New Jersey Department of Education

Reading Disabilities Task Force

Report to the Governor

August 2012
EXECUTIVE SUMMARY

The Reading Disabilities Task Force, appointed by Governor Chris Christie in July 2011, recommends the following:

1. The New Jersey Administrative Code for Special Education (NJAC 6A:14-3.5c-12) be amended to include the definition of dyslexia. The Task Force further recommends that the definition be the definition adopted by the International Dyslexia Association (IDA) in 2002.

2. The NJ Department of Education requires that all New Jersey students be screened using a research-based assessment for potential indicators of dyslexia at kindergarten entry and at point of entry into school and district, unless screening results have been previously reported for the student. Further, it is recommended that these indicators be used to identify those students who would benefit from research-based multisensory structured language interventions that address all components of reading instruction, i.e., phonemic awareness, phonics, fluency, vocabulary and reading comprehension and that such intervention be implemented.

3. By 2015, New Jersey require that all instructional pre-service teachers and newly certified Reading Specialists pass a written test on the foundations of teaching reading, the basic rules of phonology, morphology, syntax and semantics of the English language, the diagnosis of reading difficulties, development of reading comprehension, and reading assessment to obtain P-3 or K-5 certification. These requirements should be in addition to the PRAXIS and all state requirements for certification.

4. New Jersey offers a new instructional certification at the post baccalaureate level concentrating on dyslexia.

5. By 2015, New Jersey require that a minimum of 20 hours of the required 100 hours of professional development hours for educators (required every five years) be devoted to
professional development on research-based methods of screening, interventions, accommodations and use of technology for reading disabilities, including dyslexia.

6. All divisions within the NJDOE continue to collaborate to provide professional development, potentially through the Regional Achievement Centers, about literacy issues for teachers in general education, special education and bilingual/ESL education, and for administrators, supervisors, instructional support staff, child study team members, and speech/language specialists.

INTRODUCTION

On December 8, 2008, Senator Jeff Van Drew (District I: Cape May, Atlantic and Cumberland counties) introduced into the 213th Legislative Session, Senate Bill 2400. The bill was co-sponsored by Senators Turner and Whelan and established the New Jersey Reading Disabilities Task Force, with support in the Assembly through S811, introduced by Assemblyman Nelson T. Albano (District 1: Cape May, Atlantic and Cumberland).

The Reading Disabilities Task Force enabling legislation declared that:

a. Approximately 85% of all children who receive special education services have basic deficits in language and reading;

b. Many students with reading disabilities are never properly diagnosed and do not receive the necessary specialized educational programs, and

c. It is in the public interest for the State to establish a "Reading Disabilities Task Force" to study instructional practices and strategies that benefit students with reading disabilities and examine the way in which current New Jersey State policies affect this population.

Legislation defined the purpose of the task force to “study and evaluate practices for diagnosing, treating, and educating children with reading disabilities and examine how current statutes and regulations affect these students in order to develop recommendations to be presented to the Governor and Legislature.”

Legislation also stipulated that the composition of the task force be composed of:

- The Commissioners of Education and Human Services, or their designees

- Five people appointed by the Governor who shall include: one person recommended by the New Jersey Branch of the Learning Disabilities Association of America; one person recommended by the New Jersey Branch of the International Dyslexia Association; one person recommended by the New Jersey Speech Language Hearing Association; one
person recommended by the New Jersey Education Association, and one member of the public with demonstrated expertise in issues relating to the task force work.

- Two members of the Senate, appointed by the President of the Senate, no more than one of who shall be of the same political party.

- Two members of the General Assembly, appointed by the Speaker of the General Assembly, no more than one of whom shall be of the same political party.

- Two members of the public, one selected by the President of the Senate and one selected by the Speaker of the General Assembly, with demonstrated expertise in issues relating to the task force.

- The Commissioner of Education, or the commissioner’s designee, shall serve as the chairperson of the task force.

