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Good afternoon Chairman, Committee Members. I am a school psychologist in Eugene, and also a member of the Executive Boards of the Oregon School Psychologists Association and the National Association of School Psychologists. I would like to express my concerns about the implementation of SB1003, as it is currently written.

I believe it will be very helpful to screen young scholars on their pre-reading skills. However, while it is true that children who have dyslexia often have weaknesses in phonological awareness, rapid naming skills, or sound-symbol correspondence, it does not necessarily follow that a student with weaknesses in those areas is at risk for dyslexia. These screeners are not meant to be predictive of a disabling condition, but rather to provide an indicator of which students might need additional reading instruction.

There are myriad reasons why a kindergarten and/or first grade student may perform poorly on such screeners. Children with high levels of absenteeism, poor sleep habits, inconsistent access to food, emotional trauma, or poor regulation of focus and attention may all perform poorly on the screeners in SB1003. In addition, students who have not had exposure to literacy in the home, and students with limited exposure to the English language, will frequently perform poorly on these screeners. It concerns me greatly that districts will categorize students who perform poorly on these screening measures as “at risk for dyslexia,” when that may not be the case. This type of mis-categorizing has the potential to unnecessarily alarm parents, and possibly change parent and teacher beliefs about the child’s ability to learn.

Dyslexia is considered a Specific Learning Disability in reading, as stated in OAR 581-015-2000, as well as in the definition of dyslexia promoted by the International Dyslexia Association (IDA). This poses two potential impacts for school systems: On one hand, there is the possibility that students labeled as “at risk for dyslexia” may be unnecessarily referred for evaluations for special education. These referrals may be unnecessary because students who perform poorly on screeners will learn to read without requiring special education services. But the screener results cannot tell us which students need continued instruction versus which students need *specially designed instruction*, as

prescribed by special education. On the other hand, labelling students as “at risk for dyslexia,” and differentiating this from special education, may create two parallel systems – where some students receive a dyslexia intervention (outside of special education) while other receive a specific learning disability intervention (within special education). This duplication of effort is illogical and a drain on the personnel and finances of the schools.

Current tells us that students with dyslexia are best served by receiving systematic, explicit instruction in the five areas of reading development: phonemic awareness, phonics, fluency, vocabulary, and comprehension. However, this is the recommendation for *all* quality reading instruction. Therefore, schools should be providing screeners of early reading elements to *all* students, then providing systematic, explicit reading instruction for the students who perform poorly on the screeners. Rather than legislating “dyslexia,” we should be legislating quality instruction.

Notes:

581-015-2000(4)(i)

"Specific Learning Disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. **Specific learning disability includes** conditions such as perceptual disabilities, brain injury, **dyslexia**, minimal brain dysfunction, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, intellectual disability, emotional disturbance, or environmental, cultural, or economic disadvantage. (emphasis added).

Adopted by the IDA Board of Directors, Nov. 12, 2002.

“**Dyslexia 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.” (emphasis added).

Moats, L., & Dakin, K. (2008). *Basic facts about dyslexia and other reading problems*. Baltimore, MD: International Dyslexia Association.