DYSLEXIA GUIDELINES

2021-2022

INTRODUCTION

The Hingham Public Schools provides all students with a high-quality educational experience using a Multi-Tiered System of Support (MTSS). An MTSS model proactively identifies and addresses the strengths and needs of all students by optimizing data-driven decision-making, progress monitoring, and the use of evidence-based supports and strategies with increasing intensity to sustain student growth. In April 2021, the Massachusetts Department of Elementary and Secondary Education (DESE), in partnership with Early Education and Care, released their Massachusetts Dyslexia Guidelines to provide direction and support for district staff and families to ensure that students with dyslexia and other reading disabilities are identified early and receive access to evidence-based instruction. This manual is an adoption of the Massachusetts Dyslexia Guidelines and contains information specific to the process and procedures of the Hingham Public Schools.

DEFINING DYSLEXIA

Dyslexia, as defined and adopted by the U.S. National Institute of Child Health and Human Development (NICHD), is "*a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.*"

In Massachusetts, dyslexia can be understood as one type of a specific learning disability (SLD) which is defined in 603 CMR 28.02(7)(j): Specific Learning Disability - The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think speak, read, write, spell, or to do mathematical calculations. Use of the term shall meet all federal requirements given in federal law at 34 CFR §§300.8(c)(10) and 300.309.

UNIVERSAL SCREENING FOR DYSLEXIA

- Evidence-based research in neuroscience and education has concluded that students can be reliably screened for the risk of dyslexia before receiving reading instruction. These studies suggest that students possess brain activation patterns that put them at risk before receiving formal instruction.

- Universal screening that is coupled with meaningful data interpretation, targeted Tier 2 intervention, and progress monitoring is critical for effective intervention.

- Students who score in the bottom quartile should be considered for additional diagnostic assessments such as phonemic awareness, phonics, and sight word inventories.

- Universal screening is not used for *Eligibility Determinations for Special Education*. This screening is designed to indicate a student's risk for experiencing later difficulties with accuracy and/or word reading fluency. Screening tools are designed to predict the likelihood of reading challenges without targeted interventions. Universal screening is not the same as an evaluation for special education eligibility. If the District suspects that a student has a disability based on the screening data, the District will seek parental consent to evaluate the student in order to determine eligibility for special education.

The screening process is not equivalent to a special education evaluation and does not provide a diagnosis of dyslexia. Rather, universal screening is the first step in the sequential process of an MTSS model. The Hingham Public Schools uses Voyager Sopris Learning Acadience Reading (Acadience) and the Word Reading Fluency (WRF) subtests from Dibels 8 as the evidence-based tools for screening. These tools will efficiently collect reliable and valid data on early literacy skills. Student scores will designate their level of risk relative to same-age peers and indicate specific weaknesses to address through interventions.

Screening Components by Grade Level

	PreK	K	1	2
Phonological Awareness	X	X	X	X
Verbal Working Memory	X			
Name Recognition	X			
Letter Knowledge	X	X		
Alphabetic Knowledge		X	X	X
Rapid Automatized Naming		X	X	X
Word Reading			X	X
Passage Reading Fluency			X	X
Passage Comprehension				X

DYSLEXIA SCREENING TIMELINE

In accordance with the guidelines, the District universally screens all students three times throughout the school year from kindergarten through second grade. The Hingham Public

Schools also screens all third graders at the beginning and end of the school year. Those third graders who have not met benchmarks or who are referred for further screening by their teachers are also assessed at mid-year. Fourth and fifth grade students who have not met benchmarks or who are identified as demonstrating areas of concern also undergo screening.

