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Date: March 28, 2017

To: The Oregon Senate Educational Committee  
 Senator Arnie Roblan, Chair  
 Senator Dennis Linthicum, Vice-Chair  
 Senator Sara Gelser, Member  
 Senator Mark Hass, Member  
 Senator Jeff Kruse, Member

Re: Testimony in support of SB 142; Costs, fiscal impact

By: Marcia Davis, M.A., Irlen Diagnostician/Trainer, Education Therapist

**Dear Chair Roblan, and Members of the Committee,**

Thank you for this opportunity to share a need and a do-able solution for Oregon students.

**Problem:** This measure proposes that at-risk readers in elementary schools be screened for Irlen Syndrome, a type of highly heritable light sensitivity. Irlen Syndrome affects 1 in 6 individuals in the general population, and has approximately a 2/3 overlap with Dyslexia.

At least 45% of students in any special education class have Irlen symptoms, which can include: poor reading fluency and comprehension, distortions on the page, eye strain from glare of the page or screen, headaches from reading, losing place, reading fatigue, poor attention and concentration, sensitivity to fluorescent lighting, drowsiness or dizziness while reading, and other possible symptoms. We are seeing more severe symptoms in recent years, compared to the 1980s when it was discovered, due to the increased time spent in front of screens.

While struggling readers are perhaps the most easily identifiable population of students among whom Irlen Syndrome is found, it also affects good readers, students with behavior and attention problems, and those who have suffered sports injuries or other traumatic brain injuries. It is identified in 30% or higher of those in the Autism Spectrum. Studies have shown that upwards of 75% of incarcerated adults have Irlen Syndrome and are helped with colored overlays for reading.

The "Irlen Method" is not a method of instruction, but a method of testing and removing this barrier to reading and learning by personalized Irlen accommodations. Thus all other instruction is enhanced for the students affected. More information can be found at [www.irlen.com](http://www.irlen.com).

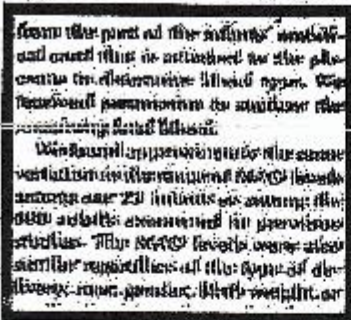
Irlen Syndrome is a perceptual processing problem, not a visual acuity problem. A person can have 20/20 vision or may need corrective lenses; visual acuity is a separate issue. Irlen Syndrome is not identified in any other tests. **It does not require months of therapy or special curriculum, but responds immediately to identified accommodations by trained personnel.**

Perceptual processing involves the brain's ability to accurately understand and process visual information easily and efficiently. With Irlen Syndrome, this poor visual attention significantly impacts the child's ability to both acquire and use new reading/learning skills and demonstrate existing

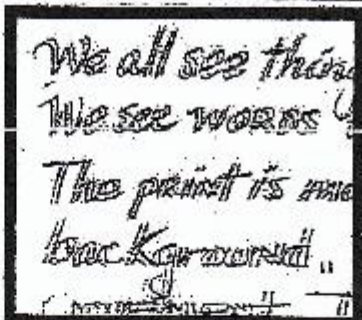
knowledge. It is extremely challenging to demonstrate progress and move through existing curriculum with low visual attention.

Following are some of the distortions described by individuals with identified Irlen Syndrome:

