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DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

THE DYSLEXIA HANDBOOK FOR TEACHERS AND PARENTS IN SOUTH DAKOTA

South Dakota Department of Education, Pierre SD, March 2009

Introduction

“The more you read, the more things you will know. The more that you learn, the more places you’ll go”

Dr. Seuss, “I can read with My Eyes Shut”

The people of South Dakota have a long history of understanding the importance reading has for our students. The State of South Dakota recognizes dyslexia as a type of learning disability that affects students throughout the state. Some students may struggle during early reading acquisition, while others do not struggle until the later grades when they face more complex language demands. For some struggling readers the difficulty with reading may be the result of the learning disability, dyslexia.

The purpose of this guide is to provide teachers a resource where they can learn more about dyslexia. This guide is a starting point and has additional resources listed for teachers to access when they suspect a student may have dyslexia.

In order to assure a broad representation for input into this guide, a diverse group of individuals with expertise in learning disabilities were brought together to develop this guide. We would like to acknowledge the following members of this dyslexia taskforce:

Acknowledgement

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DEFINITIONS OF DYSLEXIA

Dyslexia is a type of learning disability. Specifically, it is a language-based disorder characterized by problems learning to read, write, spell, and decode single-words. A person with dyslexia has reading skills significantly below what is expected given his/her intelligence and educational experiences.

(National Institute for Literacy)

Dyslexia is a [learning] disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.

(The International Dyslexia Association)

WHAT CAUSES DYSLEXIA?

The exact causes of dyslexia are still not completely clear, but anatomical and brain imagery studies show differences in the way the brain of a student with dyslexia develops and functions. Moreover, most people with dyslexia have been found to have problems with identifying the separate speech sounds within a word and/or learning how letters represent those sounds, a key factor in their reading difficulties. Dyslexia is a learning disability and is not due to either lack of intelligence or desire to learn; with appropriate teaching methods, people with dyslexia can learn successfully. In addition, dyslexia runs in families; parents with dyslexia are very likely to have children with dyslexia. Some people are identified as having dyslexia early in their lives, but for others, their dyslexia goes unidentified until they get older.

HOW WIDESPREAD IS DYSLEXIA?

According to Sally E. Shaywitz, M.D., and Bennett A. Shaywitz, M.D (2001) *the prevalence of dyslexia is estimated to range from five to 17 percent of school-aged children, with as many as 40 percent of the entire population reading below grade level. Dyslexia (or specific reading disability) is the most common and most carefully studied of the learning disabilities, affecting 80 percent of all individuals identified as learning disabled.*

Steven G. Feifer, Ed.S., NCSP: *The Neuropsychology of Reading Disorders: Diagnosis & Intervention* (2000) refers to *Developmental Dyslexia: The term refers to an inability to acquire functional reading skills despite the presence of normal intelligence and exposure to adequate educational opportunities. This term is often synonymous with the term "learning disabled", and assumed to represent 5 to 10 percent of all school-aged children.*

According to the National Institute of Child and Human Development, as many as 15% of Americans have significant difficulties learning to read. Another site states that it [Dyslexia] is the most common subtype of learning difference, with a prevalence ranging

from five to ten percent (Roongpraiwan et al., 2002) to fifteen to twenty percent (Shaywitz, 2003).

COMMON MISUNDERSTANDINGS ABOUT DYSLEXIA

Myth 1: *Writing letters and words backwards are the only symptoms of dyslexia.*

Fact: Writing letters and words backwards are common in the early stages [before age eight or nine] of learning to read and write among average and dyslexic children alike. It is a sign that orthographic representations (i.e., letter forms and spellings of words) have not been firmly established, not that a child necessarily has a reading disability (Adams, 1990).

Myth 2: *If you just give them enough time, children will outgrow dyslexia.*

Fact: There is no evidence that dyslexia is a problem that can be outgrown. There is, however, strong evidence that children with reading problems show a continuing persistent deficit in their reading rather than just developing later than average children (Francis, Shaywitz, Stuebing, Shaywitz, & Fletcher, 1996). More strong evidence shows that children with dyslexia continue to experience reading problems into adolescence and adulthood (Shaywitz et al., 1999, 2003).

Myth 3: *More boys than girls have dyslexia.*

Fact: Longitudinal research shows that as many girls as boys are affected by dyslexia (Shaywitz, Shaywitz, Fletcher, & Escobar, 1990). There are many possible reasons for the overidentification of males by schools, including greater behavioral acting out and a smaller ability to compensate among boys. More research is needed to determine why.