KINDERGARTEN

SKILL	Beginning of Year and/or Middle of Year	End of Year
Phonemic Awareness	Phonemic Segmentation	Phonemic Segmentation
Alphabetic Knowledge	Letter-Sound Identification and/or Letter-Sound Knowledge	Letter-Sound Knowledge and Decoding (Nonsense Words)
Rapid Automatic Naming (RAN)	Object or Letter Naming Subtest	Letter Naming Subtest

1ST GRADE

SKILL	Beginning of Year	Middle of Year	End of Year
Phonemic Awareness	Phonemic Segmentation	Phonemic Segmentation	Phonemic Segmentation
Alphabetic Knowledge	Letter-Sound Knowledge Decoding (Nonsense Words)	Decoding (Nonsense Words)	Decoding (Nonsense Words)
Word Reading	Word Identification	Passage Reading Fluency	Passage Reading Fluency
Rapid Automatic Naming (RAN)	RAN-Letter Naming Subtest	None	None

2ND GRADE

SKILL	Beginning of Year	Middle of Year	End of Year
Alphabetic Knowledge	Decoding (Nonsense Words)	Decoding (Nonsense Words)	Decoding (Nonsense Words)
Word Reading	Passage Reading Fluency	Passage Reading Fluency	Passage Reading Fluency
Reading Comprehension	Reading Comprehension	Reading Comprehension	Reading Comprehension

Rapid Automatic Naming (RAN)	RAN-Letter Naming Subtest	None	None

DATA MEETINGS

Each elementary school's reading team will conduct the screenings. The reading team is composed of a combination of General Educators, Interventionists, Reading Specialists; ELL teachers, Special Educators, and School Psychologists also serve on the team as needed. The data obtained through the screening cycles will be analyzed for data-driven instructional adjustments for all students throughout the school year. Data cycles will be broken down into 8-10 weeks in order to make instructional groupings for all students.

Appropriate Tiers of Instruction
The appropriate tiers of instruction are determined for every student in K-2, including students who demonstrate no or low risk. All students participate in Tier 1(general instruction). Students considered at-risk for reading difficulties qualify for Tier 2 instruction, while students who are determined to be at significant risk for dyslexia and score at the 5%ile or lower on screening tools receive Tier 3 instruction.

Instructional Focus Area
The Instructional Focus Area is determined for at risk students by analyzing the individual areas of weaknesses. Data collected through the universal screenings and progress monitoring will provide information about three domains of reading related skill development: accuracy, automaticity/fluency, and language comprehension. Focus areas can be further refined as the teams consider the severity of the student's risk and performance on additional diagnostic assessments such as phonemic awareness and sight word inventories.

Student Grouping
Tiered instruction is most effective when students with the same instructional focus area are grouped together. As such, the team will examine students' risk levels and their instructional focus areas in order to form instructional groups with students who have similar strengths and weaknesses.

UNIVERSAL DESIGN FOR LEARNING

Universal Design for Learning (UDL) is defined as a scientifically valid framework for guiding educational practice that: "(a) provides flexibility in the ways information is presented, in the

ways students respond or demonstrate knowledge and skills, and in the ways students are engaged; and (b) reduces barriers in instruction, provides appropriate accommodations, supports, and challenges, and maintains high achievement expectations for all students, including students with disabilities and students who are limited English proficient." Recent technological advances have made implementing universal design much less complicated, thus providing increased access to the physical, academic, and social life of school.

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TIERED LEVELS OF SUPPORT

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Tier 1
High quality instruction is a vital and necessary component of an MTSS model. Such instruction consists of both evidenced-based content, i.e. what educators teach, and evidence-based practices, i.e. how educators teach and convey information.

The success of MTSS rests on the effectiveness of Tier 1 instruction for all students. From kindergarten to second grade, a robust, universal evidence-based Tier 1 ELA curriculum is critical for preventing and addressing word reading challenges. The strategies employed in interventions at the Tier 2 and 3 level are predicated on the same evidence-based practices that drive core instruction and are delivered to all students. These strategies reflect the accumulating research on how the brain develops a reading circuit, including the relationship between oral language skills (e.g., vocabulary, text structure, and background knowledge) and word reading ability, including the development of orthographic mapping, which facilitates sight word recognition and decoding.

Tier 1 provides the instructional foundation or universal support, often referred to as "core" within a tiered model, and is provided to all students. Data from screening and progress monitoring is used to differentiate instruction within Tier 1. All students have equitable access to core instruction.