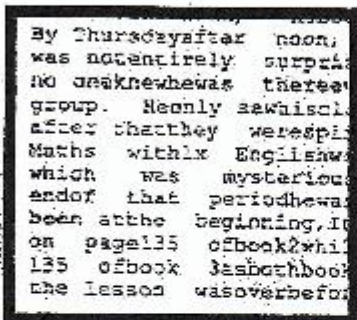
**Examples of What Some People See**



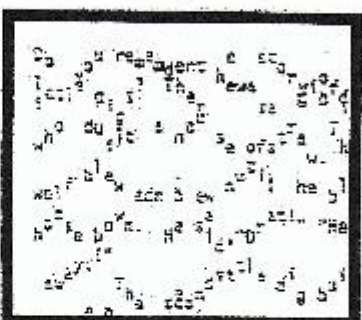
Blurry



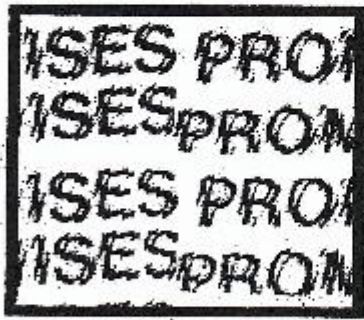
Halo



Rivers



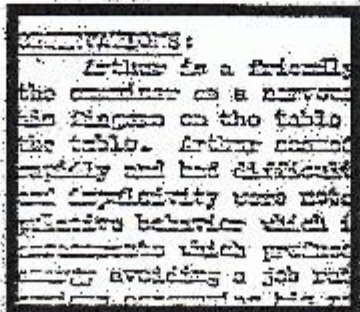
Seesaws



Shaky



Swirl



Washout

## Research:

Studies have been and continue to be conducted worldwide over the past 35 years, since its discovery by Helen Irlen, M.A., Educational Psychologist/Licensed Therapist, during a 5-year federally funded grant study at University of California Long Beach. I have highlighted one, mentioned a few more key studies/review, and am able to email the full articles upon request.

### 1- The Yakima School District Study with 3<sup>rd</sup> graders

Noble, Orton, Irlen and Dr Greg Robinson: ***A Controlled Field Study of the Use of Coloured Overlays on Reading Achievement.*** It is published in the *Australian Journal of Learning Disabilities*, Vol. 9, No. 2, 2004. The research was conducted on children in two elementary schools in the Yakima School District in Washington to investigate the effects of colored overlays on reading rate, accuracy, fluency, and comprehension under regular class conditions. The classroom teachers instigated the study and conducted the assessments. Each school had 3 classrooms of 3<sup>rd</sup> graders with very similar ages and reading abilities, plus very similar curriculum and teaching methods.

Whitney School identified 31 students with Irlen Syndrome, and McKinley identified 40. One group (Whitney) provided the optimum colored overlays for 3 months, while the control group (McKinley) delayed treatment for 3 months; then were given their identified overlays. Both teachers agreed to not be responsible for reminding the Irlen students to use their overlays, nor to give these students special attention.

After 3 months, the Whitney group demonstrated significant improvement in reading achievement with mean gains in grade equivalence scores of between **1 yr 2 months and 1 yr 7 months**. However this group reached a plateau in the 3-6 month period, with no significant improvements. During the first 3 months the McKinley group had negligible gains in reading achievement without the use of colored overlays; but significant gains during months 3-6. With the overlays the gains ranged from **1 yr 8 months to 2 yrs 8 months. Many students in both groups reached grade level or above reading during the first 3 months of using their using the colored overlays.**

This study clearly demonstrates the progress that can be made when visual processing problems are identified and colored overlays are used. It also demonstrates how little progress is made in rate, accuracy, fluency, and comprehension for those with visual processing difficulties when they are not identified and not provided with overlays to correct the brain's ability to process visual information.

**\*Important note:** In this study, unlike several previous studies with students and colored overlays, a reading grade level of 1.5 or higher was included in the criteria for inclusion in this study, showing competency in the basic word skills. Irlen colored overlays/colored paper effectively remove the visual processing barrier (print and background distortions), but they do not teach phonics skills. By removing this glare/distortion barrier--thus allowing better focusing, word recognition and tracking—it is suggested that more attention can be directed to the meaning of what is read, resulting in better comprehension. **Children very deficient in the basic reading skills—including dyslexic children identified with Irlen Syndrome--also experience enhanced learning and acquisition of new reading skills that they were unable to assimilate before. However it is normally over the course of several months and with specialized instruction. This explains the growing interest among many dyslexia tutors to include Irlen pre-screening questionnaires, or to give full Irlen Screenings, or to give referrals for Irlen Screenings and accommodations.**

- 2- **A suggested few additional key studies:** The Pioneer Valley study with 3<sup>rd</sup> graders, The Colorado Inmate Study with adults, Summary of Irlen Research, and the complete Bibliography of Irlen Research

**Solution—Certified Irlen Screenings and accommodations:**

- A. A 1½ -hour (45 min-2 hrs) screening to identify Irlen Syndrome and to what degree, what symptoms are happening while reading, and which colored overlays(s) and other accommodations can minimize or remove the symptoms.
- B. It is treated non-invasively with a variety of possible interventions: Irlen colored overlays, lighting and seating adjustments, colored paper, allowing a visor cap to be worn, and in some cases custom tinted glasses. It removes a barrier to learning so that the student can concentrate and focus better, visually track better, and read and learn more comfortably.

