SB 612 Implementation Update

OACOA Meeting
September 23, 2016

Carrie Thomas Beck, Ph.D.
Dyslexia Specialist
Oregon Dept. of Education

SB 612

- The Department of Education shall designate a dyslexia specialist
- The department shall annually develop a list of training opportunities related to dyslexia
- Each school district shall ensure that at least one K-5 teacher in each K-5 school has received training related to dyslexia
- School districts that do not comply with the training requirements and do not secure a waiver from the department are considered nonstandard under ORS 327.103
- The board shall adopt by rule the criteria for a waiver from the training requirements to address instances when noncompliance is outside the control of the district

* Amendments to Section 1 become operative on January 1, 2018

SB 612

The list of training opportunities must:

- Be developed in collaboration with TSPC to ensure the training opportunities also satisfy professional development requirements
- Include at least one opportunity that is provided entirely online

SB 612

The list of training opportunities must:

- Comply with the **knowledge and practice standards of an international organization on dyslexia**
- Enable the teacher to **understand and recognize dyslexia**
- Enable the teacher to implement instruction that is **systematic, explicit and evidence-based** to meet the educational needs of students with dyslexia

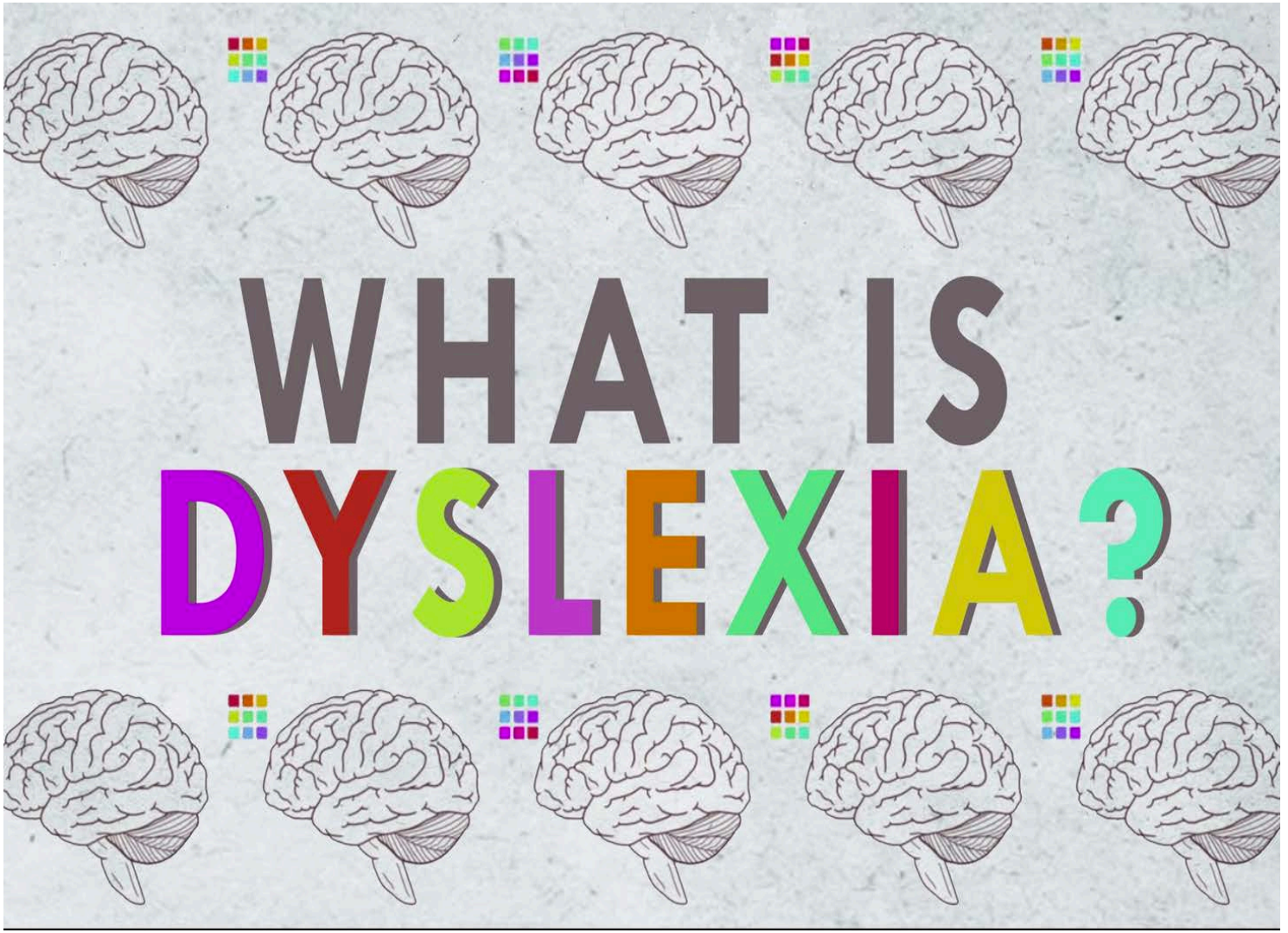
SB 612

- The Department of Education shall **develop a plan** to:
  - Ensure that every K and 1 student enrolled in a public school receives a screening for risk factors of dyslexia
  - Provide guidance for notifications sent by school districts to parents of students who are identified as being at risk for dyslexia based on screening