Essential Content for Tier 1 Instruction in K-2
High quality reading instruction includes targeted instruction on word level skills (phonemic awareness, decoding, etc.) with listening and reading comprehension, which includes vocabulary development and background knowledge. The Mass Literacy Guide details the critical foundational literacy skills from PreK-3 that all students should be taught as part of their core literacy block.

In order to develop successful readers, reading instruction fosters accurate and fluent word reading skills through phonological awareness, advanced phonemic awareness, phonics and decoding, advanced phonics, and automatic word recognition, in addition to language comprehension. When Tier 1 instruction in Grades K-2 includes robust curricula and/or routines that target phonemic awareness, including advanced stages of manipulation and substitution, and the alphabetic principle starting with letter sound knowledge through advanced phonics, it is possible to prevent the large majority of word reading difficulties, as well as to improve overall reading comprehension.

Essential Instructional Practices for Tier 1 Instruction in K-2
High-quality reading instruction is characterized by evidence-based practices like following a predetermined scope and sequence of increasingly complex topics, introducing concepts in a targeted and systematic manner, using multiple modalities or a multisensory format, and providing repeated opportunities for practice through a cumulative approach. When these practices are brought together, they result in a learning environment that fosters greater equity in skill development.

Tier 2
Tier 2 instruction is targeted support offered to students who demonstrate difficulty based on screening measures or who do not make adequate progress from general classroom instruction. Instruction in Tier 2 is targeted to the underlying difficulty(s) impacting the student's progress in literacy. Students in Tier 2 receive supplemental small group instruction. This instruction is systematic, explicit, and highly interactive. Flexible, fluid groupings allow for students being instructed in Tier 2, to fully access grade level skills and content. Students are monitored for success, and adjustments to groups are made after each data cycle. Tier 2 instruction does not replace universal Tier 1 (core) instruction. Students receiving Tier 2 interventions will still participate in Tier 1 instruction.

Tier 3
Tier 3 instruction is more intensive support offered to students whose diagnostic and/or progress monitoring indicates a need for this intervention. Instruction in Tier 3 is targeted to the underlying difficulty(s) impacting the student's progress in literacy. Ongoing tracking of student performance is critical in Tier 3. If students still experience difficulty after receiving high-quality core instruction and targeted Tier 3 support, they may be evaluated for possible special education services, but Tier 3 is not synonymous with special education. Students who require Tier 3 instruction will receive individualized communication from the school's reading team.

While essential instructional content and practices that are effective at addressing difficulties related to word reading remain the same across all levels of instruction, in the MTSS model, Tiers 2 and 3 represent increasingly intensified levels of instruction. The main distinctions between Tiers 2 and 3 are the intensity of service delivery, the type of service provider, group size, and nature of data-driven individualization. Tier 2 intervention represents small-group instruction that offers opportunities to review, preview, and practice concepts from core instruction, whereas, Tier 3 supports are intensive by nature. These are often targeted, focused interventions that occur individually or in very small groups. It is important to note that Tier 3 is not special education. Students with disabilities may not need Tier 3 support, and students not identified with a disability may in fact need Tier 3 support. Furthermore, movement between the tiers is fluid and not determined or defined by specific designations. Instead, it is driven by data from universal screeners, diagnostic assessments, and progress monitoring.

PROGRESS MONITORING

Progress monitoring is designed to assess the fit among instructional planning, instruction delivery, and students' needs. Progress monitoring assesses the nature and rate of students' ongoing skill development. Often referred to as formative assessments, these brief measures are administered regularly to capture incremental changes in growth and to inform instruction. Progress monitoring tools are an essential part of the intervention process in Tiers 2 and 3. Similar to screening tools, effective progress monitoring measures are criterion- or norm-based and quantify skill development in a valid and reliable manner. As multiple data points are being collected, they are monitored against a progress trajectory or graphed against an aimline.