Task Force Members, appointed July 2011, include:

- Assemblyman Nelson T. Albano (D-Legislative District 1)
- Deborah Ciapanna, representing expertise in issues related to the task force work
- Maria DiTullio-Cerino, representing the New Jersey Reading Association
- Marilyn Gonyo, Ed.D., representing the New Jersey Learning Disabilities Association
- Senator Thomas H. Kean, Jr. (R-Legislative District 21)
- Karen T. Kimberlin, representing the New Jersey Speech-Language-Hearing Association
- Mary Jane Kurabinski, Commissioner of Education designee, chairperson
- Assemblyman Matthew W. Milam (D-Legislative District 1)
- Jane Peltonen, representing the public through her appointment by the President of the Senate
- Beth Ravelli, representing the public through her appointment by the Assembly Speaker
- Gordon F. Sherman, Ph.D., representing the New Jersey Branch of the International Dyslexia Association
- Senator Jeff Van Drew (D-Legislative District 1).

The initial meeting was held in June 2011 and was followed by monthly meetings from July 2011 through July 2012. More frequent meetings were held as necessary. Meetings included input from the NJDOE Office of Licensing and Credentialing, and the NJDOE Office of Special Education. The Task Force held a public forum to collect testimony from parents and educators. One hundred and thirty-eight people attended; 54 addressed the Task Force. Written testimony was submitted to and subsequently read by task force members. Almost exclusively, families and educators addressed dyslexia and the roadblocks that families encounter when seeking services for their children who struggle with literacy, math, and foreign languages. Most families addressed the need for awareness and acceptance of dyslexia and advocated for early diagnosis and sustained targeted intervention.
It is important to note that the legislation that enabled the Reading Disabilities Task Force can be traced to the diligence of one family seeking early diagnosis and services specifically for children with dyslexia. Beth Ravelli from Ocean City, NJ, and her daughter Samantha were the driving force behind the legislation and subsequent work. Mrs. Ravelli is a member of the Task Force and continues to provide guidance through her work with families.

While the impetus for the legislation was the concern of families with children with dyslexia, the task force was initiated to look at special needs relating to reading difficulties more broadly, and this report seeks to provide information related to dyslexia and to similar learning differences and disabilities. While some disabilities are already listed as specific categories, many, including dyslexia, are currently joined under the broader classification of specific learning disabilities.

**Note:** The International Dyslexia Association states “Of the students with specific learning disabilities receiving special education services, 70-80% have deficits in reading. Dyslexia is the most common cause of reading, writing and spelling difficulties. Dyslexia affects males and females nearly equally, and people from different ethnic and socioeconomic backgrounds as well” (retrieved from [http://www.interdys.org/FAQHowCommon.htm](http://www.interdys.org/FAQHowCommon.htm), July 12, 2012).

IDEA Statutes 2004, 20 USC Sec.401 (30) describe a specific learning disability as follows

a. In general “specific learning disability” means a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or do mathematic calculations.

b. Disorders include ...such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.

New Jersey parents continue to advocate for a definition of dyslexia in code, and additional training for teachers, principals, and child study team members as a way to increase the services provided to specifically address dyslexia.

## A LOOK AT THE STATES

Task Force members looked at work done in many states from as early as 1975. Legislation in these states was enacted to build public awareness and/or to change practice and assessment in classrooms. The following table highlights some of that work.

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<td>New Mexico</td>
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<td>Louisiana</td>
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<td>Licensed Dyslexia Practitioners and Dyslexia Therapists</td>
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<td>Washington</td>
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<td>Individuals with Dyslexia — Identification and Instruction</td>
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<td>Colorado</td>
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<td>Massachusetts</td>
<td>1983</td>
<td>Exempting Students with Dyslexia from Standardized College</td>
<td>Massachusetts General Laws Ch 15A Sec. 30</td>
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WHAT IS DYSLEXIA?

Many professional organizations agree on the symptoms and challenges of dyslexia. For example, The International Dyslexia Association defines dyslexia as: “...a specific learning disability that is neurological 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. “

Adopted by the IDA Board of Directors, Nov. 12, 2002, this definition is also used by the National Institute of Child Health and Human Development (NICHD).

The Mayo Clinic defines dyslexia as a learning disorder characterized by difficulty reading and as a lifelong condition that affects how the brain processes information. People with dyslexia have difficulty spelling and trouble learning a foreign language (Mayo Clinic, 2012). Studies show that individuals with dyslexia process information differently than non-dyslexic people and can have average to above average intelligence. People with dyslexia can succeed with tutoring and/or specialized education programs.