SB 612

- The plan must be developed collaboratively with experts on dyslexia, including representatives of nonprofit entities with expertise in issues related to dyslexia and the dyslexia specialist
- The department must identify screening tests that are cost effective
- The department shall submit a report on the plan and any proposed legislation to the interim legislative committees on education no later than September 15, 2016
- The screening tests must screen for:
  - phonological awareness
  - rapid naming skills
  - letter/sound correspondence
  - family history of difficulty in learning to read

SB 612 is now ORS 326.726


WHAT IS
DYSLEXIA?

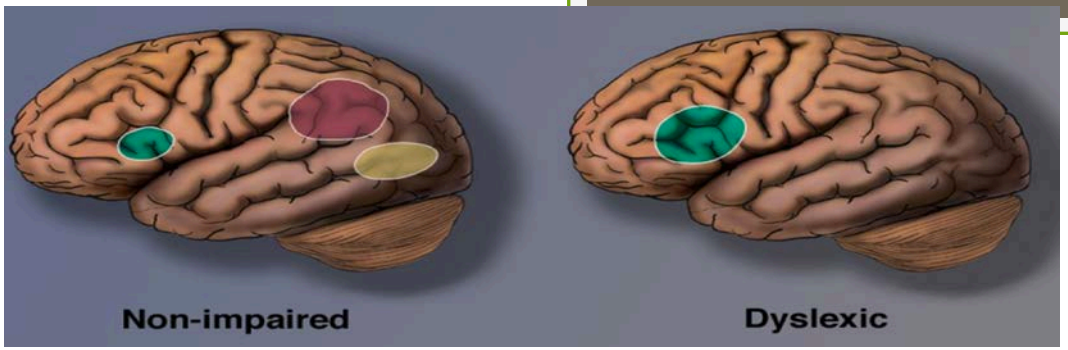
Definition of Dyslexia

Dyslexia is

- a specific learning disability
- neurobiological in origin
- characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities
- difficulties typically result from a deficit in the phonological component of language
- difficulties 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/NICHD, 2002

- The population of individuals with dyslexia is heterogeneous. Each child is unique – and the severity of dyslexia varies.
- The environment determines how severely the child will experience dyslexia – and instruction is the most important environmental factor.

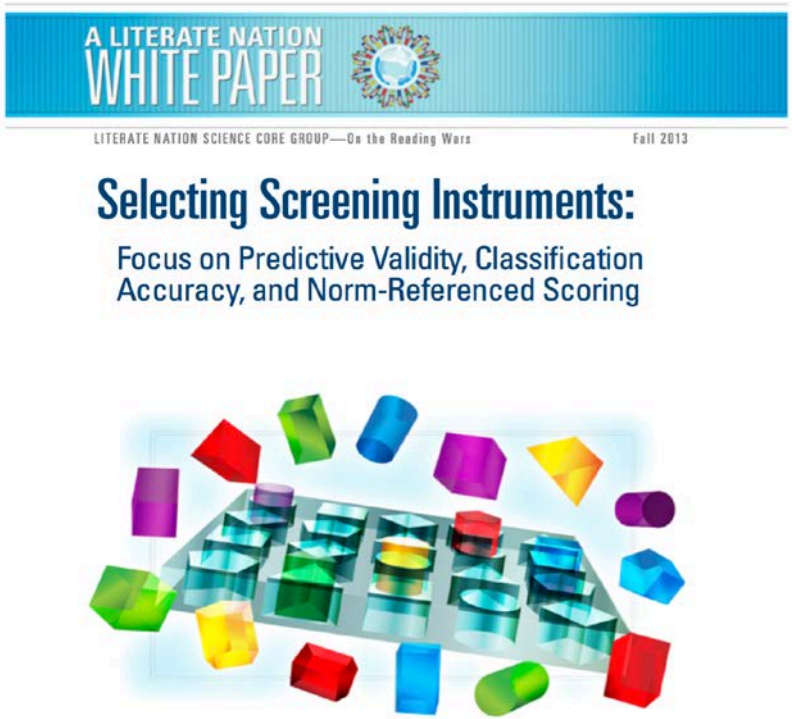


- Dyslexia is neurobiological in origin.
- If provided with effective intervention, the brains of students with dyslexia normalize.
- When intensive intervention is provided early, before failure has occurred, the detrimental effects of dyslexia can be largely avoided.
- Children at risk for dyslexia who learn to read at normal levels by the end of first grade continue to perform at normal levels across the grades.
- Brains of older children do normalize, but it if this doesn't happen until a later age, it results in a large gap in achievement and it is difficult to catch up.