Myth 4: *Dyslexia only affects people who speak English.*

Fact: Dyslexia appears in all cultures and languages in the world with written language, including those that do not use an alphabetic script such as Korean and Hebrew. In English, the primary difficulty is accurate decoding of unknown words. In consistent orthographies such as German or Italian, dyslexia appears more often as a problem with fluent reading – readers may be accurate, but very slow (Ziegler & Goswami, 2005).

Myth 5: *A person with dyslexia can never learn to read.*

Fact: This is simply not true. The earlier children who struggle are identified and provided systematic, intense instruction, the less severe their problems are likely to be (National Institute of Child Health and Human Development, 2000; Torgesen, 2002). With adequately intensive instruction, however, even older children with dyslexia can become accurate, albeit slow readers (Torgesen et al., 2001).

CHARACTERISTICS OF STUDENTS WITH DYSLEXIA

The impact that dyslexia has is different for each person and depends on the severity of the condition and the effectiveness of instruction or remediation. The core difficulty is with word recognition and reading fluency, spelling, and writing. Some students with dyslexia manage to learn early reading and spelling tasks, especially with excellent instruction, but later experience their most debilitating problems when more complex language skills are required, such as grammar, understanding textbook material, and writing essays.

Students with dyslexia can also have problems with spoken language, even after they have been exposed to good language models in their homes and good language instruction in school. They may find it difficult to express themselves clearly, or to fully comprehend what others mean when they speak. Such language problems are often difficult to recognize, but they can lead to major problems in school, in the workplace, and in relating to other people. The effects of dyslexia reach well beyond the classroom.

Dyslexia can also affect a person's self-image. Students with dyslexia often end up feeling "dumb" and less capable than they actually are. After experiencing a great deal of stress due to academic problems, a student may become discouraged about continuing in school.

The characteristics and indicators listed below are some of the most common. The list is not exhaustive and few students would show all of these signs. Characteristics of students with dyslexia change over time depending on the grade level and/or state of reading (as described by Jeanne Chall in her book, *The Stages of Reading Development*) that the individual has reached.

The following are some common characteristics of dyslexia at different grade levels. These levels of characteristics should be thought of as a continuum. If a student is not displaying the characteristics of his/her grade level, the previous grade level should also be looked at.

Preschool/Kindergarten

At this stage, students are developing the underlying oral language base necessary for learning to read. Signs that indicate possible difficulties with reading acquisition include:

- Delayed speech
- Confusion with before/after, right/left, and so on
- mispronounced words; persistent baby talk
- difficulty with recognizing and producing rhymes, i.e., common nursery rhymes such as "Jack and Jill" and "Humpty Dumpty" difficulty learning and remembering rote information such as letter names (also phone number and address)
- difficulty remembering and following directions

Grades 1-3

At this stage, children are developing basic word recognition skills both through the use of word attack strategies and contextual cues. Students with dyslexia will show some of the following characteristics:

- Difficulty remembering names or shapes of letters
- Difficulty acquiring vocabulary or using age appropriate grammar
- Difficulty putting ideas on paper.
- Reverses letters or the order of letters when reading.
- Inability to learn to associate letters with sounds; such as being unable to connect the letter “b” with the “b” sound
- Confusion of visually similar letters (b/d/p, w/m, h/n, f/t)
- Confusion of auditorily similar letters (d/t, b/p, f/v)
- Difficulties remembering basic sight vocabulary
- Problems with segmenting words into individual sound and blending sounds to form words
- Reading and spelling errors that involve difficulties with sequencing and monitoring sounds/symbol correspondence such as reversals of letters (past/pats), omissions (tip/trip), additions (slip/sip), substitutions (rip/rib) and transpositions (stop/pots)
- Omission of grammatical endings in reading and/or writing (-s, -ed, -ing, etc.)
- Difficulty remembering spelling words over time and applying spelling rules
- Inability to read common one-syllable words or to sound out even the simplest of words; such as mat, cat, hop, nap

Grades 4-8

At this stage, children progressing normally have mastered basic reading skills and are now expected to learn new information from reading. Many students with dyslexia continue to have significant difficulties with developing word recognition skills and therefore have trouble coping with more advanced reading activities necessary to succeed in the upper elementary grades and beyond.

