

Disconnect, the Real “D” Word: A School Practitioner’s Perspective on Dyslexia

by Ed Steinberg and Daphne Pereles

The term *dyslexia* has created much long-standing confusion and conflict between parents and school systems across the country. Issues arising from these conflicts are chronic and place students who are struggling readers squarely in the crossfire. Due to a number of factors, these issues are worth careful examination and discussion and are not as simple as they may appear. Although the intent of this article is to present a balanced perspective on these issues, our aim is also to gore several sacred cows that interfere with a true partnership between schools and parents to address the very real educational needs of students with dyslexia.

Although, as will be discussed, we chide the clinical community for its role in the disconnect between parents and schools, we ascribe the lion’s share of the responsibility to the schools and the practices around services for students with learning disabilities. Indeed, and in a larger sense, disputes and controversy over the term *dyslexia* seem to us to represent a smoke screen obscuring the real issues in the education of students with LD. Hiding behind the smoke screen is the inordinate emphasis the system has placed on eligibility for special education services, with eligibility being the big event in the educational life of a student. It has been our experience that much of the up-front controversy surrounding dyslexia (i.e., dueling evaluations, schools’ refusal to accept a dyslexia diagnosis) serves to obscure the stark reality that our schools have strayed so far from a focus on a systematic, explicit approach to teaching reading and remediating reading disabilities that, in reality, we often do not know what to do after a student is staffed into special education with dyslexia.

A feature of the current system that is not conducive to meeting the needs of students with dyslexia is the aptitude/achievement discrepancy model for identifying learning disabilities, which requires that a child’s achievement must

be severely discrepant from his ability level (typically determined by an IQ measure) for the student to receive special education placement and services. The discrepancy model has been euphemistically called the “wait to fail” model. While this model is being eliminated from the regulations of many States to align with the new Individuals with Disabilities Education Act 2004, it is still very much alive and well in many schools. The impact of this inefficient and invalidated process is that school teams must wait until a student is two to three years behind in a particular area to qualify for special education.

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Several points should be noted with regard to the discrepancy approach. The aptitude/achievement discrepancy formula frequently results in students being denied special education eligibility and services until they are sufficiently behind. Of major frustration is that parents and educators alike are well aware without formal testing in kindergarten/first grade that certain students are already falling behind but must wait until the discrepancy between aptitude and achievement is severe. Exacerbating this frustration for parents is that, in our experience, 85–90% of students eventually referred for special education eligibility have reading disabilities as their core deficit, and the pattern of chronic failure that sets in with late identification is well known to the field. When a student finally reaches the promised land of special education, the central aspect of which is the promise of “specially designed instruction” to remediate the disability, the reality is that a commitment to expert instruction has been

woefully lacking in most schools. To explain this state of affairs, we can blame, in large part, the ideological reading wars that have trumped 30 years of solid research around how students learn to read.

Another factor that adds to the disconnect between parents and schools and that promotes mistrust is the assumption that a student who is identified with a learning disability (due to dyslexia or any other reason) and is eligible for special education services, will receive instruction that will meet his needs. In the case of a student with dyslexia, research has clearly estab-

lished the need for instruction that has the five essential components: research-based, explicit, systematic, cumulative, and structured. Although the number of special education teachers with this type of training is slowly beginning to increase, our experience is that the vast majority of special educators have not been trained, either in preservice licensing or postemployment experience to teach reading in this way or to remediate dyslexia and related disabilities. In our experience as practitioners, there are many schools with no staff trained to provide this level of reading instruction. Indeed, a dirty little secret in special education is that many teachers (particularly those at the secondary level) who have not received specific reading instruction training have become 504 accommodators and/or “homework helpers.”

A typical scenario is that of the student not staffed into special education until he or she is 2 to 3 years behind.

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Special educators without the training to provide the needed intervention are then faced with a student significantly behind in reading. In this regard, another unfortunate ramification of the “wait to fail model” is that, typically, most students with reading difficulties are staffed into special education in their third- or fourth-grade year, when subject/content matter becomes more specialized and complex, that is, going from learning to read to reading to learn. As a result, the special educator serves as a homework helper rather than as a reading teacher in an attempt to prevent the student from falling further behind.

Although the reasons surrounding this lack of emphasis on systematic and explicit reading instruction are varied, of major concern is, again, the extent to which the ideological reading wars are alive and well in many school districts. This situation clearly works to the detriment of our struggling readers. Many students are taught using a whole language approach which clearly works against the needs of these struggling readers who, as research has shown over 30 years, need a more systematic and explicit instructional approach to reading. The combination of the wait-to-fail model, inadequate training, and the continuing battle of whole language versus a systematic approach to reading instruction creates the formidable challenges that students with dyslexia often face in obtaining effective support and remedial instruction. Added to these challenges is the greatly increased emphasis on State assessments and State standards, and, for good and otherwise, an intense focus on preparing students for these assessments as opposed to teaching them to read. Due to this systemic flaw, these students are at risk for either dropping out or developing behavioral issues. If they do remain in school, they are graduating with a third or fourth grade reading level, woefully unprepared to face the challenges of the real world. In this context, the failure of our schools to both prevent reading failure or to remediate reading disabilities is the core issue surrounding the disconnect between parents and educators regarding dyslexia.