Progress monitoring data is collected on the skills that fall in the at-risk range on screening measures. Progress Monitoring Meetings serve as a time to gather grade-level teams and evaluate the nature of student progress. Meetings involve the analysis and interpretation of students' growth rates against designated timelines. Progress monitoring meetings serve as an opportunity to make changes to the nature and/or intensity of instruction or rearrange groupings of students. Progress monitoring may also be used to determine the best fit for Tier 2 instruction, setting, and service provider.

DYSLEXIA AND SPECIAL EDUCATION

General education instruction in The Hingham Public Schools provides evidence-based literacy instruction as well as academic, behavioral, and social emotional learning (SEL) support to all students. To help students who experience reading difficulty, general education also provides early and responsive support through the district's Multi-Tiered System of Supports. Many students who may have dyslexia can and should make effective progress with these general education supports. However, for students who may need special education services to make effective progress in the general education program, timely and appropriate special education evaluation and eligibility determination is necessary.

For many students who are eligible for special education, their specially designed instruction includes an important two-pronged approach for changing the trajectory of their educational progress:

> 1. Removal of barriers to a student's age-appropriate access to the general education program.

> 2. Development of a student's skills through annual goals and the associated service delivery.

Referral for Special Education
An effective initial evaluation, which must be "full and individual," assesses a student's skills in all areas related to the suspected disability to accurately identify disability-related needs so that

appropriate services and support can be provided. A student can be referred for a special education evaluation in three ways:

1. Hingham Public Schools proactively identifies and evaluates all students aged 3-21 who are suspected of having a disability (*Child Find*).
2. Young children already receiving services through the federal Early Intervention (EI) program may be referred by EI for an evaluation by Hingham Public Schools as they approach their third birthday.
3. Parents/guardians, educational personnel, and other caregivers can refer a student for an initial evaluation to determine whether the student needs special education services. For example, referrals can be initiated when a student does not respond to interventions within an MTSS model as evidenced by ongoing progress monitoring data or when screening data reveals that a student has a significant risk for dyslexia.

The use of screening measures and/or tiered interventions are not used to delay or deny a full and individualized evaluation of a student suspected of having a disability. Other students may make effective progress in the general education program with tiered supports and interventions. For these students, referral for a special education evaluation may not be necessary.

Dyslexia Consideration for the IEP Development
The IEP development process relies on assessment data. It is therefore necessary that those assessments are, valid, reliable, administered without discrimination, and in a language and form most likely to yield accurate information for that specific student. The Team's discussion extends from assessment results to the impact dyslexia has on a student's daily experience at school. This discussion summarizes the unique dyslexia-related needs of the student, describes the impact and intensity of dyslexia on the student in school environments, and describes the support educators will provide so the student can access the general education program and make educational progress. Determining the severity of dyslexia's impact on the student, as revealed from the comprehensive evaluation process, will aid in determining relevant accommodations and/or modifications, as well as prioritizing skills for remediation.

Thoughtful IEP Team membership and full Team participation as well as inclusive collaboration is essential for effective IEP development. Rich input from families, related service providers, and general educators (including ELL teachers), on the individualized design of accommodations, modifications, supplementary aids and services, and annual IEP goals is important for supporting areas of disability-related need holistically, in all environments (e.g., oral language, executive functioning, anxiety, English language proficiency, mitigating potential for implicit bias, social relationships, positive behavioral interventions).

Effective Forms of Instruction and Curricula for teaching children with LD to read are (Fiester, 2011):
- Grounded in a theoretical framework for how reading skills are acquired, based on neuroscientific findings and evidence from effective education programs;
- Standards-based assessments;
- Instruction in all five components of the reading process;

- Explicit instruction in the structure of language;
- Explicit instruction in phonemic awareness, phonics, and fluency;
- Intensive, targeted small-group instruction;
- Instruction that is multi-modal and multi-sensory;
- Diagnostic, frequent, formative assessments;
- Personalized, with a separate learning profile for each student;
- Sequenced and segmented, with the teacher breaking down skills into components and providing step-by-step instructions;
- Scaffolded, with the teacher gradually reducing assistance as students become more proficient;
- Explicitly organized, with teachers clearly stating the objective at the beginning, having students review material before instruction, and directing students to specific information;
- Asset-oriented, so that teachers focus on the student's innate strengths rather than deficits;
- Varied enough to meet each child wherever he or she stands on the continuum of reading abilities.