- Difficulty understanding concepts and relationships
- Significant difficulty reading and spelling multisyllabic words, often omitting entire syllables as well as making single sound errors
- Lack of awareness of word structure (prefixes, roots, suffixes)
- Frequent misreading of common sight words (where, there, what, then, when, etc.)
- Difficulties with reading comprehension and learning new information from text because of underlying word recognition difficulties
- If underlying oral language problems exist affecting vocabulary knowledge and grammar, difficulties in comprehension of text will occur
- Significant difficulties in writing related to problems in spelling as well as organizing ideas

High School, College and Adult

Students at this stage are expected to analyze and synthesize information in written form as well as acquire factual information. Although many individuals with dyslexia may have

compensated for some of their difficulties with reading, others many continue to have problems with automatic word identification.

- Continued difficulties with word recognition which significantly affect acquisition of knowledge and ability to analyze written material
- Slow rate of reading
- Continued difficulties with spelling and written composition
- Difficulty with note taking in class
- Trouble learning a foreign language

OTHER POSSIBLE RELATED CONCERNS:

Difficulty with handwriting (Dysgraphia)

- Unsure of right or left handedness
- Poor or slow handwriting
- Messy and unorganized papers
- Difficulty copying
- Poor fine motor skills

(Go to <http://www.interdys.org/FactSheets.htm> for more information on dysgraphia)

Difficulty with math (Dyscalculia)

- Difficulty counting accurately
- May reverse numbers
- Difficulty memorizing math facts
- Difficulty copying math problems and organizing written work
- Many calculation errors
- Difficulty retaining math vocabulary and/or concepts

Difficulty with motor skills (Dyspraxia)

- Difficulty planning and coordinating body movements
- Difficulty coordinating facial muscles to produce sounds

Difficulty with organization

- Loses papers
- Poor sense of time
- Forgets homework
- Messy desk
- Overwhelmed by too much input
- Works slowly

Difficulty with attention (ADD/ADHD –Attention Deficit Hyperactivity Disorder)

- Inattention
- Variable attention
- Distractibility
- Impulsivity
- Hyperactivity

(Go to <http://www.interdys.org/FactSheets.htm> for more information on ADD/ADHD)

Social/Emotional issues

- May be physically and socially immature compared to peers
- May act awkward in social situations
- Difficulty reading social cues
- Difficulty finding the right words, may stammer, or may pause before answering direct questions.

(Go to <http://www.interdys.org/FactSheets.htm> for more information on social/emotional issues)

Spelling

- Spelling reversals of easily confused letters such as *b* and *d*
- Difficult with letter sequence, such as *wnet* for *went*
- Trouble remembering the letters in words

(Go to <http://www.interdys.org/FactSheets.htm> more information on spelling)

Other

- Difficulty naming colors, objects, and letters (Rapid Automated Naming)
- Memory problems
- Needs to see or hear concepts many times in order to learn them
- Distracted by visual stimuli
- Downward trend in achievement test scores or school performance
- Work in school is inconsistent
- Teacher says, "If only she would try harder," or "He's lazy."
- Relatives may have similar problems

Everyone probably can check one or two of these characteristics. That does not mean that everyone has dyslexia. A person with dyslexia usually has several of these characteristics, which persist over time and interfere with his or her learning. If your child is having difficulties learning to read and you have noted several of these characteristics in your child, he or she may need to be evaluated for dyslexia and/or a related disorder.

EVALUATION

CAUTION: An initial diagnosis of dyslexia should be offered only as a tentative conclusion based on the data available. A poor reader may appear to "fit the profile" of dyslexia. However, if the learner responds quickly to appropriate intervention, the source of the reading problem is more likely related to earlier educational opportunity than to problems in the child's physical makeup that limit the ability to learn from the instruction provided. The ability of the learner to benefit from instruction that is focused on the basic skills that support reading

and spelling provides valuable information necessary to support or reject the initial diagnosis.

For more on South Dakota Learning Disability Eligibility go to <http://doe.sd.gov/oess/specialed/IEP/docs/IEPTAGuide2009.pdf>

WHAT IF MY STUDENT IS NOT MAKING ADEQUATE PROGRESS?

The general education teacher at this time will provide interventions or accommodations in the classroom for the student. If the student is successful and begins to make adequate progress no further action is needed. If the general education teacher provides interventions or accommodations in the classroom, however, and the student is not successful, further action should be taken. Every school district is different but almost always the first step is to notify the principal and then make a referral to the Teacher Assistance Team (sometimes called the Problem Solving Team).