Patricia Mathes (2016) Webinar: Curing Dyslexia: What is Possible? International Dyslexia Association

Screening Measures

Criteria for Selecting Screening Instruments



Criteria for Selecting Screening Instruments

- **Predictive Validity**: a measure of how well the prediction of future performance matches actual performance along the entire range of performance from highest to lowest
- **Classification Accuracy**: a measure of how well the screener divides students into those considered at risk and those not to be at risk
- **Norm-Referenced Scoring**: scores have been developed on large samples of diverse subjects and allow us to know how common or rare a score is

From: Dykstra (2013). A Literate Nation What Paper. Selecting Screening Instruments: Focus on Predictive Validity, Classification Accuracy, and Norm-Referenced Scoring.

Criteria for Selecting Screening Instruments

- *"The measures used to identify at-risk students must be strongly predictive of future reading ability and separate low and high performers."*

(Chard & Dickson, 1999)

Criteria for Selecting Screening Instruments

- *"Without norms, it is possible to identify weak children within a given class or school, but it is not possible to determine what proportion of children in the entire school may require intervention because of relatively weak prereading skills and knowledge."*

- Torgesen, 1998

Criteria for Selecting Screening Instruments

- The Department must identify screening tests that are cost effective

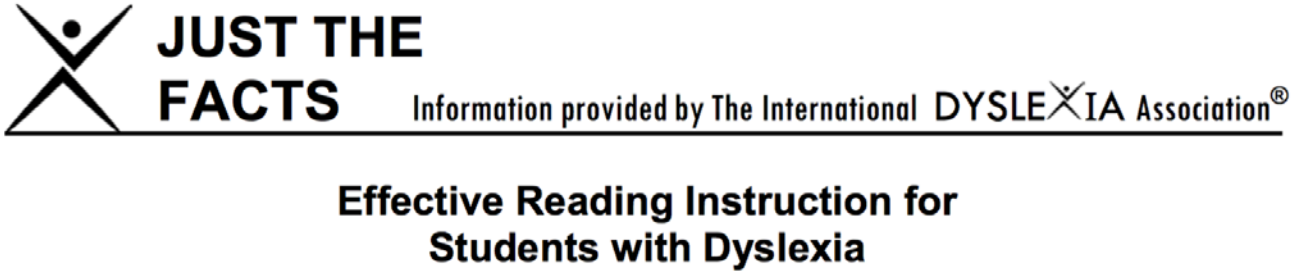
- “The acquisition of reading skills models a moving target, the skills that predict it change at each point in reading development and researchers choose which combinations of measures give them the best predictions in the least amount of time at a given grade level.”
- (Speece, 2005)

Teacher Training

Training Opportunities Focus on Providing Instruction that is:

- **Systematic** – a carefully planned sequence for instruction. Lessons build on previously taught information, from simple to complex. There is evidence of scaffolding (i.e., complex tasks are broken into smaller tasks, models are provided, support is provided during initial learning with a gradual shift in responsibility to the students).
- **Explicit** – involves explanation, demonstration, and practice. The teacher models skills, thinking, and behaviors. This includes the teacher thinking out loud when demonstrating processes for students.
- **Evidence-based** – a particular collection of instructional practices has a proven record of success. There is reliable, trustworthy, and valid evidence that when the practices are implemented with fidelity with a particular group of children, the children can be expected to make adequate gains in reading achievement.

Training Opportunities



Elements of Structured Literacy

- **Phonology**: The study of the sound structure of spoken words.
- **Sound-Symbol Association**: Mapping sounds to print.
- **Syllable Instruction**: Teaching the 6 basic syllable types and syllable division rules for greater accuracy in word reading.
- **Morphology**: Study of the meaning of base words, roots, prefixes, and suffixes.
- **Syntax**: Set of principles that dictate the sequence and function of words in a sentence (i.e., grammar)
- **Semantics**: Comprehension of written language.

International Dyslexia Association

Principles That Guide How Critical Elements Are Taught

- **Systematic and Cumulative**: Organization of material follows a logical order. Each step must be based on concepts previously taught.
- **Explicit Instruction**: Deliberate teaching of all concepts with continuous student-teacher interaction.
- **Diagnostic Teaching**: Individualizing instruction based on continuous assessment with a focus on mastering the content to automaticity.

International Dyslexia Association

- "Teaching a dyslexic child to read is based on the same principles used to teach any child to read. Since the neural systems responsible for transforming print into language may not be as responsive as in other children, however, *the instruction must be relentless and amplified in every way possible so that it penetrates and takes hold*."