Accommodations
Accommodations are adjustments to the educational environment that allow students to access the curriculum frameworks (in the least restrictive environment), their peers, and the life of the school. Accommodations do not change the rigor, expectations, requirements or content of the curriculum or learning task. Instead, accommodations may adjust the teacher's presentation of material, student's response mode, setting for or schedule of learning, etc. Examples include:
- Presentation accommodations that allow students with dyslexia to access information in ways other than complete reliance on print in the typical format;
- Response accommodations that allow students with dyslexia options for verbally expressing their ideas and answers;
- Setting accommodations that allow students with dyslexia to work on a test or assignment in an alternate location;
- Timing or scheduling accommodations that allow students with dyslexia additional time to complete assignments or reduce the amount students are required to do in order to demonstrate mastery of a concept.

Modifications
Unlike accommodations, modifications alter the curriculum or content the student is taught, methodology/delivery of instruction by teachers, and/or performance criteria expectations for a student with disabilities, as compared to their general education classmates. Furthermore, modifications are typically designed by special educators or related service providers. Modification options are thoughtfully weighed and discussed, as the intensity of modifications to the curriculum frameworks may limit a student's access to the general curriculum and affect their educational outcomes. When high intensity modifications are appropriate for the student, discussion should also include any possible impact to earning the competency determination and graduating with a diploma. Before making a final decision about a set of accommodations or modifications, they will be reviewed with a racial, cultural, and linguistic equity lens with a

focus on potential implicit biases that may affect the decision. This focus on the individual student within their cultural/familial context helps the student's identified accommodations and modifications better address their unique needs.

Individualized Education Program: Reading and Literacy Goals
There are five essential components of reading instruction that result in the greatest impact on reading achievement:

1. Phonemic Awareness
2. Phonics
3. Fluency
4. Vocabulary
5. Comprehension

The ability to read involves the integration of many sub-skills, such as proficiency in each of the five essential components. Reading goals developed for IEPs should reflect areas of need as identified in the assessment process. These five essential components of reading instruction offer a helpful framework by which to develop individual annual IEP goals.

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DYSLEXIA AND ENGLISH LEARNERS

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Research indicates that English learners benefit from early screening and effective, early instruction. Therefore, bilingual students and English learners will participate in universal literacy screening. However, while screening information is important in assessing whether English learners may be at risk for reading problems, the screening process does not end with a screening measure that focuses on decoding and phonemic skills. In these circumstances, essential questions must be asked and additional data may need to be collected. For example:

- How long has the student been speaking their native language?
- What is the student's performance in their native language? Students with strong native literacy skills will likely require different support than students with weaker native language literacy skills.
- How long has the student been speaking/exposed to English (in addition to their native language)? Is there a family history of reading difficulties? Because dyslexia has a genetic component, knowing whether an immediate family member may have had reading difficulty can be helpful in determining whether the student's difficulty might be related to a disability.
- Is the student's first language one that promotes transfer to learning English (cross linguistic transfer)?
- What level of English proficiency has been achieved?
- Are difficulties present in both the native language and English?
- Did the student experience delays in learning to talk or interruptions in their education?
- Have structured reading instruction and interventions been provided?

- Have cognitive functions such as rapid automatized naming (RAN), phonological memory, basic phonemic awareness, and phonemic proficiency (advanced phonemic awareness) been assessed?

Recommendations for Using Screening Tools with English Learners
- Use tools with demonstrated reliability and validity to identify and monitor students' need for instructional support in reading.
- Assess students' language skills in reading in the native language (L1) and in English (second language or L2) to provide an appropriate context regarding evaluation of current levels of performance.
- Evaluate the potential effect of the process of L1 and L2 acquisition on current performance.
- Plan instruction based on what is known about the student's current level of performance and the student's literacy experiences in L1 and L2.

