DOCUMENT RESUME

ED 110 977 CS 002 131

AUTHOR Kimbrell, Harrison W.; Karnes, Lucia R., Ed.
TITLE Dyslexia; A Common Sense Guide to the Diagnosis and Treatment of Specific Language Disability. Monograph 1.
INSTITUTION Trident Academy, Mount Pleasant, S.C.
PUB DATE 75
NOTE 18p.

EDRS PRICE MF-$0.76 HC-$1.58 Plus Postage
DESCRIPTORS Communication Skills; *Dyslexia; *Educational Diagnosis; *Language Handicaps; *Language Skills; *Reading Difficulty; Verbal Ability

ABSTRACT

Dyslexia is defined as a specific language disability that involves a communication breakdown in either spoken or written language. Various kinds of schools, facilities, and services available for the child with a language disability are discussed, and criteria for evaluation are given which include consideration of motive and purpose, general community reputation, services offered, diagnostic procedures used, specialists available, quality of faculty, quality of administration, school responsibility to higher authority, curricula, budget matters, admission policy, and results achieved. The evaluation of private educational situations for students with dyslexia who require intensive remediation is discussed with regard to educational philosophy, consulting specialists, quality of faculty, quality of administration, school responsibility to higher authority, curricula, funding and budget matters, admission policy, and results achieved. (LL)

Dyslexia

A COMMON SENSE GUIDE
TO THE DIAGNOSIS AND TREATMENT
OF SPECIFIC LANGUAGE DISABILITY

by

HARRISON W. KIMBRELL
Lt. Col. U. S. Marines (Ret.)
Headmaster, The Trident Academy

edited by

LUCIA R. KARNES, Ph.D.
Director of Special Education, Salem College
and Vice-President of the Orton Society

MARJORIE M. MENGEDOHT, M.D.
Practicing Pediatrician
Charleston, South Carolina

C. MITCHELL CARNELL, JR. Ph.D
Speech Pathologist
Charleston, South Carolina

Published by

The Trident Academy
Mount Pleasant, South Carolina

Monograph I

Dyslexia

A Guide To Diagnosis and Treatment

As the realization and knowledge of dyslexia and related learning disabilities becomes more appreciated by educators, medical authorities, and parents, increasing numbers of families are finding it necessary to evaluate diagnostic procedures and special education programs for their children. Those parents who encounter this problem soon find they are in a perplexing dilemma because there is no standard system of evaluation or accreditation available to them and there are no recognized criteria for special education programs. Official standards have not been established by federal or state governments nor by private sources. This absence of guidance and standards is especially true and painfully evident to the parents of dyslexic children, and in their desperation they can easily become victims of *A Learning Disability Rip-Off*.

A reasonably accurate fund of information and knowledge about public and private aid is generally available to the parents of the retarded, the emotionally disturbed and the autistic child. Such assistance is not as readily available to the parents of a child with a learning disability. All too often these parents are neither knowledgeable of the factors involved in the evaluation of diagnosis and treatment, nor prepared to systematically and objectively involve themselves in the mechanics of such an evaluation. Because of their desperation and inexperience, many of these parents are vulnerable to educational and medical quacks and self appointed experts peddling remedial programs of questionable value. This article is intended to provide useful and logical information with which to evaluate diagnostic procedures and educational programs for children with dyslexia and related learning disabilities, and to provide assistance in insuring children are provided quality diagnosis and academic remediation.

Who is the learning disabled child? There are as many as 50 different names attached to this impairment: "minimal brain dysfunction", "neurologically damaged", "attention disordered", "perceptual impairment", "cerebral dysfunction", "dyslexia", "hyperkinetic", "conceptual handicapped", "minimal brain disorder", etc.. One of the most easily understood definitions is that used by the State of North Carolina: "A child with a learning disability exhibits a dysfunction in one or more of the basic psychological processes involved in understanding or using spoken language. These may be manifested in disorders of listening,

thinking, talking, reading, writing, spelling, or arithmetic. They do not include learning difficulties which are due primarily to visual, hearing, or motor handicaps or due to mental retardation or emotional disorder."

In the simplest of terms, we are talking about a learning disability that involves a communication breakdown in either spoken or written language, and for clarity may best be referred to as a *specific language disability*. Understandably, this definition and the manifest problem area in language, is of primary concern. It is essential for identification and diagnosis of the child, and is also necessary for the development of the proper educational treatment or program of remediation. We must appreciate that learning disabled children are intelligent, often times intellectually gifted, and perfectly capable of learning in an appropriate environment. They will seldom prosper in a conventional classroom however, nor will they respond to traditional teaching methods.