(Shaywitz, Overcoming Dyslexia, 2003, p. 256)

- "The primary differences between instruction appropriate for all children in the classroom and that required by children with relatively severe dyslexia are related to the manner in which instruction is provided. Specifically, instruction for children with severe dyslexia must be more *explicit and comprehensive*, more *intensive* and more *supportive* than the instruction provided to the majority of children."

- Torgesen, Foorman, & Wagner in FCRR Technical Report #8: Dyslexia: A Brief for Educators, Parents, and Legislators in Florida

The Role of Oregon Districts in the Early Identification and Intervention for Students who Demonstrate Risk Factors of Dyslexia

What is the Intent of Oregon's Legislation?

Current Options for Services in Oregon

- **Accommodations through Section 504 of the Rehabilitation Act of 1973:** Students are determined to be eligible for accommodations through Section 504 if they have a physical or mental impairment that substantially limits a major life activity.
- **An IEP with specially designed instruction through IDEA 2004:** If the impact of the disability is significant enough that it adversely affects the student's access to general education curriculum, and the child's ability to make meaningful educational progress.

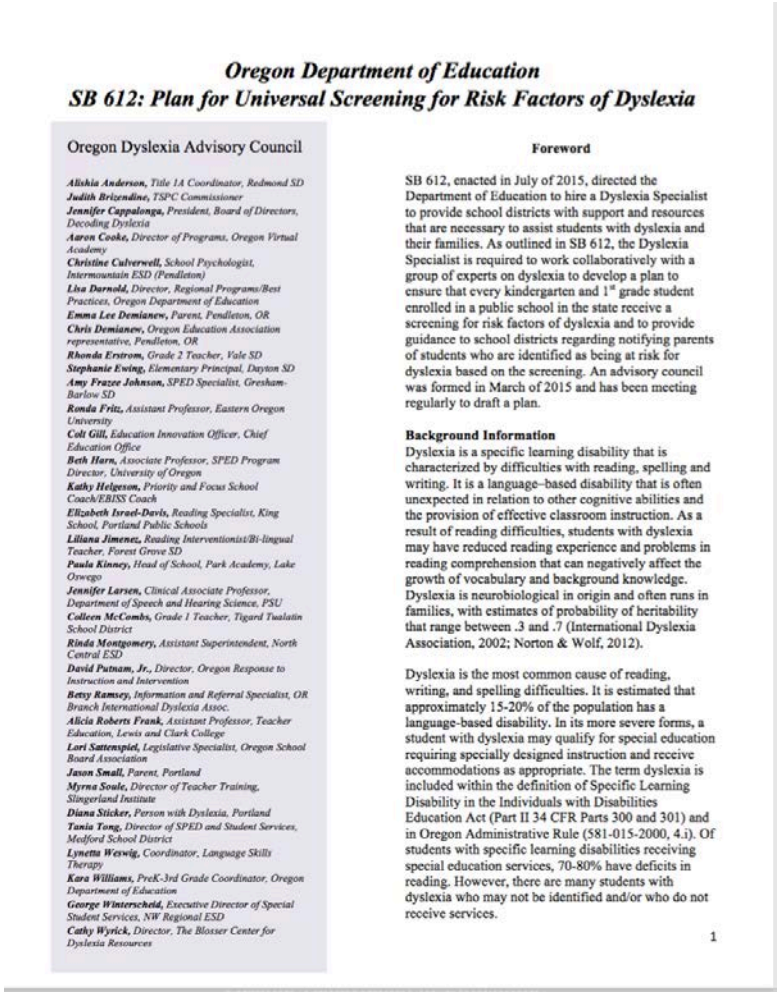
In Oregon, dyslexia is included in the definition of Specific Learning Disability in the Oregon Administrative Rules (OARs) for Special Education (581-015-2000, 4.i).

- *(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.*

Oregon's Model of Serving Students with Risk Factors of Dyslexia

- New procedures specific to dyslexia legislation
- Use of multi-tiered systems of support in the context of general education to serve students with risk factors
- Linkage of the teacher who receives dyslexia-related training to the instructional support provided to students at risk

SB 612: Plan for Universal Screening for Risk Factors of Dyslexia



Oregon Department of Education
SB 612: Plan for Universal Screening for Risk Factors of Dyslexia

