

**CAPITOL OFFICE**

State Capitol Building  
201 W Capitol Ave, Room 115-C  
Jefferson City, MO 65101-6806

Tele: (573) 751-1443  
E-Mail: [kathryn.swan@house.mo.gov](mailto:kathryn.swan@house.mo.gov)



**COMMITTEES**

**Chair**  
Elementary and Secondary Education

**Member**  
Budget  
Fiscal Review  
Subcommittee on Appropriations-Health,  
Mental Health, and Social Services  
Legislative Task Force on Dyslexia  
Joint Committee on Education

**MISSOURI HOUSE OF REPRESENTATIVES**

**Kathryn Swan**

State Representative  
District 147

Representative Todd Richardson  
State Capitol Room 308  
Jefferson City, MO 65102

Dear Representative Todd Richardson:

The Legislative Task Force on Dyslexia has completed its work. The enclosure includes recommendations for a statewide system to address the needs of students with dyslexia.

As a result of their findings, the task force is recommending the following to specifically address:

- Screening
- Evidence-based Reading Instruction
- Intervention system
- Preservice and in-service professional development
- Teacher certification
- Process for reporting of data recommendations
- Study and evaluate current practices for diagnosing, treating and educating students

The members of the task force were honored to serve in this important role and appreciate the opportunity to explore the most effective ways to address the issue of dyslexia in our schools.

Yours truly,

A handwritten signature in black ink that reads "Kathryn Swan". The signature is written in a cursive, flowing style.

Kathryn Swan  
State Representative, 147<sup>th</sup> District



## LEGISLATIVE TASK FORCE ON DYSLLEXIA

6. (1) *Identify valid and reliable screening and evaluation assessments and protocols that can be used and the appropriate personnel to administer such assessments in order to identify children with dyslexia or the characteristics of dyslexia as part of an ongoing reading progress monitoring system, multi-tiered system of supports, and special education eligibility determinations in schools;*

### Screening

Universal Screening – The skills addressed by the universal screener should include phonological awareness, rapid automatic naming, nonsense words, alphabetic principle, phonics, reading fluency, spelling, reading accuracy, vocabulary and reading comprehension, as age or grade appropriate. Evidence shows that these skills are the basic building blocks for proficient reading and are critical skills for assessment of dyslexia. School districts/LEAs (Local Education Agency's) shall ensure that every entering student in grades 1-3 shall be screened within 30 days of the first day of attendance. Kindergarteners should be screened at such time when specified by the evidence-based screening instrument, but no later than January 31<sup>st</sup> of each year. The task force further recommends that collaboration, as part of a seamless system of education, occur between teachers and their colleagues who possess an expertise in evidence-based methodologies.

The task force recommends appropriate universal screening of students to determine those who may be at risk for dyslexia and related disorders with the following recommendations:

- Screening should be conducted by trained individuals within School Districts/Local Education Agencies (LEAs). DESE should recommend training that ensures uniformity and quality and should rely on the many outstanding universal screening training programs already in existence.
- DESE should recommend a process for universal screening which could include a multi-tiered system of supports that accurately screens and tracks identification, support, and progress monitoring of students at risk for dyslexia or related disorders.
- School districts should provide screening results to the building administrator, classroom teacher, counselor, and other appropriate school personnel such as a reading specialist, special education faculty, school psychologist, and/or school psychological examiner, as well as the parents of the child. The results of all screenings should be reported to DESE for data collection and analysis. DESE should supply the appropriate template to schools and teachers for reporting purposes. DESE will also provide schools with a template for parent notification that includes predictors or red flags for children who may be at risk for dyslexia.
- School districts should make clear to parents that a positive screening for dyslexia or related disorders is NOT a diagnosis; therefore, it does not in and of itself meet the requirements necessary for a 504 plan or an IEP. Nonetheless, a statement should be included to parents indicating how the school will be providing supports and collecting additional data to address the student's learning needs.