Most parents with a learning disabled child realize at an early age, sometimes pre-school, that they have a child who is somehow different. If hyperactivity is involved, this realization may come soon after birth. The incidence of early identification of above-average intellect in these children is frequent and many proud parents are, during the pre-school years, grooming their child for future magna cum laude honors. There are, of course, many dyslexic children, who, during their early years, demonstrate little evidence of being different from other children or of suffering any learning difficulty. For all intents and purposes they are like most other children of the same chronological age. By the end of the first year of school, however, there are few parents of these children who fail to recognize an area of concern and this is the time for positive action on their part. Unfortunately, there are far too many who do nothing at all. Like most of us, they try to avoid trouble and are quick to accept the counsel of teachers, neighbors, friends, relatives, and sometimes those in the medical profession who advise: "He will grow up" ... "Lots of children reverse letters when they begin to write" ... "He is just a little slow in maturing" ... "He will calm down" ... "His attention span will improve" ... "Many children don't learn to read in the first grade" ... "Next year he will do better", etc..

Certainly, all of these statements are true and applicable to a high percentage of normal school children. We must realize however that passive acceptance of such dogmatic statements and failure to positively address the situation is to the great disadvantage of a child with a learning disability. Children with dyslexia can be diagnosed at an early age and the earlier educational remediation begins, the higher the opportunity for prompt success. Even those very young children who are

known as "high risk children" can be identified in the pre-school years.

As with most problems, there are varying degrees of specific language disabilities ranging from the severe, requiring full time remediation programs, to the mild, requiring less intensive remediation. But, as previously mentioned, children who suffer language disabilities seldom prosper in a conventional classroom and the usual educational methods will not develop their full potential. (We are referring to the children with more than a minimal disability.) In a traditional academic environment, parents will be dumbfounded that an obviously intelligent child can not progress academically, even with the finest teachers and tutors available. The child with dyslexia may well pass the first few years of school, or even manage to struggle up to the 7th or 8th grade, in the case of the exceptionally bright. However, he will seldom live up to expectations, may well fail a grade or two, perhaps may become a disciplinary problem, and may even be identified as mildly retarded. Most often he will not be able to read at grade-level expectancy and will usually demonstrate no more than the most elementary written skills. Spelling, handwriting and composition will seldom be good. Academic achievement will usually diminish each year as family frustration and tensions are correspondingly increasing to the crescendo level.

When a learning difficulty is first recognized, the next course of action generally depends upon the following factors: the severity of the child's problem; the degree of parental concern; the quality of advice available. It is not unusual to find trial solutions involving eye examinations, summer school, educational testing, special tutoring, Saturday Schools, increased discipline and fewer privileges at home, physical therapy, remedial reading programs, and perhaps even psychiatric consultation. Any or all of these may result in success for a normal child. Success for the child with a language disability, however, will be partial or momentary at best. Hopefully, parents will discover sooner, rather than later, that diagnostic testing and psychological evaluation is required and simple nostrums should be avoided. Diagnostic testing can provide the answers to most educational questions for the learning disabled and can offer realistic hope to both parents and students. It also identifies those children whose learning difficulties are the result of other problems. The child with a genuine language disability, needs qualified and accurate diagnosis, individualized academic development programs, and success-oriented multi-sensory teaching. This need multiplies alarmingly every year — neglect can mean disaster.

Upon discovering they have a child with a learning problem, most

parents are confused, depressed, and ignorant as to where to turn for help. The problem may span the spectrum between pre-schoolers and the initial identification of educational difficulty and those 7th and 8th graders who have been subjected to any number of years of frustration and unsuccessful solutions. Parents are faced with the necessity of finding and evaluating various sources of diagnostic assistance and perhaps several different special education programs. Most parents are not only ill-equipped and unknowledgeable, but also are totally unprepared for this endeavor: the single most important course they may persue in their child's life. They will find themselves bombarded with lay opinions and reams of conflicting material. The opportunity to select the wrong course of action is high. Those who are not cautious become easy prey for: the unscrupulous; the profit motivated; the self appointed expert; the well-meaning, but unqualified; the marginal programs; and the outright frauds.