Oregon Dyslexia Advisory Council

Alishia Anderson, *Title 1A Coordinator, Redmond SD*
Judith Brizendine, *TSPC Commissioner*
Jennifer Cappalonga, *President, Board of Directors, Decoding Dyslexia*
Aaron Cooke, *Director of Programs, Oregon Virtual Academy*
Christine Culverwell, *School Psychologist, Intermountain ESD (Pendleton)*
Lisa Darnold, *Director, Regional Programs/Best Practices, Oregon Department of Education*
Emma Lee Demianew, *Parent, Pendleton, OR*
Chris Demianew, *Oregon Education Association representative, Pendleton, OR*
Rhonda Erstrom, *Grade 2 Teacher, Vale SD*
Stephanie Ewing, *Elementary Principal, Dayton SD*
Amy Frazee Johnson, *SPED Specialist, Gresham-Barlow SD*
Ronda Fritz, *Assistant Professor, Eastern Oregon University*
Colt Gill, *Education Innovation Officer, Chief Education Office*
Beth Harn, *Associate Professor, SPED Program Director, University of Oregon*
Kathy Helgeson, *Priority and Focus School Coach/EBISS Coach*
Elizabeth Israel-Davis, *Reading Specialist, King School, Portland Public Schools*
Liliana Jimenez, *Reading Interventionist/Bi-lingual Teacher, Forest Grove SD*
Paula Kinney, *Head of School, Park Academy, Lake Oswego*
Jennifer Larsen, *Clinical Associate Professor, Department of Speech and Hearing Science, PSU*
Colleen McCombs, *Grade 1 Teacher, Tigard Tualatin School District*
Rinda Montgomery, *Assistant Superintendent, North Central ESD*
David Putnam, Jr., *Director, Oregon Response to Instruction and Intervention*
Betsy Ramsey, *Information and Referral Specialist, OR Branch International Dyslexia Assoc.*
Alicia Roberts Frank, *Assistant Professor, Teacher Education, Lewis and Clark College*
Lori Sattenspiel, *Legislative Specialist, Oregon School Board Association*
Jason Small, *Parent, Portland*
Myrna Soule, *Director of Teacher Training, Slingerland Institute*
Diana Sticker, *Person with Dyslexia, Portland*
Tania Tong, *Director of SPED and Student Services, Medford School District*
Lynetta Weswig, *Coordinator, Language Skills Therapy*
Kara Williams, *PreK-3rd Grade Coordinator, Oregon Department of Education*
George Winterscheid, *Executive Director of Special Student Services, NW Regional ESD*
Cathy Wyrick, *Director, The Blosser Center for Dyslexia Resources*

Foreword

SB 612, enacted in July of 2015, directed the Department of Education to hire a Dyslexia Specialist to provide school districts with support and resources that are necessary to assist students with dyslexia and their families. As outlined in SB 612, the Dyslexia Specialist is required to work collaboratively with a group of experts on dyslexia to develop a plan to ensure that every kindergarten and 1st grade student enrolled in a public school in the state receive a screening for risk factors of dyslexia and to provide guidance to school districts regarding notifying parents of students who are identified as being at risk for dyslexia based on the screening. An advisory council was formed in March of 2015 and has been meeting regularly to draft a plan.

Background Information

Dyslexia is a specific learning disability that is characterized by difficulties with reading, spelling and writing. It is a language–based disability that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. As a result of reading difficulties, students with dyslexia may have reduced reading experience and problems in reading comprehension that can negatively affect the growth of vocabulary and background knowledge. Dyslexia is neurobiological in origin and often runs in families, with estimates of probability of heritability that range between .3 and .7 (International Dyslexia Association, 2002; Norton & Wolf, 2012).

Dyslexia is the most common cause of reading, writing, and spelling difficulties. It is estimated that approximately 15-20% of the population has a language-based disability. In its more severe forms, a student with dyslexia may qualify for special education requiring specially designed instruction and receive accommodations as appropriate. The term dyslexia is included within the definition of Specific Learning Disability in the Individuals with Disabilities Education Act (Part II 34 CFR Parts 300 and 301) and in Oregon Administrative Rule (581-015-2000, 4.i). Of students with specific learning disabilities receiving special education services, 70-80% have deficits in reading. However, there are many students with dyslexia who may not be identified and/or who do not receive services.

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SB 612: Plan for Universal Screening for Risk Factors of Dyslexia