In the scenario we have depicted, a parent frequently and understandably becomes frustrated at the school’s “wait to fail” model coupled with its subsequent inability to teach their child to read. Then, when parents seek an outside or independent educational evaluation from someone we broadly designate as the “clinical community” another disconnect is often promoted. The clinical community (e.g., researchers, psychologists in private practice, LD clinics) and school practitioners often submit psycho-educational evaluations, which are typically initiated by parents already at odds with the school, of limited utility. The usually lengthy outside report, with

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many standardized tests administered, is replete with “findings” of a learning disability coupled with recommendations that too often are highly unrealistic given the very real day-to-day world of public schools. Particularly frustrating to school personnel, is that these outside evaluations rarely, if ever, serve as a vehicle to guide or drive instruction. Our challenge to the clinical community is that, while educators can benefit from knowing the underlying “why” of a student’s reading failure, the real world “how” and “what” of teaching and remediating a student with dyslexia is arguably more important. Again, we have too often seen (and—guilty confession—participated in) meetings or special education staffings in which school teams and out-

side clinical evaluators have argued over the term *dyslexia*. They invest considerable time and energy dissecting and arguing over patterns of subtest scores, which, in hindsight, had about as much relevance as debating how many “angels dance on the head of a pin” when it comes to providing a clear roadmap for the student’s instruction. Unfortunately, these debates further the polarization between parents and schools.

As we hope is evident at this point, we believe the core issue surrounding the disconnect among all those concerned with dyslexia is the both simple and complex reality that our public school teachers have not had the necessary training in reading instruction in preservice, higher education, and continuing in postemployment professional development. Indeed, the lack of focus on our nation’s higher education teacher prep programs places on preparing teachers to teach reading results in many K–3 students not receiving the benefit of good classroom reading instruction. This gap in the education of teachers also results in considerable confusion regarding the concept of a learning disability—are the students we ultimately staff into special education *learning disabled* (i.e., having a neurological processing disorder) or are they *instructional casualties* (i.e., nondisabled students who have not had the benefit of good K–3 classroom reading instruction. This issue serves to obscure, again, the needs of truly dyslexic students.

Our experience as practitioners also tells us that in many higher education teacher prep programs and school districts, the aforementioned ideological reading wars are still alive and well. Much like the arguments of professionals over the term *dyslexia* and the subtest patterns, these discussions take time and energy away from needed training in the systematic, explicit, and informed instruction that research has proven to be effective for the acquisition of reading skills. Adding to this is the lack of focus surrounding many school districts’ professional development programs (i.e., the “smorgasbord” approach in which teachers can choose what they want

from an array of offerings rather than receiving instruction in what they need). Coupled with this scenario is a culture in many schools in which teachers resist implementing evidence-based reading programs with comments such as, "It's too prescriptive," "I don't like canned programs," or "I have a different philosophy."

We hope that readers will not translate the doom and gloom surrounding our assessment into a terminally pessimistic indictment of the current system. Indeed, we see greater recognition across both higher education and K-12 education of the central importance of reading as the gateway skill to all other learning with, concomitantly, a significant realignment of and greater rigor surrounding preservice coursework and professional development. In this context, we have great optimism about the beginning implementation of the response to intervention process (RTI). Initially begun as a special education initiative geared toward correcting the inherent deficiencies and lack of validity surrounding the "wait to fail"/discrepancy formula model, RTI has quickly become, for a steadily increasing number of school districts, a school-wide model for closing the achievement gap. While the purpose of this article is not to provide a detailed discussion of the potential of RTI, we strongly believe that the essential components of an RTI process, when implemented with fidelity, hold great promise for teaching students with dyslexia and other learning disabilities to be successful readers.

Specifically, universal and early screening of all students will help to identify students at risk of reading failure. Problem-solving teams, using universal screening (e.g., DIBELS, AIMSweb, Yearly Progress Pro, STAR) and other data will prescribe short-term interventions for students and call for frequent monitoring of their progress. Focused assessment to specify root causes of a student's reading failure with, at least equal importance, these assessments serving to guide or drive instruction, is viewed as a highly significant

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and positive shift away from rote administration of IQ and achievement testing for the sole purpose of eligibility determination. Although the concepts underlying the RTI process are common sense in their preventative aspect, we also recognize the second order change that RTI represents for many practitioners, that is, a fundamental change in how we as educators do our work.

Ultimately, however, RTI represents accountability and transparency for

meeting the educational needs of students who are and will be our struggling readers. We have already seen school districts revamping their professional development program when a district-adopted RTI process reveals holes in teachers' training and their subsequent ability to implement a research-based reading intervention. We have also seen parents heretofore mystified and frustrated with the "wait to fail"/504/homework helper model become active partners in the RTI process that, again, is more transparent and accountable. Most importantly, we are beginning to see evidence that we are reversing decades of neglect and poor practice and, finally, getting serious about teaching kids with dyslexia how to be successful readers.

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