Quality information and assistance are available to those parents who are not looking for magic cure-alls, and who will be demanding, critical, and realistic in their investigation and analysis. The pediatrician or family physician is the best initial contact for parents and he should be constantly consulted in all diagnosis and treatment of the child with dyslexia. Specific language disability involves neurological dysfunction. Treatment is essentially educational in nature. Most pediatricians are generally aware of dyslexia and realize the need for specialized educational programs. There is an increasing number who are now specializing in learning disabilities. Specialists in children's medicine can insure the child's learning difficulty is not a result of poor general health or some organic problem and they can also refer parents to various other consulting specialists as necessary. Physicians who are familiar with learning disabilities will appreciate the early need for complete educational diagnostic testing and evaluation by qualified psychologists and educational experts. They can also arrange consultation with other medical experts whose findings and opinions may be essential to proper diagnosis and treatment. There may be a need for any one of all of the following: audiologists, speech clinicians, opthalmologists, neurologists, psychiatrists, physical therapists, and orthopedists. Diagnostic testing and evaluation and medical coordination, if necessary, can be accomplished at various special clinics and schools, at many medical facilities, and at some colleges and universities. In most areas, however, quality services are generally unavailable and parents must not only search out diagnostic specialists and educational programs, but must also evaluate them.

There are various kinds of schools, facilities, and services available for the child with a language disability. Some offer only diagnostic evaluation; some offer only remedial education programs; some offer only therapeutic developmental programs; and a few provide a combination of all of these. The ideal situation for the parents and students is the school or facility that can diagnose the learning disability and can also provide appropriate educational treatment. Such institutions are most frequently private schools or centers that specialize in particular problem areas. They of course conduct their programs and services without having to meet any officially prescribed standards or designated criteria. A few are superior, some are good, many are questionable, and others are poor. Most parents find investigation and evaluation of such a school or facility an unfamiliar maze of confusion, contradiction, and, sometimes outright deception. Their own private desperation only complicates their dilemma. "What should I look for?" "Who can I trust?" "How do you know?" "Where do we go?" "Who is an expert?" (Some public school systems also offer some of these services).

In recent years there has been an increasing number of Saturday and Summer remedial programs developing and these must also be carefully investigated by parents, and cautious involvement is a wise course. These programs are generally ones of strict methodology which are organized, merchandised, and periodically supervised, by a visiting agent or "medicine man" who will often conduct testing, diagnose students, prescribe treatment, appoint a local director and conduct a brief training workshop for the lay teachers to be utilized: parents, grandparents, high school and college students and any other volunteers who wish to hire on. Unfortunately, these agents are sometimes well spoken amatures, without either credentials or license, who convince desperate parents that they are qualified to diagnose and have a quality program for academic remediation of dyslexic children. Enthusiastic reading and math progress reports, from lay testing, should be confirmed by those qualified to conduct such measurements.

In the evaluation and comparison of facilities and schools for children with language disabilities there are several prime areas that parents should consider: (1) motive and purpose; (2) general community reputation; (3) services offered; (4) diagnostic procedures used; (5) specialists available; (6) quality of faculty; (7) quality of administration; (8) school responsibility to higher authority; (9) curricula; (10) budget matters; (11) admission policy; and (12) results achieved. Each of these will be discussed separately.

Motive and Purpose: Private schools and clinics usually fall into two basic motive and purpose categories: profit-making or missionary service. Either can be an outstanding or hopelessly poor. The difference is only mentioned in order to give parents an awareness and a beginning point of consideration. Profit-oriented facilities are usually created by professionals in business, education, or medicine. Missionary Service facilities are most often created through the efforts of concerned parents, church groups, and interested community citizens. It is perhaps interesting to note that many institutions change from the missionary motive to the profit motive as they grow. In any case, both can range from superior to poor.

General Community Reputation: An initial area of parental consideration should be the general reputation of the school or clinic they are evaluating. A top quality institution should enjoy not only a praiseworthy general community reputation, but should also have the support of reputable educators, physicians, businessmen, and parents. In addition to the reputation of the institution, parents may do well to check the community esteem of the members of The Board of Directors and the faculty. If any negative or doubtful areas are encountered in the realm of general reputation or esteem, especially in matters involving personal character, academic integrity, fiscal responsibility, or medical acceptance, it is a signal parents should read as "danger".

Services Offered: Parents must determine what particular services are offered by the facility or school. Are diagnostic evaluations provided? Are remedial or developmental programs conducted? Are programs primarily therapeutic? Is it a special educational program, with no diagnostic services, etc.? The child with a language disability must first be diagnosed and then undergo educational treatment or remediation. It is most desirable if diagnosis and treatment can be accomplished at the same facility. This not only involves the diagnosticians in the treatment, but also provides opportunity for continuing evaluation and the ability to change and adjust treatment as required.