Objectives	Strategies	Metrics & Milestones
1. Ensure that every student who is first enrolled at a public school in this state for kindergarten or first grade receives a screening for risk factors of dyslexia.	Outline process for districts to meet screening requirements of SB 612 in Oregon Administrative Rules (OARs). Include steps districts must take to provide additional instructional support to those students identified at risk in the OARs. Specifically, districts will be required to: 1. Screen for family history of reading difficulties for all students entering kindergarten at the time of school enrollment and for first grade students who were not screened upon kindergarten entry. Parents/guardians will complete a brief written questionnaire that is included as part of the enrollment forms. 2. Conduct initial universal screening of all students in kindergarten and grade 1 to assess for risk factors of dyslexia and other reading difficulties. At a minimum, districts are required to screen kindergarten students in fall, winter, and spring and grade 1 students in the fall using measures of phonological awareness, letter-sound correspondences, and rapid naming. In addition, districts are strongly encouraged to administer any other measures recommended in the adopted assessment system. 3. Provide students identified as showing risk factors for reading difficulties based on test developer guidelines with targeted intervention support daily in the general education context (i.e., Tier 2 support) in addition to core instruction. The instruction must be (a) aligned with the IDA Knowledge and Practice Standards; (b) systematic, explicit, and evidence-based; and (c) delivered under the direction of the teacher in the building who has completed the dyslexia-related training. Monitor student progress regularly. 4. Refer those students who do not make adequate progress when provided with supplemental, targeted literacy intervention (i.e., Tier 2 support) to the school problem-	Present draft OARs on screening requirements and instructional support to State Board of Education for a first read at the December 2016 meeting. Revise as needed and present to State Board for a second read in January of 2017. Complete sections on universal screening for the dyslexia handbook by spring of 2017. Districts implement screening requirements beginning in fall of 2017. Districts sign Division 22 assurances to indicate compliance with SB 612 requirements following each school year as outlined in the OARs. Communication of the screening/instructional support plan to the field documented by numbered memos, announcements on the homepage of the ODE website, newsletter updates, information posted on the dyslexia page of the ODE website, and

SB 612: Plan for Universal Screening for Risk Factors of Dyslexia

- To access the plan presented to the legislature, go to:

http://www.ode.state.or.us/search/page/?id=5575

Objectives of Plan:

1. Ensure that every student who is first enrolled at a pubic school in this state for kindergarten or first grade receives a screening for risk factors of dyslexia.
2. Provide guidance for notifications sent by school districts to parents of students who are identified as being at risk for dyslexia based on screening of risk factors.
3. Identify screening tests that are cost effective and that screen for the following factors:

   (a) Phonological awareness;

   (b) Rapid naming skills;

   (c) The correspondence between sounds and letters; and

   (d) Family history of difficulty in learning to read.

Oregon Dyslexia Advisory Council

- School Districts
- Private Schools for Dyslexia
- Education Service Districts
- Higher Education
- Early Learning
- Parents of Children with Dyslexia
- Dyslexia Organizations
- Persons with Dyslexia
- Oregon Department of Education
- Teacher Standards and Practices Commission
- Dyslexia Tutors/Therapists
- Oregon School Board Association
- Oregon Education Association
- Other ODE Partners/Consultants

Guiding Principles

- a focus on student success
- early identification/prevention
- decisions based on the best science available
- work within/strengthen systems for screening and support in Oregon districts

Consultation with Experts

- **Jack Fletcher, Ph.D.**, *Chair, Department of Psychology, University of Houston*
- **Louisa Moats, Ed.D.**, *widely acclaimed researcher, speaker, author, consultant and trainer*
- **Patricia Mathes, Ph.D.**, *Professor of Teaching and Learning, Southern Methodist University, Texas Instruments Endowed Chair on Evidence-Based Instruction*
- **Edward Kame'enui, Ph.D.**, *Dean-Knight Professor Emeritus, University of Oregon and Founding Commissioner of the National Center for Special Education Research in the Institute of Educational Sciences (IES), U.S., Department of Education*
- **Hank Fien, Ph.D.**, *Director of the Center on Teaching and Learning (CTL), University of Oregon*

Organizing Principles

1. It is important to differentiate screening from identification.
2. The screening measures required by SB 612 can be used to screen for risk of reading difficulties, but these measures may or may not indicate dyslexia.
3. The most predictive measure of reading difficulties is letter sound knowledge in kindergarten. By the middle of 1st grade, it is word reading.
4. Traditional measures of Rapid Automatized Naming (RAN) may be best used for identification purposes rather than for universal screening.
5. Letter Naming Fluency is a form of rapid naming that is a strong predictor of reading difficulties.

Organizing Principles (cont.)

6. Identifying if a student has dyslexia requires additional assessment.
7. To best serve students, educators need to be less concerned with the cause of reading difficulties and instead focus on providing intervention to those students who are identified as at risk.
8. It is critical to focus on providing intervention as quickly as possible to those students who are at risk for reading difficulties.
9. All reading difficulties should be addressed through providing multiple tiers of support that provide appropriate instruction by qualified individuals.
10. It is not wise to create a separate delivery system for students with dyslexia.

Universal Screening Plan

- Initial universal screening of K students in the fall, winter, and spring and grade 1 students in the fall
- Systems for universal screening must:
  - have strong predictive validity, classification accuracy, and norm-referenced scoring;
  - include measures of all three of the risk factors required in SB 612 (phonological awareness, L/S correspondence, rapid naming) at least once per year; and
  - Include progress monitoring measures connected to the universal screening measures.

