

Tyler Cann and Alejandra Rojas Silva  
2543 Mount Holyoke Rd.  
Columbus OH, 43221  
(240) 997-0866

February 1, 2020

Representative Scott Lipps  
77 S. High St  
13th Floor  
Columbus, OH 43215  
Phone (614) 644-6023  
Fax (614) 719-3589

**RE: House Bill 436 Regards Screening and Intervention for Children with Dyslexia**

Dear Members of the Senate Education Committee,

We write to strongly voice our support for Bill 436 *Regards Screening and Intervention for Children with Dyslexia*. As parents of a dyslexic child in Ohio, our family has personally experienced the detriment of not having a dyslexia screener or appropriate early intervention.

After our child, Teo, entered Kindergarten in the Columbus City Schools District, we started to notice that his reading gains were not commensurate to his intellectual abilities and that after years in pre-school and a year in Kindergarten he had not made any gains in this area. A normally cheerful child, eager to learn and attend school, was crying everyday after class and could not pinpoint the cause of his frustration, but was beginning to wonder about his own abilities to learn. We became increasingly concerned, approaching his very caring teachers with specific questions about our son's growth in the area of reading and writing. His obvious issues were disregarded. Most alarmingly, they assured us that Teo was in fact capable of reading. Teo himself was well aware that he did not have the skills other kids were displaying and could easily articulate it. He would say he could "not read the words". When we insisted that he could not read, his teachers suggested that Teo could recite whole books. We kindly expressed that memorization and reading were different skills. They countered by pointing out Teo's expansive vocabulary. They suggested that even though he could not read exact words, he was able to look at pictures and say synonyms of the words in print. We were confused as we are both well aware that there is a huge gap between the spoken and the written word, and that reading is a skill, not akin to speaking, even though they both use words. More significantly perhaps, saying the synonym of a word is far from reading, it indicates the child has no sense of the relationship between written letters and sounds, which is integral to reading.

Without knowing much about the topic, we wondered out loud whether the teachers were concerned about a reading disability, to which they flatly said, “dyslexia cannot be diagnosed until 3<sup>rd</sup> grade”. Surprised, we decided to explore outside of school what might be causing our son’s unexpected reading delay.

After making a substantial financial effort to test Teo privately, we got a definitive diagnosis of dyslexia. It is often difficult for a classroom teacher to recognize dyslexia, especially when the child, like ours, has a very high IQ. In the early years these children are good at masking their deficiencies with other skills. Thus our child memorized whole books so as not to be embarrassed when asked to do something in front of his peers and teachers that he knew for a fact he could not do. However, a simple and cheap solution to diagnose a child like Teo would have been a dyslexia screener, which focuses on aspects necessary for accurate and fluent reading: phonological awareness and rapid naming, for example. Our son was clearly deficient in both.

We were correctly informed that this quick, cheap test, would not be enough to convince Teo’s school of his need for remediation, or of his dyslexia for that matter. We tested him more, again at considerable expense, and came back to the school confident that they would take his extensive testing as a sign not only of the correct diagnosis but, more significantly, of the need for immediate remediation.

We educated ourselves on dyslexia and the most effective forms of remediating it. As we knew that the teachers thought dyslexia could not be identified until 3<sup>rd</sup> grade, we assumed little knowledge of the problem, and as the professor Alejandra is, she produced a two-page fact sheet with definitions, summaries and sources for what she had learned in the hope that we could work with the school as a team, learning about our son’s issue and working to give him remediation. When our meeting finally arrived, the team was not interested in our knowledge, and refused to even use the word dyslexia, but agreed to test Teo further.

A few months later, when his results arrived, the dyslexia diagnosis was unavoidable, in part because of the gap between his intellectual ability and his academic capacity in reading and writing. The truth is, the extensive testing that Teo got at school was unnecessary for the diagnosis of dyslexia. A simple screener can already point towards the kind of remediation that will be useful for a child like ours. Sadly, without the extra tests, it would have been difficult to convince teachers ideologically convinced that dyslexia cannot be identified until later in life. Sadder still, schools like to wait until the child has failed a grade or two before testing. If the school had believed us based on a screener, they would not have wasted months of expensive neuro-psychological testing. Worse yet is the cost of remediating children after 3<sup>rd</sup> grade rather than after Kindergarten. Remediating a child in 4<sup>th</sup> grade takes 4 times as long as remediating a child in 1<sup>st</sup> grade. Why not do it earlier, when it costs the taxpayers less? Not to mention the emotional costs to the child.

All children can learn to read and it is our duty to help them do so. A dyslexia screener as soon as a child enters an Ohio school will help the 10-20% of Ohio children who are dyslexic get identified. If after that identification we provide these children Structured Literacy, they will learn to read. This type of early intervention will allow them to access their curriculum, flourish in school, and become integral parts of a thriving community.

When we realized our child was not going to be given the type of intervention he required, we moved to a different district. In Upper Arlington Teo gets exactly what he needs to become a strong reader and a contributor to his society. However, our experience pointed at a larger and more worrisome social issue that we felt compelled to dedicate ourselves to. If, given our level of privilege, because of our own education and economic security, we had such difficulty getting our child screened, diagnosed, and remediated, how many children are going through life without ever being identified of being taught to read? And what type of future do these children have? It was heartbreaking, but not surprising, to us to discover a seminal study from Texas that concluded that 80% of the incarcerated population they surveyed could not read at a basic level, and 47% of them were dyslexic ([Tex Med.](#) 2000 Jun;96(6):69-75). Similarly, a [2014 study](#) by the US Education Department found that about a third of incarcerated people surveyed at 98 prisons struggled to pick out basic information while reading simple texts. How many of these people would have a different outcome if they had been screened and remediated?

We can't all move to Upper Arlington. We cannot expect parents to have more knowledge about common learning disabilities than the people who educate their children. We cannot wait for children to fail before we remediate them. It is a moral imperative for us to identify and remediate dyslexic children. But if you are not moved by ethics, it is also a fiscal necessity. It is simply cheaper to screen and correctly remediate these children, rather than take on the costs of repeating years, extensive testing, ineffective remediation, low graduation rates, under-employment, and incarceration.

We can and must do better. Please vote for the passage of House Bill 436.

Gratefully,



Tyler Cann



Alejandra Rojas Silva