Additionally, children identified through the screening described above should receive targeted intervention with frequent (weekly) progress monitoring. For advanced screening, as part of an ongoing, frequent reading progress monitoring system, multi-tiered system of supports, and special education



- Sound-symbol association
- Syllable instruction
- Morphology
- Orthography
- Syntax
- Semantics

Systems for Intervention should reflect

- Teachers/instructors sufficiently trained to administer the evidence-based program
- Fidelity to the evidence-based program including adherence to frequency, duration, and intensity recommended by the program
- Targeted intervention
- Frequent progress-monitoring
- Comprehensiveness (such as Multi-Tiered System of Supports)
- Consideration for classroom-based administration as much as is practicable
- Guidance and indicators for when a student should receive special education assessment/evaluation

Resolving the impact of Dyslexia requires direct and explicit instruction using a peer reviewed scientifically researched program which is structured, systematic, sequential, cumulative, simultaneously multi-sensory and phonologically based.

The program should demonstrate effectiveness on an evidence base of a dyslexic population.

*6. (3) Develop and implement preservice and in-service professional development activities to address dyslexia identification and intervention, including utilization of accessible print materials and assistive technology, within degree programs such as education, reading, special education, speech-language pathology, and psychology;*

#### Preservice and Inservice Professional Development

Both Preservice and In-service professional development activities should include:

- Effective principles of reading as previously noted in No Child Left Behind (NCLB) and currently in Every Student Succeeds Act (ESSA) as follows:

“Teaching effective principles for reading in core instruction including explicit, systematic evidence-based instruction and literacy content including phonological awareness, syllabication, spelling (orthography) and morphology.”

- CERI (Center for Effective Reading Instruction) Knowledge and Practice Standards for Teachers of Reading, Section E (please refer to addendum for link)

School districts should require two hours of in-service training regarding dyslexia and related disorders including the following:

- Introduction of dyslexia and dyslexia simulation
- Key areas of literacy and reading intervention
- Screening/progress monitoring, data-based decision-making, fidelity and classroom supports



Universal and Advanced Screening Data – Name of the screening tool, Number of students screened, Results of the screening (number of at-risk students).

The task force recommends that additional data regarding compliance with screening requirements, intervention and outcomes be considered. Particularly, querying districts on their response to their screening data (e.g. revisions of core curriculum, providing X intervention to students at risk, completing diagnostic evaluations on students at risk, etc.) would help ensure that districts will take actions for the students in their care.

The task force also recommends that the aggregated, non-identifiable data collected be available to LEAs, parents of students, and other stakeholders on the DESE website or through other informational system(s). Data may be used to inform and influence core instruction and the processes of dyslexia screening, assessment, and intervention by LEAs, DESE, legislative, or other entities.

*6. (6) Study and evaluate current practices for diagnosing, treating, and educating children in this state and examine how current laws and regulations affect students with dyslexia in order to present recommendations to the governor and the joint committee on education.*

The Intelligence Quotient-achievement discrepancy model of qualification for special education services and/or for other intervention services is not required by IDEA or by the Missouri Plan for Special Education. The Task Force strongly recommends that DESE review, recommend, and assist LEAs in adoption of alternate systems for students to obtain effective intervention and assessment due to the data supporting the inappropriateness of this model for identification of students with specific learning disabilities, including dyslexia. In addition, collaboration between regular education and special education LEA personnel with specialized knowledge in language, structured literacy, and other aspects of reading should be encouraged to address the needs of struggling and dyslexic readers in classroom interventions.

Current Specific Learning Disability regulations in Missouri provide two options for identification:

1. A simple difference discrepancy model which is the most commonly used methodology in Missouri and lacks validity as a contemporary learning disability identification method. It often delays or impedes student access to appropriate remediation.
2. The child's response to scientific research-based intervention which is currently used in too few districts in Missouri and is better supported by contemporary learning disability research. This method encourages early identification of students at risk and high quality intervention practices.

It is recommended that DESE appoint a committee of assessment experts from private practice and from public education to evaluate current practices related to specific learning disability identification in Missouri, as well as nationally, and make recommendations for possible changes. Identification of barriers to adopting the response to scientific research-based intervention model as well as identifying improvements to the discrepancy procedure to be more in line with contemporary practice would be advisable.

#### Other

All guidance must be consistent with Section 504 of the Rehabilitation Act of 1973.