Symptoms of dyslexia often include late talking, difficulty learning new words, and rhyming challenges. By school age, students are slow to read and read well below the level for their age. Students experience processing problems and have difficulty understanding what they hear. They have difficulty comprehending rapid instructions; following more than one command at a time; remembering sequence, and seeing, and occasionally hearing, similarities and differences in letters and words.
The American Speech Language Hearing Association describes dyslexia as a language-based learning disability in which the child “has trouble almost exclusively with the written (or printed) word. The child who has dyslexia as part of a larger language learning disability has trouble with both the spoken and the written word.”

Individuals with dyslexia present with difficulties in expressing ideas clearly, learning new vocabulary words, understanding questions and following directions that are heard and/or read, recalling numbers in sequence, reading and comprehending material, learning words to songs and rhymes, telling left from right (making it hard to read and write since both skills require this directionality), learning letters and numbers, learning the alphabet, identifying sounds that correspond to letters, mixing up the order of letters, spelling, memorizing multiplication tables, and telling time.

The confluence of research validates the importance of looking at early potential indicators for dyslexia and points to the treatment of dyslexia through early, multisensory instruction and sustained intervention. Although the instruction specifically needed for dyslexic students is indeed solid evidence-based instruction for all students, the dyslexic student needs intense instruction in focused, targeted areas which generally, though not exclusively, include more time for phonemic awareness, phonics, fluency, vocabulary and comprehension.

The primary evidence that students with dyslexia have a problem that is inherent, and not the sole result of poor teaching or lack of experience, comes from twin studies showing that dyslexia is heritable (Olson & Gayan, 2001), and from brain imagery studies showing differences in the way the brains of dyslexic students function (Shaywitz, 2003). Rayner, Foorman, Perfetti, Pesetsky, & Seidenberg (2001) found that the clearest indicators of dyslexia in kindergarten are difficulties acquiring phonemic awareness, learning letter/sound correspondences, and learning to decode print using decoding strategies. It is important to note that although these are the clearest indicators of dyslexia, they may also point to children with limited exposure to Standard English in the home.

In addition, the Florida Center for Reading Research Technical Report #8 outlines a model for instruction for "Response to Intervention," an approach which includes three elements:

1. Classroom teachers who provide high quality small group instruction that differentiates instruction to meet specific student needs. Differentiation takes multiple forms: time, group size, focus of instruction, structure of lesson, etc.).

2. Screening and ongoing assessment to identify students falling behind (not meeting benchmarks).

3. Interventions for struggling readers that are targeted to individual academic need and are sustained (Torgesen et al., 2006).
RATIONALE AND CONTEXT FOR RECOMMENDATIONS

RECOMMENDATION 1: The New Jersey Administrative Code for Special Education (NJAC 6A:14-3.5c-12) be amended to include the definition of dyslexia in its glossary. The Task Force further recommends that the definition be the definition adopted by the International Dyslexia Association (IDA) in 2002.

The Task Force asks that the Commissioner of Education work with the New Jersey Department of Education’s Office of Special Education to include the International Dyslexia Association’s adopted definition of dyslexia into the section of Administrative Code which defines key terms.

The definition to be inserted should read:

"Dyslexia is a specific learning disability that is neurological 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 “(IDA, 2002).

RECOMMENDATION 2: The NJ Department of Education require that all New Jersey students be screened using a research-based assessment tool for potential indicators of dyslexia at kindergarten entry and at point of entry into school and district, unless screening results have been previously reported for the student. It is further recommended that these indicators be used to identify those students who would benefit from a research-based multisensory structured language intervention that addresses all components of reading instruction, i.e., phonemic awareness, phonics, fluency, vocabulary and reading comprehension and that such intervention be implemented.

Potential indicators of dyslexia (as defined by the International Dyslexia Association) in young, preschool children include talking later than expected; a slowness to add new words; difficulty rhyming, and trouble following multiple directions. After a child begins school, the signs of dyslexia include:

- Difficulty reading single words, such as a word on a flashcard
- Difficulty learning the connection between letters and sounds
- Confusing small words, such as at and to
- Letter reversals, such as d for b
- Word reversals, such as tip for pit
In elementary aged children, the International Dyslexia Association recommends asking these questions.

