missed in our early academic screening tools. Rapid naming is the ability to quickly and accurately recall or name known objects. Because letters and numbers are not expected to be secure knowledge at the start of Kindergarten, they should not be used to assess rapid naming skills. Even at the beginning of first grade, it can be difficult to discern if a weakness in rapid naming is truly present if letters and numbers are used and in fact that knowledge is not secure. I recommend using one of the rapid naming assessments that uses pictures of common nouns (ball, dog, house, etc) or colors. Or an assessment that asks students to produce words in a set (foods, colors, toys). There is information about this in the Dyslexia Toolkit available on the Department of Education website.

These factors do not all have to be in one assessment, but I recommend that all elements should be measured.

Efficiency, cost, and ease of administration all matter, this is a screening not a diagnostic assessment. After screening you may need to do further testing with students who are below your cut scores. Additional information should and could be collected relative to child development and family history as well.

In addition to the five areas above, a simple, quick encoding or spelling measure would provide valuable information, particularly in grade 1. Poor spelling is a significant risk factor but is not developmentally appropriate for a screening in Kindergarten.

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How do you identify which students are at risk?

I recommend you establish cut scores for each subtest and an overall cut score. Often times an overall score can hide relative weaknesses so it is important to look at each subtest individually. Cut scores at the

25%ile will catch the most at risk, 35-40%ile will catch some potential false positives. That's ok! You are not identifying dyslexia, just the presence of risk factors. Over identification is fine, as long as you consider your resources for intervention when deciding on cut scores. You want to make sure you have the resources to provide quality interventions to those you identify at risk. Cut scores may need to be adjusted year to year depending on your resources and the cohort of students. Some years you may only be able to intervene with the lowest 20% of your students, other years it might be the lowest 30% depending on all the factors in play.

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Design of the intervention plan should take into consideration the screening results as well as any other diagnostic information collected. Ideally the parents can be brought in to collect family history (dyslexia runs in families) and early language history. There are always signs of dyslexia in early language development but parents and doctors often don't recognize them as such. For example, inability to rhyme, mixing up the order of sounds in common words, lack of specificity when naming objects (this, that, thing, etc.). The law requires that parents be "involved" in the development of the intervention plan. But the reality is that we may not be able to get parents in for a meeting or to even sign a letter and return it. If that is the case, the intervention should proceed without delay. Just a reminder, the intervention plan cannot be "wait and see" if they improve on the next assessment. The research tells us that interventions should utilize evidenced based instructional practices/resources within a multi-tiered system of supports (MTSS). There is another video that dives deeper into this topic.

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Interventions must be put in place in a timely fashion and then monitored for effectiveness. Progress monitoring should happen based on the intervention or assessment tool being used. Ideally progress monitoring will be biweekly at minimum, and benchmarking will be at least 3 times a year. Some programs will recommend weekly progress monitoring and monthly benchmarks.

Unlike other interventions for skill specific deficits, this approach to intervention needs to be different. If the student is dyslexic, identified early, and the intervention is effective, they may appear to "catch up" quickly, however, caution should be exercised in removing the intervention. Because the gap between them and their peers is small at that time, it looks like they have caught up. However, the dyslexia is not cured and the need to learn the code in this different way remains. It is likely that the additional instruction using a multi-sensory, systematic, sequential method will be needed until decoding is mastered. That means teaching the whole code this way and that usually means support through second and possibly third grade. Consider the intervention plan a "maintenance medication" rather than an "acute" treatment, like insulin rather than amoxicillin.

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As mentioned earlier there is language in the law referencing screening at later dates as appropriate. Here the law is a little vague so I will share with you briefly my experience both professionally and personally. Students who struggle to learn the code of reading, whether formally identified as dyslexic or treated "as if", often struggle at certain milestones along their educational career. And because these milestones are somewhat predictable, for example, the transition from weekly or short texts to novels, from elementary to middle school and then again at high school, then in certain high vocabulary subjects like advanced sciences, or classes where the volume of reading is intense, it is important to be proactive in offering them direct instruction in the tools that will support them as well as putting appropriate accommodations in place. For my daughter that

looked like audio books in middle school and the family decision to step down from honors classes in the humanities but not in the math and sciences as well as some strategic choices about her foreign language path. Every child and every family is going to have to make these decisions for themselves in partnership with the school. But the more informed all parties are and the more proactive the team can be, the easier it will be on the student. Here is a place where early documentation of the learning challenges is crucial so that teams down the line can make informed and appropriate decisions.

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I want to thank you for watching this first video in the series. Please be sure to check out the others. And do not hesitate to reach out should you have any follow up questions or would like to schedule a training in your district.