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

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.

Brain imagery studies have shown a difference in the way the brain of a person with dyslexia develops and functions (Shaywitz et. al., 2001; Shaywitz et. al, 2006.). The areas of the brain responsible for language skills in a child with dyslexia do not work together in the same way as that of typically developing readers. Students with dyslexia use different areas of the brain to try to compensate which results in inaccurate and inefficient reading. Research has demonstrated that if provided with effective intervention, the brains of students with dyslexia normalize (Denton et al., 2007). Moreover, when intensive intervention is provided early, before failure has occurred, the detrimental effects of dyslexia can be largely avoided (Torgesen, 2002).

Students with dyslexia benefit from appropriate structured literacy instruction that explicitly and systematically teaches students the foundational skills in reading using evidence-based practices. The provision of effective phonological awareness and phonics instruction in kindergarten and first grade is particularly important. English is an alphabetic language. Phonological awareness instruction teaches children to hear and manipulate sounds in spoken language and phonics instruction explicitly connects spoken sounds with print. Well-known experts in dyslexia have stressed that instruction for a student with dyslexia is based on the same evidence-based principles that should be used to teach any student to read. The primary difference between instruction appropriate for all students in the classroom and that needed by students with dyslexia is the intensity. Specifically, instruction for students with dyslexia needs to be more explicit, more comprehensive, and more supportive than instruction provided to the majority of the students (Torgesen et al., 2007). In the words of Sally Shaywitz, renowned expert on dyslexia and the Co-Director of the Yale Center for Dyslexia and Creativity, the instruction must be "relentless and amplified in every way possible so that it penetrates and takes hold" (Shaywitz, 2003, pg. 256).

Children who are likely to have difficulties learning to read can be identified as early as preschool or kindergarten, but it is frequently not possible to differentiate in preschool or kindergarten between students who have dyslexia and students who are at risk for reading problems for other reasons (Torgesen et al., 2007). To date, our ability to correctly identify which children will go on to have dyslexia based on kindergarten data has been insufficient (Norton & Wolf, 2012). The prediction accuracy increases significantly the longer a child has been in school. The initial screeners required by SB 612 in kindergarten and 1st grade will not be sufficient to identify students with dyslexia. **These screeners can, however, accurately identify those students who are at risk for reading difficulties, including dyslexia.** Early intervention benefits the acquisition of reading skills for students who are at risk for reading difficulties regardless of the cause. Monitoring a child's response to high quality reading instruction may be the best way to identify students with severe dyslexia, followed by additional screening and formal evaluation if needed (Torgesen et al., 2007).

The Plan

Over a six-month collaborative process, members of the Oregon Dyslexia Advisory Council (ODAC) provided input and guidance to the Dyslexia Specialist in developing a plan for the universal screening for risk factors of dyslexia in kindergarten and first grade in Oregon public schools. The council consisted of stakeholders representing a broad range of groups including school districts, state educational associations, higher education, parents, community organizations, dyslexia therapists, and persons with dyslexia. During that time period, the Dyslexia Specialist also reached out to the following experts on dyslexia and reading instruction to seek additional guidance:

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 Education Sciences (IES), U.S. Department of Education
Hank Fien, Ph.D., Director of the Center on Teaching and Learning (CTL), University of Oregon

This plan is a product of that process and will provide a road map for Oregon districts for building systems that will allow for early identification of students at risk for reading difficulties, including dyslexia, and providing multiple tiers of instructional support to prevent those difficulties. The intent is to align the plan with the current state of scientific knowledge and most-promising standards of practice in the area of

preventing reading difficulties. In doing so, the Oregon Department of Education promotes the implementation of policies and practices that are research-based and allows districts to systematically focus on improving reading instruction and intervention.

Organizing principles. The following organizing principles, based on guidance from experts in the field, lay the foundation for the plan:

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), measures of a child's ability to efficiently retrieve information from long-term memory and to execute a sequence of operations quickly and repeatedly, may be best used for identification purposes rather than for universal screening.
5. Letter Naming Fluency (LNF) is a form of rapid naming that is a strong predictor of reading difficulties.
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.

The proposed plan focuses on (a) the utilization of the screening measures required in SB 612 for early identification of students who are at-risk or likely to become at-risk for reading difficulties; and (b) the provision of a multi-tier system of supports (MTSS) to prevent failure.

Screening for risk factors of reading difficulties. The experts in the field cautioned that the screening measures required by SB 612 can be used to screen for risk of reading difficulties, but may or may not indicate dyslexia. They stressed that to best serve students, districts need to be less concerned about the cause of reading difficulties, but rather focus on providing intervention as quickly as possible for those students who demonstrate risk.

