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Testimony re. RHB 5562, Section 1, An Act Concerning Special Education

I am both a board certified school psychologist and a clinical neuropsychologist, with a private practice in Old Saybrook, Connecticut. I work with children who have a wide range of educational, social, and emotional difficulties. Many of these children have reading disabilities. Although the term dyslexia is presently included in educational law, many schools fail to acknowledge or intervene with students who have been diagnosed with dyslexia, perhaps because it is seen as an isolated problem or because staff members are not trained to provide effective treatments.

Dyslexia is a term used to describe students who display a particular pattern of reading impairment (Shaywitz, 2005). It is not the only type of reading disability, and the term should not be used to classify all students with reading problems (Cutting, et. al., 2013). However, it is a term that accurately describes a subset of students with impairments in word decoding. It is not characterized by writing or reading letters backwards, a common misperception. Typically, students with dyslexia have specific impairments in phonological processing. The specific presentation of these students may vary over time as a function of development, yet the term dyslexia may continue to accurately describe the presentation. While having an additional box on an IEP may enable identification of students who have been identified, it does not serve to help school staff member identify struggling readers who may have dyslexia.

Unfortunately, I have been aware of several cases where school districts have encouraged parents to obtain external evaluations at their own expense, as they claimed dyslexia is a medical condition. I have also seen several students with clear evidence of dyslexia denied appropriate services because they were demonstrating progress, albeit minimal progress, via the response to intervention model.

While I commend the legislature for beginning to promote awareness of dyslexia among educational professionals in Connecticut, further modifications to the bill as written appear warranted. This legislation does not limit services and supports to individuals who may have other forms of reading disabilities. It should help to advance understanding of reading disabilities in general, and at the same time clearly highlight the need for identification and appropriate services for all students, including those with dyslexia.

Thank you for the opportunity to comment on this bill. I remain available for further questions.

Respectfully submitted. March 17, 2014

Shelley Pelletier

Cutting, et al. (2013). Not All Reading Disabilities are Dyslexia: Distinct Neurobiology of Specific Comprehension Deficits. *Brain Connectivity, 3,* 199-213.

Elliott, J. G. and Grigorenko, E. L. (2014). *The Dyslexia Debate*. Cambridge: Cambridge University Press.

Shaywitz, S. (2005). *Overcoming Dyslexia*. New York: Vintage Books.

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