The general education teacher must be diligent in documenting the student's levels of performance, the duration and frequency of the interventions, and the student's response to the individual interventions. Decisions regarding the student's future interventions will be based on what was tried in the past and what worked and what didn't. If the student does not respond to general education interventions, it is likely that the Teacher Assistance Team will determine that more intensive interventions are needed or additional evaluation information is necessary based on the student's presenting needs. At this time, a referral to special education may be made.

<http://doe.sd.gov/oess/specialed/forms/Rtl/index.asp>

SOME SUGGESTIONS FOR ACTIVITIES FOR EARLY INTERVENTIONS

www.fcrr.org

www.readingrockets.org

When dyslexia is suspected as the root of the problem, it is necessary to consider the following areas when carrying out an evaluation:

➤ **Background information**

Information from parents and teachers tells us a lot about a student's overall development and pattern of strengths and weaknesses. Because dyslexia is genetically linked, a family history of dyslexia indicates that a student is more likely to have dyslexia. A history of delayed speech or language also puts a child at-risk for reading difficulties. It is important to know the types and length of time of any interventions the student has received at school, home, or through tutoring, as well as the student's response to the intervention. School

attendance problems should be ruled out. A history of poor attendance, alone, can explain an identified weakness in skill development

➤ **Oral language skills**

Oral language, simply stated, refers to our ability to listen to and understand speech as well as to express our thoughts through speech. Oral language is made up of low-level skills, such as recognizing and making the sounds within our speech, and higher-level skills, such as getting meaning by listening to someone speak or creating sentences to express thoughts. Students with dyslexia typically have adequate higher-level language skills. Indicators of higher-level oral language skills include being able to understand an age-appropriate story and spoken directions, to carry on a conversation, and to understand and use words that are age appropriate. If a student has average higher-level oral language skills but much difficulty developing written language (reading and spelling) skills, the need for evaluation for dyslexia is recommended.

Although students with dyslexia usually have strong higher-level language skills, they typically have problems (a deficit) in low-level language skills (see following section “Phonological processing”). This deficit limits the ability to learn to read and spell using the sounds of the language. Young children with dyslexia often have delays in language development, but their higher-level language skills are usually age-appropriate by the time they enter school. Difficulties with higher-level language skills suggest a need for a language evaluation by a speech-language pathologist to rule out language impairment.

➤ **Word recognition**

Word recognition is the ability to read single printed words. It is also called word reading or word identification. Tests of word recognition require that students read individual words printed in a list. The student is not able to use cues, such as the meaning of a sentence, to help them figure out the word. Tests of word recognition that score both accuracy and the time it takes for the student to read the words (fluency) are particularly useful. Students with dyslexia often become accurate but are still very slow when reading words. Both accuracy and the speed of word reading can affect understanding what is read.

➤ **Decoding**

Decoding is the ability to read unfamiliar words by using letter-sound knowledge, spelling patterns and chunking the word into smaller parts, such as syllables. Decoding is also called “word attack”. Decoding tests should use nonsense words (words that look like real words but have no meaning, such as *frut* or *crin*) to force the student to rely on these decoding skills rather than on memory for a word already learned.

➤ **Spelling**

Tests of spelling measure the student’s ability to spell individual words from memory using their knowledge of, for example, letter-sound pairings, patterns of letters that cluster together to spell one sound (*igh* in high; *oa* in boat), the way plurals may be spelled (s, es, ies) and so on. Spelling is the opposite of word attack but is even more difficult. It requires separating out the individual sounds in a spoken word, remembering the different ways each sound might be spelled, choosing one way, writing the letter(s) for that sound and doing the same, again, for the next sound in the word. Spelling stresses a child’s short and long-term memory and is complicated by the ease or difficulty the child has in writing the letters, legibly and in the proper order. Spelling is usually the most severe weakness among students with dyslexia and the most difficult to remedy.

➤ **Phonological processing**

Phonology is one small part of overall language ability. It is a low-level language skill in that it does not involve meaning. Phonology is the “sound system” of our language. Our spoken language is made up of words, word parts (such as syllables), and individual sounds (phonemes). We must be able to think about, remember, and correctly sequence the sounds in words in order to learn to link letters to sounds for reading and spelling. Good readers do this automatically without conscious effort. However, students with dyslexia have difficulty with identifying, pronouncing, or recalling sounds. Tests of phonological processing focus on these skills.