**Q-Why certified Irlen screenings?** Why not have schools just order a few colored report covers, colored overlays, or colored rulers, and let the children choose on their own?

**A-Elementary students identified with Irlen Syndrome can have more immediate improvements for reading with the Irlen colored overlays, as assisted by someone who is trained, rather than simply self-selecting, for a variety of reasons.**

- When visual information is processed like an optical illusion, no amount of remediation, practice, or instruction can correct this difficulty. **How the struggling child is perceiving the page needs to be correctly identified.** Once corrected with colored overlays, the child is able to acquire and utilize the skills taught by instruction.
- For most children with Irlen Syndrome, the optimal colored overlays give measurable improvements of their reading levels; allowing these students to progress in their learning and assimilation of reading instruction, fluency, and comprehension.
- **Certified testing can confirm or rule-out the less clear cases.** Some of these cases involve distractible or even aggressive behavior, headaches, eye aches and visual fatigue that may not appear to be connected to the reading problems, and can be sometimes under-reported by the child.
  - There are times and conditions, that even children with severe Irlen symptoms, are not able to choose a colored overlay. A small percentage of Irlen sufferers cannot choose a colored overlay if they are over-tired, or headachy, or have visual fatigue. They can be overlooked by untrained, but well-meaning staff.
  - Less verbal children, including those in the Autistic Spectrum, can be overlooked for Irlen Syndrome without a certified Irlen Screening where specific behaviors and body language cues are noted.
- **With the 1½ -hour Irlen Screening the child gets an accurate, detailed, and concise report for the student's file, IEP, and/or 504 plan. This will follow the student** and insure that accommodations can be made for colored overlays, colored paper, and seating/ lighting adjustments as needed. This is valuable for any future teachers/specialists working with this student.
- Certified Irlen documentation is concise, but thorough, and helps any other teachers and specialists working with the child.
  - Many struggling students in high school and college, and adults, have mentioned that they were given a colored something by some lone teacher way back when, but have suffered learning difficulties throughout their school experience because

Irlen Symptoms were not identified, and there was no report to follow them through school insuring access to accommodations.

- **Almost all** teens, college students, and adults who finally get Irlen testing and accommodations, **report that they have had reading struggles since elementary school.**
  - Those teens, college students, and adults with headaches and other discomforts very often have more severe cases of Irlen than most children, and may also benefit from Irlen Spectral Filters. (Irlen symptoms can progress or increase with sports injuries, high fever, hormonal changes, etc.) **However as children many of them would have only needed colored overlays and other accommodations the schools would be able to provide at low cost.**
- **Time and costs saved by everyone.**
  - **Less Special Education Referrals-** If screening for Irlen Syndrome is one of the first pre-referral tests done, it could cut down the referrals for special education. Many schools have a high number of referrals for special education. Irlen Syndrome can be easy to identify and to set up accommodations by trained staff.
  - **Less time-consuming tests and extra meetings for the school staff.** The benefits of the colored overlays and colored paper make a difference. It is a piece of the puzzle for many children. For some it is their most significant issue.
  - **Less lost time for the students who are affected-**Research studies and local students with Irlen accommodations both have shown the advantage--often gained in a few short months-- in acquiring and developing reading skills with the right colored overlays and related accommodations.
  - **Less lost time throughout all of the Irlen students' school years**, as the clear findings and accommodations of this lesser-known barrier to reading fluency and learning in general will follow the students' records. **No wasted time while new schools must re-invent the wheel while the student falls behind.**

#### **Solutions for Time constraints:**

- Short questionnaires are used to sort by need level to prioritize for screenings, and to rule out enough need for the Screening test. Sometimes recommended to revisit and to screen in 1 to 3 years.
- Hire the Screenings to be given by Certified Irlen Screeners in the community. (See small list of those available to come to schools)
- It may vary from school to school as to who may fit in the 1 hour Irlen Screening tests the easiest. I get feedback that Irlen Screenings can get squeezed out due to workloads of the teachers or specialists (Speech Pathologists, Occupational Therapists, etc).
- In my Juvenal Department work, my contact person for elementary and middle schools was normally the School Counselor. They were always very supportive of Irlen. School Counselors would make excellent Irlen Screeners, and in some cases have more time to test. They are well-qualified and already familiar with testing and observing students' behaviors. They would be able to give staff informational in-services, but not to certify others to screen.

