

Senate Finance Primary and Secondary Education Subcommittee
Sub HB49 Testimony

Chairman Hite, Vice-Chair Sykes and members of the Senate Finance Primary and Secondary Education Subcommittee, my name is Emily Book, and I am here to speak with you concerning an amendment to HB49 that would provide \$140,000 over the next 2 years for a dyslexia pilot program in Clark County Ohio.

Dyslexia is a language-based learning disability. Dyslexia refers to a cluster of symptoms which result in people having difficulties with specific language skills, particularly with reading, spelling and writing. It is referred to as a learning disability because dyslexia can make it very difficult for a student to succeed academically in the typical instructional environment. When one learns to read, he must develop an understanding that spoken words can be segmented into individual sounds (m-a-p). Once he realizes this, he must be able to manipulate sounds within a word (map-mat-hat-hit). Spoken words are seamless. Spoken and listening do not require explicit knowledge speech segments. Students must also learn that printed letters represent the sounds of speech, and they must learn how to apply decoding and word recognition skills rapidly enough when reading words in text. Children and adults who are dyslexic struggle to pull apart the spoken word and, as a result, cannot isolate each sound attached it to its letter. Results from large and well studied populations of dyslexia

children confirm that in young children as well as adolescents, a deficit in phonology represents the most specific correlate of dyslexia.

Dyslexia is far more common than most people realize, and the failure to adequately address it has long lasting consequences. It is projected that Dyslexia affects 1 in 5 students (Sally Shaywitz, *Overcoming Dyslexia*, Dr. Reid Lyon, Head of NICHD dyslexia research team; International Dyslexia Association, IDA)

Dyslexia is the most common and the most studied of the learning disabilities affecting 80-90% of those who are identified as learning disabled (LD or those who qualify for IEPs).

More than 80% of students who fail to earn a high school diploma were struggling readers in third grade.

Once these struggling readers drop out, the statistics get very bleak.

Almost 85% of teenagers in the juvenile justice system are functionally illiterate.

7 out of 10 adult prisoners can't read above a fourth grade level.

Drop outs make up 90% of Americans on welfare and 75% of food stamp recipients.

The problem is that most public schools fail to acknowledge, much less identify, students who are dyslexic. A case in point is Neil. I started working with Neil last summer when he had completed 1st grade. His school evaluated him at the beginning of first grade. The evaluation at the school never mentioned a learning disability but qualified him for an IEP based on a doctor's diagnosis of ADHD. The evaluation mentioned only a weak working memory.

Neil did not know all of his letters or the letter sounds, and he had difficulty writing letters. After working with him for a few sessions, I asked his mother if they could seek an outside evaluation from a neuropsychologist. I wasn't surprised to hear the doctor diagnosed him with dyslexia, dyscalculia, dysgraphia, ADHD, poor executive function control and a weak working memory. Neil also saw a counselor for his anxiety and behavioral outbursts in first grade. Neil has a lot to overcome.

Neil's IEP (Individual Education Plan) before the neuropsych's diagnosis was not even close to what he needed. With dyslexia on his IEP, we now have the exact prescription to address his needs: Multi-sensory structured literacy or Orton

Gillingham. Neil missed out on 2 years of instruction, the prime time to reorganize neural routes in the brain to create an effective pathway for reading.

He is currently finishing up his second grade year and meeting his goals. Neil's anxiety and outbursts have dropped dramatically and his confidence is starting to soar.

Some states have taken the lead in this area: Texas, Arkansas, Mississippi, Louisiana and Kentucky. We hope to show what strides can be made if the correct screening and tutoring occurs.

Unfortunately, Ohio has been slow in tackling the dyslexia in our student population. Some of the approved reading programs and professional development listed on ODE's approved list do not address the 5 essential components of reading and are not effective for dyslexics. Districts use this list to choose programs and training.

We are proposing to screen and identify students in kindergarten, first and third grade, and provide materials and tutoring for students who are found 'at-risk'. By providing early intervention, we can short circuit failure and get the lower performing students out of the 'at-risk' category and on their way to reading like their peers.

Ohio has approximately 1,752,420 students enrolled in our public schools.

Let's do the math.....350,484. This is a big problem and we need to begin address it. The longest journey begins with the first step. Help us replicate Neil's story on a grander scale. Approval of this pilot study will begin the journey to correct this hidden disability.

Thank you and I am available to answer any questions.