Districts should screen using the measures that are most predictive of reading difficulties. Speece (2005) characterizes the acquisition of reading skills as a moving target, with the skills that predict it changing at each point in reading development. Researchers select the combinations of measures that allow for the best predictions in the least amount of time at each grade level. Phonological awareness, letter/sound correspondence, and rapid naming are strong predictors of risk of reading difficulties in kindergarten and early grade 1. As one of the organizing principles, the experts pointed out that a traditional measure of Rapid Automatized Naming (RAN) is most useful for purposes of identification of dyslexia, not screening. Screening for rapid naming through a Letter Naming Fluency (LNF) measure, however, does provide a strong prediction of reading difficulties. To increase the strength of the prediction in first grade, experts identified the need to add a measure of word reading by the middle of the year in grade 1.

When screening for phonological awareness, letter/sound correspondences, and rapid naming, it is important for districts to utilize screeners that accurately and reliably identify students who are at risk. Universal screeners should have (a) strong predictive validity; (b) classification accuracy; and (c) norm-referenced scoring (Dykstra et al., 2013). There is no need to focus investments on introducing new screeners for districts to meet these requirements. Approximately 90 districts across the state are currently using universal screening systems that have strong predictive validity and classification accuracy for identifying students who are at risk for reading difficulties and include the required subtests (phonological awareness, letter-sound correspondences, and rapid naming). Universal screening systems with these characteristics that are currently in use in Oregon districts include AIMSweb, DIBELS 6th Edition, DIBELS Next, and easyCBM.

Utilizing existing screening systems that have strong technical adequacy to meet the requirements of SB 612 is cost effective for districts. For those districts that do not currently universally screen students in K and 1, there are universal screening measures (DIBELS 6th Edition and DIBELS Next) that are available for free download through the University of Oregon. Oregon districts may also access the DIBELS Data System to enter screening and progress monitoring data to

generate reports at the student, classroom, school, and district level at no cost. Districts that have not implemented these screening tools will, however, need training on administration that will incur an associated cost. None of the commonly used universal screening systems requires a large investment in time or resources. These screening systems consist of one-minute measures that can be administered by teachers as well as specialists with the appropriate training.

Notification. SB 612 requires that the plan provide guidance for notifications sent by school districts to parents of students who are identified as being at risk based on the universal screening. The proposed structure for notifying parents/guardians outlined in the plan is consistent with guidelines from the Department for districts in Oregon implementing a Response to Intervention (RtI) model. Specifically:

- 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: Oregon Response to Intervention. Technical Assistance to School Districts. Oregon Department of Education, December, 2007.

Provision of a multi-tier system of support (MTSS) to prevent failure. Experts from the field stressed that it is not wise to create a separate delivery system for students with dyslexia, but rather all reading difficulties, including dyslexia, are best addressed through implementing multiple tiers of support that provide *appropriate instruction* by *qualified individuals*

MTSS consists of providing effective instruction and intervention across tiers of academic support to all students. Universal screening, progress monitoring, and data-driven decision making are key components of an MTSS system. Within MTSS, students who are at risk for reading difficulties are identified early through universal screening and the data is used to develop appropriate intervention that incorporates evidence-based practices. This preventative intervention is provided within the context of the general education setting. A student's progress is monitored regularly to determine his or her response to intervention and to adjust instruction as needed. At any time during this process, the school or parent can make a referral for an initial evaluation to determine if a student has a disability as defined under the Individuals with Disabilities Education Act (IDEA) for those students who continue to make inadequate progress and may require special education and related services. The special education referral process can also begin prior to or at any point in the MTSS process.

Most Oregon teachers are not trained in how to recognize children at risk for dyslexia and provide systematic, explicit, evidence-based instruction to meet their educational needs. SB 612 requires that one K-5 teacher in each K-5 school receives training related to dyslexia. These trained teachers will be an important resource in their buildings in working with other staff members to develop, monitor, and adjust instructional interventions for students who are at risk for reading difficulties, including dyslexia. Therefore, the plan serves to explicitly link the teacher who receives the dyslexia-related training to the students who are identified as being at risk for reading difficulties by having these trained teachers provide guidance and oversight in the development and implementation of appropriate instructional interventions within the MTSS model.

Objectives. The plan includes three objectives as outlined in SB 612 with accompanying strategies and measureable outcomes and timelines for each. The plan does not create a separate delivery system for students with dyslexia, but rather was designed to work within and strengthen existing systems of screening and instructional support in Oregon districts. Appendix A provides additional details regarding the steps for districts to screen for risk factors of dyslexia and provide instructional support through MTSS. The content has been reviewed by members of the Oregon Dyslexia Advisory Council, other stakeholders from across the state, and key staff at the Oregon Department of Education.

The plan aligns with the Oregon Department of Education's strategic goals and key initiatives. The State Systemic Improvement Plan's (SSIP) main goal is to increase the percentage of students with disabilities who read at grade level by 3rd grade. Early

identification and prevention of reading difficulties through the required screening and teacher training will contribute significantly to this goal. The process for screening and instructional support outlined in the plan is consistent with the Oregon K-12 Literacy Framework, the Oregon Response to Instruction and Intervention (ORTIi) initiative, the Schoolwide Integrated Framework for Transformation (SWIFT) project that builds school capacity to provide academic and behavioral support to improve outcomes for all students through equity-based inclusion, and the newly funded 5-year State Personnel Development Grant (SPDG) that will train instructional coaches throughout the state to support MTSS. The plan is also aligned with the outreach efforts by the Department to provide technical assistance for district improvement.