#### **Solutions to Implement SB 142:**

##### **Certification Training for school personnel—quick facts**

- Irlen Screener Certification Trainings offered are listed on the Irlen website [www.irlen.com](http://www.irlen.com). There are several of us on the West Coast. A few—myself included-- also travel to do training on location.
- Teachers may earn continuing education credits. I am able to offer 2 CEU credits, available through Western Oregon University. Training in Chico California also offers 2 CEUs through a local college. Some associations and school districts have been known to award more credits for this training.
- School, District, or ESD Staff well-suited to become certified to screen for Irlen:
  - Special Education Teachers
  - Reading Specialists
  - School Counselors
  - Classroom Teachers
  - School Nurses
  - Specialists who service a few schools or whole districts
  - Occupational Therapists
  - Behavior Specialists

### Costs:

- **Training-**The average cost range in the Northwest of continuing education for educators and specialists (2 full-days for training, all testing books and materials, plus a supply of colored overlays total around \$550 to \$650. \$200-\$300 is for training, the balance is for materials and colored overlays).
  - Follow-up support is offered by the Irlen Diagnostician/Trainer
  - This certification is good for 5 years. Cost to recertify is minimal—\$0-\$35.00 depending upon options chosen.
  - Irlen colored overlays range in price depending on how many ordered at a time: \$1.68 to \$4.00 plus shipping
  - Irlen Foundation Scholarships can sometimes assist with Screener training costs. If awarded, the school or district is asked to track data of the Irlen students' progress
- **Contracting/hiring Irlen Screeners**
  - The cost-per-screening for hiring/contracting available Irlen Screeners/Diagnosticians to do screenings is negotiable. According to the feedback of available Screeners that I received, rates vary between \$50 and \$150 per screening, with an average of \$100. One may still be able to volunteer time. Some of us have one or more Master degrees and all have minimum a Bachelor degree.
- **Are there agencies that help with low-income students whose families may want them to get Irlen glasses?**
  - The Irlen Syndrome Foundation awarded 15 scholarships last summer for Irlen screening tests and Tint Evaluation testing and lab fees for custom lens tinting. Out of 15 scholarships total given worldwide, Oregon had 10 recipients—2 children, 5 teens, and 3 adults.
  - In Oregon various other agencies have been approving and helping low-income students and adults with Irlen costs: Marion County Juvenile Department, Elks and state grants through Linn Benton Community College Center for Accessibility Resources, Elks and Lions clubs directly to families, some disability programs (K-Plan, etc), Vocational Rehabilitation, and others.
  - Irlen Awareness fundraisers—successful in many states and countries—are in beginning planning stages in Oregon.
  - **Free Irlen screenings** are offered at all Irlen Certification trainings. Students in middle and high school (who would not directly benefit from SB 142) who show

symptoms by the questionnaires, would be scheduled for free screenings at the trainings. Overlays are given if they cannot afford the \$4-5 per overlay.

- Other facts-Low-income costs: \$364-\$417 for testing & custom tinting of lenses. Irlen costs normally are not covered by medical or vision insurance, except for HSA or FSA coverage for alternative medical treatment, with the exception of Veterans Administration upon approval.

**Fiscal impact:** My apologies for the brevity of this section. However, to the best of my research and knowledge that time would allow, I see the impact as minimal, and expected to be made up by less special education referrals, time and testing savings, etc.