“Does your first, second or third grader:

- Remember simple sequences such as counting to 20, naming the days of the week, or reciting the alphabet?
- Have an understanding of rhyming words, such as knowing that fat rhymes with cat?
- Recognize words that begin with the same sound (that bird, baby, and big all start with b)?
- Easily clap hands to the rhythm of a song?
- Frequently use specific words to name objects rather than words like “stuff” and “that thing”?
- Easily remember spoken directions?
- Remember names of places and people?
- Show understanding of right-left, up-down, front-back?
- Sit still for a reasonable period of time?
- Make and keep friends easily?

Research indicates that the early diagnosis of reading difficulties and targeted, sustained interventions, have met the needs of struggling readers and helped to reduce the numbers of children falling seriously behind in learning to read and in succeeding in school. By screening for potential indicators for dyslexia using a research-based assessment, educators can gain additional insights into the potential needs of children, particularly when those difficulties are neurological in origin and may or may not be related to poverty or lack of exposure to Standard English or other environmental origins.

Although there are several screening measures available, the Task Force did not recommend one over another. As the FCRR states "any system that provides reliable assessment of ...emerging reading skills several times a year would identify all students with dyslexia in the system as well as other students who are struggling in reading for different reasons" (Torgesen et al., 2006).

Once screened for these potential indicators, students identified as “at risk” must receive intervention and instruction to mitigate the difficulties they have in phonological processing and language development. The Task Force recommends that all students identified as "at risk," based on screening, be provided intense instruction using research-based methods to improve phonemic awareness, phonics, fluency, vocabulary and reading comprehension (as appropriate for age and grade level). Further, the NJ Department of Education should offer guidance on early screening and interventions for students with potential dyslexia and other reading disabilities. These areas should be monitored regularly to ascertain the improvements made and necessary changes needed to ensure improvement of targeted reading skills.
**RECOMMENDATION 3:** By 2015, New Jersey requires that all instructional pre-service teachers and newly certified Reading Specialists pass a written test on the foundations of teaching reading, the basic rules of phonology, morphology, syntax and semantics of the English language, the diagnosis of reading difficulties, development of reading comprehension, and reading assessment to obtain P-3 or K-5 certification. These requirements should be in addition to the PRAXIS and all state requirements for certification.

Consideration should be given to the Massachusetts Tests for Educator Licensure which is also being used in Connecticut, Minnesota, and Wisconsin.

**RECOMMENDATION 4:** New Jersey offers a new instructional certification at the post baccalaureate level concentrating on dyslexia.


The Task Force also recommends that NJDOE review the work in other states, specifically Texas, when designing requirements for certification at the post baccalaureate level (and beyond).

**RECOMMENDATION 5:** By 2015, New Jersey require that a minimum of 20 hours of the required 100 hours of professional development hours for educators (required every five years) be devoted to professional development on the screening, interventions, accommodations and use of technology for reading disabilities, including dyslexia.

Because of the importance of literacy, and the need for early diagnosis and interventions for struggling readers, the Task Force wants to ensure that all educators, kindergarten through grade 12, in all content areas, have training in recognizing the potential indicators for reading disabilities, including dyslexia.

**RECOMMENDATION 6:** All divisions within the NJDOE continue to collaborate to provide professional development, potentially through the Regional Achievement Centers, in literacy for teachers in general education, special education and bilingual/ESL education, and including administrators, supervisors, instructional support staff, child study team members, and speech/language specialists.

Through its Offices of Literacy and Special Education, the NJDOE provides professional development on literacy. It is recommended that these offices be required to continue and, where possible, expand their work to include joint guidance and professional development related to reading disabilities, including dyslexia. Such collaboration might include, but not be limited to, pilot projects, professional development workshops with job-embedded coaching,
and literacy conferences. Particular attention should be paid to the demands of the Common Core State Standards, adopted by New Jersey in June 2010.

REFERENCES


OTHER RESOURCES

http://www.interdys.org/


http://www.mayoclinic.com/health/dyslexia/DS00224/

http://www.asha.org/

http://www.statutes.legis.state.tx.us/Docs/OC/htm/OC.403.htm


http://www.ecs.org/ecs/ecsat.nsf/WebTopicView?OpenView&count=-I&RestrictToCategory=Reading/Literacy

http://www.dyslegia.com/state-dyslexia-laws/

http://www.wrightslaw.com/statute.htm

http://www.nichd.nih.gov/about/overview