Universal Screening Plan

- The Department will provide a list of approved screening measures.
- Districts select one of the approved universal screening measures and administer the subtests in each area at designated points in time during the year as per guidelines of the test developers.
- A district may apply to select an alternative universal screening measure that meets the criteria.

Why Universal Screening in Fall, Winter, and Spring? (K)

- Given the widely varying range of children's preschool learning opportunities, many children may score low on early identification instruments in the first semester of K simply because they have not had the opportunity to learn the skills.
- Universal screening of K in the fall will provide data on the risk level of incoming students which should inform instruction.
- If prereading skills are actively taught in K, some of these differences may be reduced by the beginning of the second semester of K.
- Universal screening of K in the winter and spring will identify students who continue to exhibit risk and will require additional instructional support to prevent reading difficulties.
- A student's response to instruction may provide valuable information that can help differentiate between students who are at risk for reading difficulties due to environmental disadvantage versus dyslexia.

Why Universal Screening in Fall? (Grade 1)

- Universal screening systems in **fall** of grade 1 typically include subtests on phonemic segmentation, letter/sound correspondence, and rapid naming (LNF)
- Beginning in **winter**:
  - the phonemic segmentation measure typically is not included in universal screening but may be available for use for targeted students;
  - the rapid naming measure (LNF) is typically no longer available or administered;
  - measures of letter/sound correspondence continue to provide useful information; and
  - additional measures such as Word Reading Fluency and Oral Reading Fluency take on greater weight in determining risk.
- Continued universal screening in winter and spring of grade 1 using measures as outlined by test developers is strongly recommended.

Dyslexia Screening and Instructional Support Process:

Step 1: Screen for family history of reading difficulties for all students entering kindergarten at the time of school enrollment and for first grade students who were not screened upon kindergarten entry.

Step 2: Conduct initial universal screening of K students in fall, winter, and spring and grade 1 students in the fall to assess for risk factors of dyslexia and other reading difficulties, including measures of phonological awareness, letter-sound correspondence, and rapid naming.

Step 3: Provide students identified as showing risk factors for reading difficulties based on test developer guidelines with targeted intervention support daily in the general education context (i.e., Tier 2 support) in addition to core instruction. The instruction must be aligned with the IDA Knowledge and Practice Standards, systematic, explicit, evidence-based and delivered under the direction of the teacher in the building who has completed the dyslexia-related training. Monitor student progress regularly.

Dyslexia Screening and Instructional Support Process:

Step 4: Refer those students who do not make adequate progress when provided with supplemental, targeted literacy intervention (i.e., Tier 2 support) to the school problem-solving team for further assessment. School problem-solving teams, that include a member trained in dyslexia, will collect additional information in the domains of instruction, curriculum, environment, and the learner.

Step 5: Use the additional student skill data and instructional information gathered to develop an individualized, intensive literacy intervention. This intensive, individualized literacy intervention will comprehensively address specific areas of need and is provided daily in the context of general education (i.e., Tier 3 support). The instruction must be aligned with the IDA Knowledge and Practice Standards, systematic, explicit, evidence-based and delivered under the direction of the teacher in the building who has completed the dyslexia-related training. Monitor student progress regularly.

Step 6: After 6 to 8 weeks, consider a special education referral for students who do not respond to the intensive, individualized literacy intervention (i.e., Tier 3 support) or continue to adjust and refine the intervention and monitor progress.

(The special education referral process can begin prior to, or at any point in this instructional support process as described above.)

Parent Notification

- The guiding principle in communication with parents should be to provide information early and seek input often.
- Consent is not required for screening and progress monitoring which all students participate in as part of the general education program. It is best practice to share this data with parents.
- Parents should be made aware of any interventions that occur beyond the core curriculum.
- Parents should be invited to participate in the planning of any individual interventions.
- If a student is not making progress after two group interventions and one individually-designed intervention, it may be appropriate to make a special education referral which requires parental consent.

Source: OrRTI Technical Assistance to School Districts, ODE Dec 2007

Parent Notification

When	Type of Notification
Initial universal screening of K/1	A brochure describing the universal screening and instructional support process will be made available to all parents.
Student identified as showing risk factors based on universal screening	Directly provide brochure to parent and include notification letter. Letter will include initial screening results for their child and a description of the additional instructional support that will be provided.
Student does not respond to Tier 2 support	Provide parents with a letter that describes the additional instructional information to be collected and an invitation to participate in the planning for the intensified instructional support.
Intensive, more individualized structured literacy intervention is developed.	Provide parents with a letter that includes a summary of information collected and a description of the additional instructional support that will be provided.

Child Find Concerns

- Use of correct language is important (i.e., “screening for risk factors of dyslexia” vs. “dyslexia screening”).
- The screening in and of itself can’t tell if a student has dyslexia.
- Every child identified as having risk factors for dyslexia would not necessarily need to be evaluated for SPED. Rather, screening would lead to numerous steps that would need to occur prior to an evaluation for SPED services.
- The screening is simply the first step to determine if the student might have risk factors for a disability, not that the student might have the disability itself.