- **Certified Irlen Screener training:**
  - Certification training earns Teacher continuing education credits (CEUs), and often other Specialists' continuing education credits.
  - May be paid by school districts, education service districts, or other funding already earmarked for continuing education for certified teachers, or other staff. as part of the continuing education budget. This is based on the feedback of various school personnel that have received their Irlen training as reimbursed by their school or district.
  - A limited amount of scholarships for date-collecting schools for Irlen Screener training from the Irlen Foundation
- **Materials :**
  - Colored overlays are cost effective at \$1.66 to \$4.00, depending on amounts ordered. Many schools share the costs with parents who can afford to pay for overlays, or any additional overlays after the first set per student.
  - Colored paper is cost-effective and makes a difference for Irlen students for writing, math, and spelling. Parents of an Irlen-affected child sometimes donate a ream of paper of their child's best color. Parents and/or volunteers help make copies for Irlen students.
  - Adjusting seating arrangements, screen colors and glare, and lighting adjustments (filters over some fluorescent light fixtures) are cost-effective accommodations. These are often appreciated by the staff as well.
  - The minimal expenses listed, if not adequately absorbed by existing funding sources, may be augmented with parent, community, or school fundraisers. Irlen Awareness week is the 3<sup>rd</sup> week in October. More successful events that benefit students with Irlen Syndrome are happening each year.
- **Department of Education Irlen Specialist position:**
  - This position may likely be a half-time position, as compared to the Dyslexia Senate Bill 612 which required a full-time position during the 2015-17 biennium for extensive developing and planning, then down to half-time to provide support and resources to comply with the legislation. Based upon the SB 612 Fiscal Impact Sheet, costs might be estimated at \$131,136 or less for the 2017-19 biennium.
    - There are **no** new curriculum needs and multiple resource options to review in association with Irlen testing and accommodations. Rather the Irlen Method simply removes a visual/perceptual barrier to learning, and allows the existing academic instruction to be better acquired and utilized.
    - A training options list will likely be very limited, in comparison with Dyslexia options. The initial researcher/founder of the Irlen Method is still actively screening and testing clients, networking with researchers around the world, and fine-tuning and updating the Irlen Screening process. Any certified trainer listed by Irlen Institute is a guarantee of updated training and quality. However it is possible there may be other options to compare, based upon quality, price, and support.

- Material options may be compared based on quality, price, and support.

### **Oregon School Statistics:**

#### **Number of students that would be Screened for Irlen in Oregon the 2017/18 school year:**

This is based upon the **general average** that 1 in 6 would need Irlen screening/accommodations. Higher percentages would be found among students referred for or in special education placement. (From the Oregon Membership Report for 2015/16 school year.)

Total 2<sup>nd</sup> graders (4<sup>th</sup> graders in 2017/18) are 43,791 students. 1/6 is **7,299** students.

#### **Count of public schools that serve 4th graders, according to the Oregon School Directory 2013-14:**

##### **Totals:**

Elementary or K-8 or K-12 or 1-4 or 4-6 or 1-3, etc—**about 747**

Virtual Schools—about 9-10

ESDs—about 37

#### **Possible edition to this bill, but not necessary:**

1-Possibly lower the testing age to grade 3.

- The early literacy academic standards emphasis seems to point to grade three in the Department of Education Annual Performance Progress Report, Reporting year 2016. This seems to be supported by informal feedback from special education teachers.
- Grade 3 is an optimal developmental stage for Irlen screening. Frequently we do not get conclusive test results or best overlay/colored paper choices until age 7-8, when the verbal ability is more developed. However, if a 5 or 6 year-old has severe Irlen symptoms (such as headaches/migraines, several distortions that hinder basic letter/word recognition, etc) we **can** get conclusive test results,
- Developmentally the eyes and vision considered developed by age 8, as declared by previous consultations with Developmental Optometrists. Tracking problems can be all or partly a result from Irlen Syndrome as well. Immediate tracking improvements are frequently noted during Irlen testing.

#### **Marcia's Background:**

I own and operate a private center for Irlen testing and Structure of Intellect (SOI) education therapy. I have been certified to screen for Irlen since 2004; and in the last 5 years am certified as an Irlen Diagnostician and Trainer of new Screeners. I have screened a total of approximately 400-500 individuals age 5 through 75. I have seen immediate comfort, better tracking, and more fluid reading due to being able to see the words as being clear and stable. I do the initial screening, as well as the 2<sup>nd</sup> step if someone is referred for Irlen Spectral Filters as glasses or contact lenses. I regularly train teachers, and other specialists as new Screeners. I have held 16 Certification classes to date, and have trained 52 new or re-certifying Irlen Screeners. Transcripts for Continuing Education Credits (CEUs) for teachers can be earned in my 2-day, 20 hour workshops through Western Oregon University's Professional Development Program "Center for Academic Innovation." (I am not on staff at WOU.)

I also brought Irlen screening to the Marion County Juvenile Department as a Learning Specialist in 2004, and for 6 years screened every student on my caseload in the Family Support Program. (About 200) Since that position closed in 2011, I have been contracting with MCJD to train their Education



Advocates in their Probation Department (4 active Screeners currently). Finding and eliminating this previously unknown barrier to focusing and learning in the classroom has been a helpful piece in redirecting these youth and renewing motivation and encouragement to continue school.