GLOSSARY

<u>**Kindergarten**</u>
Phonemic Awareness refers to students' knowledge of individual sounds in language. One predictive aspect of early phonemic awareness is students' ability to break apart the sounds in words, a skill that is measured through phoneme segmentation tasks. Phoneme segmentation is a single task that can efficiently reveal students' larger phonological skills and their verbal working memory skills.
Alphabetic Knowledge refers to students' familiarity with the names and sounds of letters and letter patterns. This knowledge is measured through letter naming tasks, and assessments of letter-sound recognition. Some letter-sound tasks require students to read nonsense words. These types of activities are effective because they isolate students' phonics skills, and often award credit for any correct sound/symbol correspondences students can identify.
Rapid Automatized Naming refers to students' ability to rapidly name a limited set of repeatedly presented known objects or letters.

<u>**First Grade**</u>
Phonemic Awareness abilities, as measured by phoneme segmentation tasks, continue to be predictive in first grade. These tasks are administered at least once, and preferably three times over the course of the year as the criterion evolves in complexity. Furthermore, demonstrated weaknesses in phonemic awareness at any point in the year can inform instructional decision-making across the tiers.
Alphabetic Knowledge in first grade is highly predictive of later reading achievement. Students' knowledge of individual letter-sound correspondences and ability to decode nonsense words is essential screening information both for predicting risk and informing instruction.
Word Reading abilities emerge more fully in first grade, and effective screening measures include both single word recognition and passage reading fluency (i.e. oral reading fluency). These skills are highly predictive of reading fluency and comprehension in later grades including performance on standardized assessments.
Passage Reading Fluency, also referred to as oral reading fluency, is a timed assessment in which students are asked to read criterion-based passages, and the examiner can calculate the number of correct words read in one minute (i.e. words correct per minute). Passage reading fluency is an efficient metric of both word reading accuracy and fluency because it requires the automatic integration of component skills, like decoding and sight word recognition. Additionally, passage reading fluency offers information about students' skills in related areas such as vocabulary and syntax knowledge which contribute to overall comprehension. Students' performance on measures of passage reading fluency is highly predictive of risk status.
Rapid Automatized Naming (RAN) letter naming task is administered once at the beginning of the year to indicate students' risk for later challenges with word reading fluency. RAN tasks do not need to be administered repeatedly or progress monitored as the scores serve as an indicator of the likelihood of reading impairment in fluency but not an outcome measure.2

Second Grade
Alphabetic Knowledge in second grade continues to be highly predictive of later reading achievement. Second-grade reading instruction typically involves a review of first-grade phonics patterns (short and long vowel syllables) and the introduction of new patterns that span all six syllable types (e.g., closed, open, vowel-consonant-e, r-controlled, vowel teams/diphthongs, consonant-le; see Reading Rocket's Six Syllable Types). Using nonsense words to assess students' current knowledge of complex phonics patterns is an effective method for identifying children at risk of later difficulties with accurately and/or fluently decoding unknown words.
Word Reading abilities develop quickly in second grade, and efficient screening tools include assessments of passage reading fluency (i.e. oral reading fluency). Similar to first grade, passage reading fluency remains an efficient metric of both word reading accuracy and fluency because it requires the automatic integration of component skills like decoding and sight word recognition. Additionally, passage reading fluency offers information about students' skills in related areas such as vocabulary and syntax knowledge, which contribute to overall comprehension. Students' performance on measures of passage reading fluency is highly predictive of risk status.
Passage Comprehension assessments are recommended at the second-grade level, as students begin to use reading as a tool for learning, and skills in this area become a more reliable predictor of risk.
Rapid Automatized Naming (RAN) letter naming task is administered once at the beginning of the year to indicate students' risk for later challenges with word reading fluency. Similar to first-grade guidelines, RAN tasks do not need to be administered repeatedly or progress monitored as the scores serve as an indicator of the likelihood of reading impairment in fluency but not an outcome measure.