

March 14, 2014

To the members of the Education Committee,

I am submitting this testimony in support of HRB 5562 Section 1, on dyslexia. My name is Louise Spear-Swerling, and I am a researcher and teacher educator at SCSU who has helped prepare both general and special educators to teach reading for many years. I have been centrally involved in the development of many state education policies in Connecticut, including writing *Connecticut's Blueprint for Reading Achievement*, as well as the state's current guidelines for implementation of response-to-intervention (or SRBI), and the state's current guidelines for identification of specific learning disabilities (SLD). My colleagues and I have studied educators' knowledge base about reading for well over a decade (e.g., Spear-Swerling, 2013; Spear-Swerling & Brucker, 2004; Spear-Swerling, Brucker, & Alfano, 2005; Spear-Swerling & Cheesman, 2012), and I serve on the editorial board for *Annals of Dyslexia*, arguably the premier research journal on dyslexia. I also consult widely in Connecticut schools on individual cases of students with dyslexia as well as other disabilities that affect reading. So I have a strong sense of what Connecticut educators typically know about dyslexia, that is based both upon research and upon professional experience. Unfortunately, too often, what educators know about dyslexia is not much.

The current provision of Section 1 to include dyslexia on the IEP form, as a separate subcategory of specific learning disabilities, is very appropriate, because dyslexia is the most common and well-researched type of SLD. In fact, **our current state guidelines on SLD already explicitly include dyslexia** on pp. 50-51, as a “distinct type of learning disability associated with difficulties in accurate and fluent single word decoding skills associated with poor phonological processing and rapid naming abilities,” a definition highly consistent with those used in the scientific community (e.g., Fletcher, 2009; Lyon, Shaywitz, & Shaywitz, 2003). This section of the document goes on briefly to describe appropriate identification measures for these students, as well as their need for intensive, systematic teaching of phonemic awareness and phonics. I know that these words are there – because I wrote them.

**Regrettably, however, awareness of dyslexia in our public schools and colleges of education still is very limited.** Many educators, including even some teacher educators, hold to antiquated views of dyslexia as involving limited intelligence, or a bizarre syndrome of poor reading caused by seeing letters and words backwards, or an inability to read that cannot be helped. For example, I routinely cover dyslexia as a topic in my graduate classes at Southern. Nearly all of the students in these classes are already certified teachers, most working in Connecticut public schools as either classroom teachers or special educators. I find that most of these teachers are eager for accurate information about dyslexia, because they have heard the term, but they usually have very little prior knowledge about how to identify or teach these children effectively. Similarly, when I consult on cases involving children with dyslexia in public schools, I often see situations where children could have been identified much earlier or received appropriate interventions much more promptly, leading to better long-term outcomes.

**This lack of awareness is especially tragic because effective approaches to early identification and intervention in dyslexia are very well understood** (e.g., Birsch, 2005;

Denton et al., 2006, 2010; Foorman et al., 1998; International Dyslexia Association, 2010) and, if appropriately implemented, can greatly improve outcomes for virtually all children with dyslexia. Furthermore, many struggling readers who would not meet formal criteria for dyslexia would also benefit from these early identification and intervention procedures.

Prevalence estimates for dyslexia vary, but the more conservative estimates are around 5% of a school population, assuming the presence of high-quality reading instruction that minimizes curriculum casualties. Even by these conservative estimates, a typical classroom teacher likely has at least one dyslexic child in his or her classroom every single year. Multiplied across all the teachers in a school and across individual teachers' years of a teaching career, that is a lot of children. Both research and my professional experiences suggest that many of these children's educational needs are not being met, because of limited awareness of dyslexia and limited knowledge about appropriate early identification and intervention measures. If children with dyslexia are lucky enough to have parents with the financial means and educational savvy to advocate for them, those children often get the help they need, though not always promptly enough to provide the best possible outcomes. But children whose parents lack financial means or educational savvy can have dyslexia too, and often those children receive the wrong kind of help, or no help at all. **Without appropriate intervention, students with dyslexia – including many very intelligent students capable of achieving at high levels with the right kind of help – are at great risk of long-term reading failure and its numerous associated problems,** such as serious social-emotional difficulties, school dropout, low educational attainment, and poor employment prospects (e.g., Hanushek & Woessman, 2009; Morgan, Farkas, & Wu, 2012; Shaywitz, 2003; Wolf, 2007).

**Specification of dyslexia as one type of specific learning disability on the IEP form is certainly a step in the right direction,** because it could help to increase awareness of dyslexia, while still making clear that children identified with dyslexia must meet criteria for SLD, something I believe is vitally important. However, **another critical measure involves professional development for educators,** so that they have a scientifically accurate understanding of what dyslexia entails, as well as of evidence-based identification and intervention practices, when they consider checking that box on the IEP. Without increased awareness and knowledge on the part of educators, the extensive research base I have mentioned cannot benefit students with dyslexia or other related reading difficulties. The vast majority of educators enter the profession because they truly want to help children, and they are eager for this information. I urge you to provide for this kind of research-based professional development.

Thank you for your recognition of these important issues and your willingness to act on the behalf of Connecticut's teachers and schoolchildren.

Best regards,

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