I also personally have Irlen Syndrome severely, which was identified 13 years ago when I was first certified as an Irlen Screener. I have experienced life-changing improvements—more than I was told to expect-- with the Irlen Spectral Filters and colored overlays. I was simply hoping my visual fatigue and blurry vision would be helped. However, besides clearer vision and reading stamina (which allowed me to complete a master degree) since wearing the Filters my diagnosed depression and seasonal affective disorder is about 90%+ remission, as documented by my health care providers. My driving fatigue and fibromyalgia is about 50%+ better.

**Thank you for the opportunity to testify before you today in support of Senate Bill 142. I would be happy to answer any questions.**

Marcia Davis

**Additional Information** –Brief testimonials, and Irlen Screeners as support options for schools

“Marcia,

I have been meaning to write some sort of testimonial but have not gotten around to it. I am a member of two different migraine support sites and am always sending people to [irlen.com](http://irlen.com). I would say 90% of my visual triggers are gone. And I have many less sick days spent in bed. My vertigo, tinnitus and nausea are all down by at least 50%. I could not drive very much before. And I can read to my kids again.

Portia took a computer test with and without her overlays. She said she was much more comfortable with them and scored 12 points higher.

Rachael Bryant-Neth”

In response to an email survey of Irlen Screeners I sent out in January. Forwarded with permission by Danielle Thompson, English Teacher/Dyslexia Tutor, Forest Grove, Oregon, who is in support of SB142.

". . . I am actively screening as a private screener. I screen children, teenagers, and adults. Many of my clients are those who have come to me for dyslexia screening. If they answer yes to many Irlen pre-screening questions, then I add another screening session for Irlen Syndrome. So far I have screened about 25 people this way. . .

I also teach part-time at Forest Grove School district and got permission from my principal to administer pre-screening questions to all students in their English classes. Then, with the help from a few others we compiled their answers into a spreadsheet and sorted them into different groups. Those in the highest risk category were those who answered yes to both of these questions: 'Does reading get harder the longer you do it?', and 'After reading for 5-10 minutes or more, do the words on the page start to move, wiggle, blur or change? ' Also those who answered yes to 70% of the questions fell into the highest risk category.

"So this year on my off day, I have been going to the high school and pulling students out of classes that are fairly easy to miss and screening them. My principal paid me an hourly rate for part of my time (while she had the money), and now I just volunteer my time. She paid for a bulk amount of overlays and clings which we issue to the students, and ask that they pay \$4 if they can, but they still receive them if money is an issue.

"Initially we surveyed 1451 students and 120 fell into the high risk group. and 132 fell into the 2nd high group answering 60% of the pre-screening questions with yes. (Since then, we've compiled more student surveys into the spreadsheet, but I haven't yet counted or actively sorted them.)

I've screened 28 students from the high risk group so far. All but one have benefited from overlays and are severe. I will continue to work on screening the others throughout the year. I hoped many kids would sign up to come in on non-school days, and I could get 6 or 7 done a day, but I was wrong about that. So mostly I am limited to the school day on the days I'm not teaching, and I balance that with tutoring and consulting and screening.... so it has been slower goings than I originally thought.

"I screened one 8 year-old boy from a private school in Banks, OR and his mom, grandma, and principal of his school were so pleased with his improvement in using the overlays, that the principal asked if I could screen all her students. So here are the steps I've taken so far: I met with the principal and showed her the pre-screening questions. She had me type up an introduction letter to Parents about the possibility of Irlen Screening and some background information, and that went home in a newsletter. Then I attended a parent meeting and did a very brief presentation on Irlen syndrome and showed the 3 minute Irlen Distortion video from the website. I explained that in January we would go over the student results of the pre-screening questions and find those at highest risk, and then parents would be notified and would have the option to pay to have their child screened at school, or right after school. The school is not paying me, each parent would."

