

**Senate Education Committee**  
**SB 102 Proponent Testimony**  
**Selina Oliver, Pearson Clinical Assessment**  
**October 15, 2019**

Chair Lehner, Ranking Member Fedor, and Members of the Senate Education Committee, thank you for the opportunity to testify this morning. My name is Selina Oliver, and I am the Solutions Analyst in Ohio for Pearson Clinical Assessment. I represent our dyslexia team which has been formally organized since 2013. More broadly, we have supported all struggling learners in the area of reading for decades.

I am pleased to provide proponent testimony regarding SB 102. I applaud the bill's co-sponsors, Senators Brenner and Lehner, for supporting a universal screening program for dyslexia risk. Dyslexia occurs in up to 20% of the population. Early identification and intervention, such as that proposed in SB 102, is crucial to minimizing the negative impact of dyslexia on educational outcomes. Universal screening is widely believed to improve fairness in risk identification and to result in early intervention.

The scientific body of knowledge behind dyslexia, screening, and developmental learning supports the need for perhaps a broader and more frequent timeframe than that proposed by the current bill. Screening of students prior to entering first grade goes a long way to insuring early intervention. However, due to the developmental nature of reading—meaning not all reading skills emerge at the same time—some students with dyslexia are likely to be overlooked by a screening protocol that is limited to a single opportunity. As such, multiple screening opportunities during kindergarten, first, and higher grades, especially for those students who are struggling, may better serve the goal of dyslexia screening for Ohio students. In addition to the bill's provision to screen new enrollees grades 2-12, there may want to be a consideration for screening current students in grades 2-12 who otherwise will not have the benefit of screening.

For those students who subsequently receive intervention for dyslexia risk, ongoing monitoring has been deemed a multiplier for academic growth. In other words, it is not enough to implement an intervention—although a systematic, hierarchical, structured literacy intervention will lift all students, especially those at risk for dyslexia. What is needed additionally is frequent and robust progress monitoring—that is, ongoing assessment of intervention progress. Are we making a difference? For which students? How quickly? Against which standards? Progress monitoring affords valuable accountability, can serve to prompt required intervention change, and in general can be thought of as a progress multiplier.

Best practice methods for completing these needed screening, intervention, and progress monitoring tasks demand a menu of industry-leading tools that are evidence-based, valid, and reliable. In addition, these tools require development efforts that include two distinct populations: typically-developing readers and those identified with dyslexia. Without both populations, sorting of risk and appropriate interpretation lacks accuracy and clarity.

Finally, teachers who have worked directly with the student have a key role to play in screening, progress monitoring and intervention, particularly given their expertise and experience daily with each student in the classroom. Giving teachers enough time at the beginning of the year to learn about each student offers a stronger perspective and adds to screening clarity.

Thank you again for the opportunity to provide proponent testimony in support of SB 102. We support universal screening in the early grades, mandatory targeted screening in later grades, and a window of time to support teachers making well-informed and expert observations of student behavior. We also support linked intervention and progress monitoring—which is where the bulk of the school’s work should rightly focus to make real change in the lives of students. I am happy to answer any questions the Committee has at this time.