With early identification and early intervention, students at risk for reading difficulties, including dyslexia, can succeed in school and adulthood. A student can make real and lasting improvements in reading ability. We look forward to the implementation of this plan and supporting all Oregon students to become successful readers.

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-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. 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 (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.	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 completed presentations by the Dyslexia Specialist to COSA groups, Assessment Coordinators, community organizations, districts, and other stakeholders. If convening an external panel to further inform best practices in screening, core instruction and intervention for struggling readers is approved, members of external panel selected in fall of 2016. Report completed by spring of 2017.

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<tr><th>Objectives</th><th>Strategies</th><th>Metrics & Milestones</th></tr>
<tr><td>1. (cont.)</td><td>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.
(See Appendix A for a detailed description of the process for screening and providing instructional support.)

Require districts to administer the subtests in each area at designated points in time during the year with fidelity as per guidelines of the test developers and determine risk based on guidelines from test developers.

Develop a dyslexia handbook to provide additional information and guidance for districts to implement universal screening requirements.

Communicate plan for universal screening and instructional support to the field.

Consider convening an external panel that includes experts in both dyslexia and reading instruction to draft an external report to further inform best practices in screening, core instruction and intervention for struggling readers.</td><td></td></tr>
<tr><td>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.</td><td>Outline process for districts to notify parents/guardians of students who are identified as being at risk for dyslexia based on screening of risk factors in Oregon Administrative Rules (OARs). The timing and specific type of notification is as follows:

<table><tr><th>When</th><th>Type of Notification</th></tr><tr><td>Initial universal screening of K/1</td><td>A brochure describing the universal screening and instructional support process will be made available to all parents.</td></tr><tr><td>Students identified as showing risk factors based on universal screening</td><td>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.</td></tr><tr><td>Student does not respond to Tier 2 support</td><td>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.</td></tr><tr><td>Intensive, more individualized structured literacy intervention is developed.</td><td>Provide parents with a letter that includes a summary of information collected and a description of the additional instructional support that will be provided.</td></tr></table></td><td>Present draft OARs on parent notification to State Board of Education for first read at the December 2016 meeting. Revise as needed and present to State Board for a second read in January of 2017.

Models of brochures and parent notification letters, including those for families of English Language Learners, posted on dyslexia page of ODE website by spring 2017.

Complete sections on parent notification for the dyslexia handbook by spring of 2017.

Communication to the field regarding parent notification documented by announcements on the homepage of the ODE</td></tr>
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Objectives	Strategies	Metrics & Milestones
2. (cont.)	Provide examples of brochures and parent notification letters that districts can use as models. Work with stakeholders to develop versions of parental notification letters appropriate for families of English Language Learners. Develop a section in the dyslexia handbook to provide additional information and guidance for districts regarding parent notification. Communicate plan for parent notification to the field.	website, newsletter updates, information posted on the dyslexia page of the ODE website, and completed presentations by the Dyslexia Specialist to COSA groups, Assessment Coordinators, community organizations, districts, and other stakeholders.
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.**	Require districts to select one of the approved universal screening measures and administer the subtests in each area at designated points in time during the year with fidelity as per guidelines of the test developers. Systems for universal screening must (a) have strong predictive validity, classification accuracy, and norm-referenced scoring; (b) include measures of all three of the risk factors required I SB 612 (phonological awareness, letter-sound correspondences, and rapid naming) at least once per year; and (c) include options for progress monitoring measures. Provide a list of approved screening measures from the Department. Districts may select one of the approved measures or apply to select an alternative universal screening system that meets the criteria listed above. Utilize Letter Naming Fluency to provide a cost effective measure to screen for rapid naming that is highly predictive of reading success. Provide guidance to districts on selecting screeners for Spanish speakers and implementing instructional interventions for ELLs. Request that start-up funds be made available for districts that do not currently complete universal screening in K and 1 to avoid possible barriers to implementing the screening requirements of SB 612. Based on input from dyslexia experts and ODAC members, modify statutory language in ORS 326.726 to add the requirement to screen for word reading and oral reading fluency in grade 1.	ODE releases list of approved measures by spring 2017. Process for approval of an alternative universal screening system defined and posted on ODE website by spring of 2017. Complete section on Spanish screeners and guidance for implementing instructional interventions for ELLs for the dyslexia handbook by fall of 2017. Districts report to ODE on universal screening system selected by fall of 2017. Possible Policy Option Package (POP) request for funding in the 2017-2019 biennium for school districts to implement screening requirements of SB 612. Modified statutory language in ORS 326.726.

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