With permission to forward to promote Irlen awareness and policies:

"I am writing as a medical doctor and also the parent of a child with Irlen Syndrome whose life has been changed by the identification and remediation of her scotopic sensitivity using Irlen filters. My daughter, Devlin, is now 9 years old. When she was in first grade, she was identified as a severe dyslexic. She could not read or write, but was very intelligent by every other measure. By the end of the year, her self esteem had plummeted and she was feeling hopeless. We were able to get her placed into Prentice School that specializes in dyslexia, but despite the specific remediation, her reading was still very problematic after her first three months in second grade. She started complaining of headaches and light sensitivity and ultimately was able to describe that the words on the page appeared "doubled." We took her to an ophthalmologist who said her vision was 20/20 and that she probably had a lazy eye. Exercises did not help whatsoever. I then was fortunate to have a conversation with another mother whose grown child had been helped by Irlen filters, though much later in life. I made an appointment with the Irlen Institute and had Devlin evaluated immediately. She clearly had Irlen syndrome, and filters were prescribed. In the office on the first diagnostic visit, she was able to read fluently because the words were clear to her and didn't hurt her eyes. The first night she had her glasses and filters, she read an entire chapter book and understood every word and was so happy that it made us both cry. She loves her glasses and wears them all day because they not only help with reading but also with her light sensitivity. Within two weeks of having her filters, her reading level jumped two levels (equivalent to half a grade level). Now she is reading at the 4th and a half grade level at the end of 3rd grade. Identification of Irlen Syndrome has been nothing short of a miracle for her and has opened up a world of possibilities to her that didn't exist for her before.

"This condition is not well known or screened for in schools. After discussing our breakthrough with her school, several of Devlin's classmates have been evaluated and some have been identified and helped. It is a simple fix for a complex issue that doesn't cure dyslexia but allows students to remove a very significant obstacle to them reaching their potential. I see no defensible reason why scotopic sensitivity shouldn't be screened for in all children who are having issues with reading, headaches, light sensitivity, and stomachaches related to school, to name a few of the symptoms.

"As a medical doctor, I endorse Irlen filters for those children who are affected by scotopic sensitivity. As a mom, I can't imagine what my daughter's life would be like right now if she still were

struggling with reading without her filters. Irlen has given me my daughter back and has gifted her with happiness and self-confidence again. I no longer worry about her future as a potentially depressed teen who could easily take the wrong path. She is a smart girl who feels she can do anything. I ask that you incorporate Irlen screening and referral in your district. You will be doing a great service to these students by changing their academic and personal lives, their families lives, and the community that these citizens will become a productive part of in the future. Irlen is real, and it should be supported fully.

“I have attached a picture of my daughter on the day she got her filters and another several months later of her reading a book--something I didn't imagine I'd see for a long time. The looks on her face say it all.”



*Liz Turner, MD*

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 Assistant Clinical Professor  
 Director of Bedside Ultrasound  
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 10833 Le Conte Ave.  
 37-131 CHS MC 169017  
 Los Angeles, CA 90095-1690

“Marcia,

It was so nice to meet you today and we are so excited to finally have some answers for Lucy!! She was able to read for 45 minutes tonight using the overlays with no fatigue! She is thrilled and cannot wait to have her glasses. I am excited to read the books about dyslexia so I can help her with that also. . .

Thank you, thank you for helping us with this!! . . .

A home school Mom”

## Certified Irlen Screeners in Oregon;

Current list of those available to screen elementary-age students in schools

### Mid-Willamette Valley:

**Salem-based/travels statewide- Marcia Davis, M.A.**, Irlen Clinic Director/Diagnostician, Trainer

**Jefferson, Albany- Joan Craig, M.A.**, Irlen Senior Screener

**Monmouth, McMinnville - Judy Becker**, Irlen Screener

**North Santiam School District (Mill City, Scio)- Kaye McNally**, Irlen Screener

**Woodburn area – Michelle Morfeld, MAT**, Irlen Screener, Bilingual –Spanish

**Albany - Bonnie White**, Irlen Screener

**Eugene – Sue Luker, M.A.**, Irlen Screener

### Portland area:

**Forest Grove – Danielle Thompson, M AT**, Irlen Screener

**Portland- Melinda Messoro Holbert, MAT**, Irlen Screener

### Southern Oregon:

**Grants Pass – Debra Nickerson**, Irlen Screener

#### **Note:**

There are about 75 certified Irlen Screeners in Oregon, but **very few** are actively screening in the k-12 schools, or may not be currently screening in their present jobs. Screenings are given in various settings besides k-12 schools— juvenile departments, college student services, rehabilitation hospitals (including Salem) by Occupational Therapists (OTs) and OTs in schools, pediatric clinics, social services for adults with disabilities, and tutoring or counseling private practices.

More information on Irlen Syndrome can be found at [www.irlen.com](http://www.irlen.com).