Timeline for Implementing Requirements of SB 612:

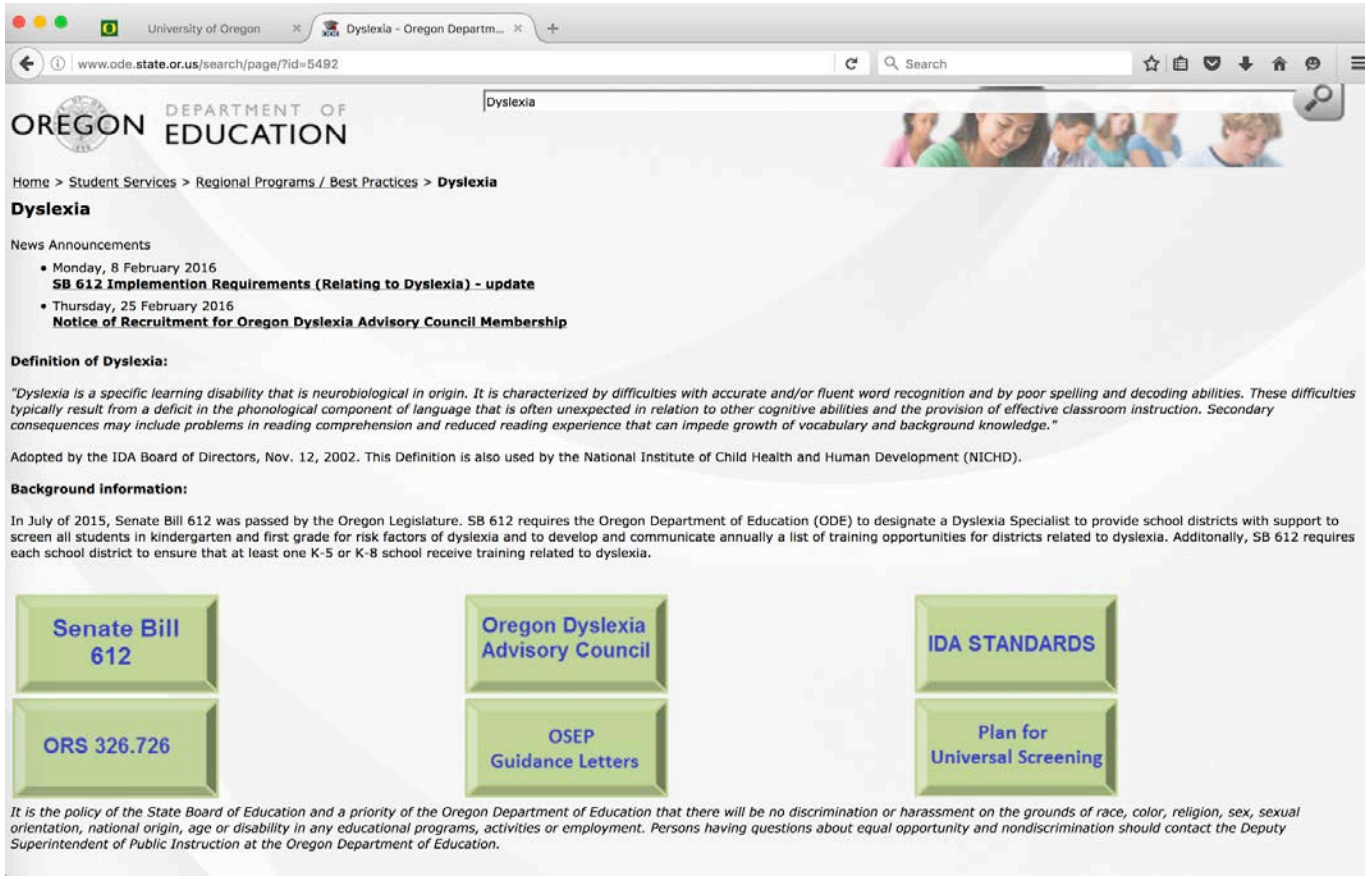
- List of training opportunities will be released in late fall, 2016.
- Teachers begin dyslexia-related training in January of 2017 and complete by January 1 of 2018.
- Screening Requirements to begin in the 2017/18 school year.

ODAC

- Regular ODAC meetings will be scheduled for November of 2016, February of 2017, May of 2017, and September of 2017.
- Will focus on vetting teacher training opportunities, drafting OARs, and developing more specific guidance for districts in the form of a handbook.
- The dyslexia specialist will also seek guidance from experts in the area of screening and providing instructional support for ELLs.

To Follow the Work of ODAC:

http://www.ode.state.or.us/search/page/?id=5492



What Questions Do You Have?