➤ **Automaticity/fluency skills**

Students with dyslexia often have a slow speed of processing information (visual or auditory). Tasks measure Naming Speed (also called Rapid Automatic Naming). Sets of objects, colors, letters, and numbers are often used. These items are presented in rows on a card, and the student is asked to name each as quickly as possible. Naming speed, particularly letter naming, is one of the best early predictors of reading difficulties. Therefore, it is often used as part of screening measures for young children. Slow naming speed results in problems with developing reading fluency. It also makes it difficult for students to do well on timed tests. Students with both the naming speed deficit and the phonological processing deficit are considered to have a “double deficit.” Students with the double deficit have more severe difficulties than those with only one of the two.

➤ **Reading comprehension**

Typically, students with dyslexia score lower on tests of reading comprehension than on listening comprehension because they have difficulty with decoding and accurately or fluently reading words. It is important, however, to be aware that students with dyslexia often have strong higher-level oral language skills and are able to get the main idea of a passage despite difficulty with the words. Further, reading comprehension tasks usually require the student to read only a short passage to which they may refer when finding the answers to questions. For these reasons, students with dyslexia may earn an average score on reading comprehension tests but still have much difficulty reading and understanding long reading assignments in their grade-level textbooks.

➤ **Vocabulary knowledge**

It is important to test vocabulary knowledge, because vocabulary greatly affects understanding when listening or reading. Difficulties students with dyslexia might have had in learning language or with memory can affect the ability to learn the meanings of words (vocabulary). Independent reading is also an important means for developing new vocabulary. Poor readers, who usually read less, are likely to have delays in vocabulary development. It is important to note, however, that students with dyslexia may perform poorly on reading vocabulary tests because of their decoding problems and not because they don't know the meaning of some words. For this reason, it is best to administer both a reading and listening vocabulary task to get a true measure of vocabulary knowledge. The profile of strengths and weaknesses of an individual with dyslexia varies with age, educational opportunity and the influence of co-occurring factors such as emotional adjustment, ability to pay attention in learning situations, difficulties with health or motivation. Nevertheless, clusters of distinguishing characteristics are frequently noted.

HOW DO WE HELP STUDENTS SUCCEED?

Dyslexia is a life-long condition. With proper help, many people with dyslexia can learn to read and write well. Early identification and intervention is the key to helping people with dyslexia achieve in school and in life. Most people with dyslexia need help from a teacher, tutor, or therapist specially trained in using a multisensory, structured language approach. Dyslexia and other related learning disorders cannot be cured. Proper instruction promotes reading success and alleviates many difficulties associated with dyslexia. When students with dyslexia receive academic therapy outside of school, the therapist should work closely with classroom teachers, special education providers, and other school personnel. Students may also need help with emotional issues that sometimes arise as a consequence of difficulties in school. Mental health specialists can help students cope with their struggles. Instruction for individuals with learning differences should be:

- Explicit – directly teaches skills for reading, spelling, and writing. Students need one-on-one instruction so they can move forward at their own pace.
- Systematic and Cumulative – has a definite, logical sequence of concept introduction
- Structured – has step-by-step procedures for introducing, reviewing, and practicing concepts. Immediate, corrective feedback is necessary to develop automatic word recognition skills.
- Multisensory – engages the visual, auditory, and kinesthetic channels simultaneously or in rapid succession.

For information on accommodations for students with dyslexia, go to http://www.dyslexia-ca.org/pdf/Fact%20Sheets/accommodating_students.pdf

MULTISENSORY TEACHING

For more information on multisensory teaching go to:

http://www.interdys.org/ewebeditpro5/upload/Multisensory_Structured_Language_Teaching_Fact_Sheet_11-03-08.pdf

WHAT ABOUT THE EMOTIONAL IMPACT OF DYSLEXIA?

Social Emotional Concerns: How can parents and teachers help?

Dr. Michael Ryan

During the past 25 years, I have interviewed many dyslexic adults. Some have learned to deal successfully with their learning problems, while others have not. My experiences suggest that in addition to factors such as intelligence and socioeconomic status, other things affect the dyslexic's chances for success.

First, early in the child's life, someone has been extremely supportive and encouraging. Second, the young dyslexic found an area in which he or she could succeed. Finally, successful dyslexics appear to have developed a commitment to helping others. Both teachers and parents need to offer consistent, ongoing encouragement and support. However, one rarely hears about this very important way to help youngsters.

I believe encouragement involves at least four elements. First, listening to children's feelings. Anxiety, anger and depression are daily companions for dyslexics. However, their language problems often make it difficult for them to express their feelings. Therefore, adults must help them learn to talk about their feelings.

Teachers and parents must reward effort, not just "the product". For the dyslexic, grades should be less important than progress.

When confronting unacceptable behavior, adults must not inadvertently discourage the dyslexic child. Words such as "lazy" or "incurable" can seriously damage the child's self-image.

Finally, it is important to help students set realistic goals for themselves. Most dyslexic students set perfectionistic and unattainable goals. By helping the child set an attainable goal, teachers can change the cycle of failure.

Even more important, the child needs to recognize and rejoice in his or her successes. To do so, he or she needs to achieve success in some area of life. In some cases, the dyslexic's strengths are obvious, and many dyslexics' self-esteem has been salvaged by prowess in athletics, art, or mechanics. However, the dyslexic's strengths are often more subtle and less obvious. Parents and teachers need to find ways to relate the child's interests to the demands of real life.

Many opportunities exist in our schools, homes and churches for dyslexics to help others. One important area is peer tutoring. If dyslexic students do well in math or science, they can be asked to tutor a classmate who is struggling.

Perhaps that student can reciprocate as a reader for the dyslexic student. Tutoring younger children, especially other dyslexics, can be a positive experience for everyone involved.

Helping dyslexics feel better about themselves and deal effectively with their feelings is a complex task.

First, caring adults must understand the cognitive and affective problems caused by dyslexia. Then they must design strategies that will help the dyslexic, like every other child, to find joy and success in academics and personal relationships.

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The International Dyslexia Association (IDA) thanks Cecil Mercer, Ed.D., a distinguished professor at the University of Florida, for the preparation of this fact sheet.

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STUDENT RIGHTS

State and federal law and regulations help define the rights of students to assist them overcome and accommodate their learning problems. In South Dakota, in dealing with specific learning disabilities the following are relevant: South Dakota Codified Laws, Title 13 Education; Administrative Rules of South Dakota, Rule 24:03 - 24:43; The Individuals with Disabilities Education Act 2004 (IDEA); Section 504 of the Rehabilitation Act of 1973; and, the Americans with Disabilities Act (ADA).

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- The International Dyslexia Association · 40 York Road · Fourth Floor · Baltimore · MD · 21204 Tel: 410-296-0232 · Fax: 410-321-5069 · E-mail: info@interdys.org · Website: <http://www.interdys.org> © Copyright 2008, The International Dyslexia Association (IDA). IDA encourages the reproduction and distribution of this fact sheet. If portions of the text are cited, appropriate reference must be made. Fact sheets may not be reprinted for the purpose of resale. Fact sheet revised May 2008

Appendix A
RECOMMENDED READING

Aaron, P. G., Joshi, R. M., & Quatroche, D. (2008). *Becoming a professional reading teacher*. Baltimore: Paul H. Brookes.

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The International Dyslexia Association (IDA) thanks Sandra L. Soper, M.S.E., and Elizabeth Clark, M.Ed., for their assistance in the preparation of this fact sheet.

RECOMMENDED WEBSITES

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Chester Building, Suite 382
Baltimore, MD 21286-2044
(800) ABCD-123 (toll free)
Fax (410) 321-5069
www.interdys.org

IRA International Reading Association
P.O. Box 8139
Newark, DE 19714-8139
(800) 336-READ (toll free)
Fax (302) 731-1057
www.reading.org

LDA Learning Disabilities Association of America
4156 Library Road
Pittsburgh, PA 15234
(412) 341-1515
Fax (412) 344-0224
www.ldanatl.org

NCLD National Center for Learning Disabilities
381 Park Avenue South, Suite 1401
New York, NY 10016 (888) 575-7373
(toll free)
Fax (212) 545-9665
www.nclld.org

SD Parent Connection
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Funding provided through the South Dakota State Department of Education, Division of Special Education/Early Intervention Services from IDEA Part B Grant #H027A080091, the U.S. Department of Education, Office of Special Education and Rehabilitative Services. The views expressed herein do not necessarily reflect the views of the U.S. Department of Education or any other Federal agency and should not be regarded as such. The Division of Special Education/Early Intervention Services receives funding from the Office of Special Education Programs, Office of Special Education and Rehabilitative Services, U.S. Department of Education. This information is copyright free. Readers are encouraged to copy and share it, but please credit the Division of Special Education/Early Intervention Services, South Dakota State Department of Education.

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