Diagnostic Procedures Used: Accurate diagnosis of the learning disability is the most important first step in which parents will be involved. They must concern themselves with: What procedures are used to diagnose the learning disability? What experts are involved in the diagnosis and what are their qualifications? Does the diagnosis prescribe treatment?

Successful treatment of Dyslexia is based on qualified diagnosis, and each year literally thousands of children are misdiagnosed and are

committed to unnecessary or inappropriate remediation or are condemned to lives of agony, humiliation, and failure. There is no one more important in the life of the learning disabled child than the qualified experts who finally diagnose and prescribe treatment. Unfortunately, this is where far too many parents encounter disaster, by accepting opinions (diagnoses) of unqualified persons or by relying on impersonal, inadequate, and unsophisticated evaluations. Diagnosis of a learning disability is a complicated business and should be specific and detailed. It necessarily involves experts working in coordination with one another and certainly they should include as a minimum a physician, a psychologist and a special educator. If there is a need for medical specialists in neurology, opthalmology, psychiatry, hearing, speech, physical therapy, etc., these specialists must be consulted and involved in the diagnosis as well as the treatment. In most cases, it will be the psychologist who finally writes the diagnosis and prescribes the treatment. Clinical psychologists and speech pathologists who specialize in children and are also educators are perhaps the most qualified experts available in this field.

Parents are usually not aware that there are hundreds, perhaps thousands, of unqualified persons making diagnoses of learning disabilities. Often these are glib-tongued educators or lay people who have read a few books, developed the lexicon of the psychologist and reading specialists, and blatantly pass themselves off as diagnosticians. They are neither qualified nor licensed to diagnose and often do irreparable harm to children. Parents must insist that diagnostic testing be individually conducted by qualified experts, that they have a personal and detailed interview with the diagnostician and that they be provided a thorough, in-depth report of the diagnosis signed by a person licensed to diagnose. These are minimum requirements.

Parents should be further aware there are some psychologists who will diagnose without benefit of seeing the child or the parents. These diagnoses are usually based on test results conducted by a lay person who makes an initial evaluation which is later confirmed or corrected by the psychologist in review; sometimes months later. The pitfalls of such impersonal procedures are obvious. There are far better avenues available for dyslexic children than mail-order diagnosis. As mentioned earlier, it is essential that the expert who ultimately makes the diagnosis, also prescribes the remediation and continues to follow the case, making continuous evaluations and adjusting treatment as necessary. (These comments are in no way intended to reflect unfavorably on those qualified reading experts who conduct various tests and refer children to

diagnostic facilities when necessary. These experts identify as opposed to diagnose and their observations and findings can be of value in the ultimate diagnosis and treatment).

In addition to the medical examination, quality diagnostic testing will normally involve one or more psychologists and several educational experts. Parents should expect to undergo an extensive pre-testing interview in order to provide child history and parental observation. The child, in addition to undergoing a core battery of individually administered tests conducted by psychologists, should have a personal session with the principal diagnostician who ultimately signs the diagnostic report. Parents should inquire as to exactly what educational and psychological tests are given and as to exactly who will administer and evaluate them. They should be curious as to how sophisticated the testing is. Good testing usually involves at least a dozen separate tests in the uncomplicated case and should encompass at least IQ tests, auditory and visual motor tests, basic language skills tests, and personality development and educational achievement tests. At the conclusion of the testing, there should be another parental conference with a preliminary oral evaluation. Within two weeks parents should expect to receive a detailed report of the diagnosis and the recommended course of treatment. This report should be comprehensive, to include the results of testing and, although specific in findings and recommendations, it should be in language that is easily understood by the parents. The report should be signed. (It is not uncommon for the license number of the psychologist to be indicated.) Copies of the report should be sent to all consulting physicians and the child's school, unless parents request otherwise.

In those cases where diagnosis indicates that intensive educational remediation is necessary, parents are confronted with an even deeper quagmire of confusion and deception. The necessity for careful, in-depth investigation of schools and programs and the persons who conduct them, is even greater. Education of the learning disabled child is often the fruitful vineyard of charlatans, quacks and self-appointed educational experts without credentials. The following discussion will concern the evaluation of private educational situations for students with dyslexia who require intensive remediation. (Parents should also investigate public school programs, when they are available.)

Educational Philosophy: In the education of children with a language disability the educational philosophy of the school must be an important consideration for parents. Discussions with school administrators, faculty, teachers and parents will be useful in determining

the actual philosophy practiced. There are some schools where the educational environment approaches that of an academic reformatory. This may be referred to as a "highly structured situation necessary for complete learning". Although such an environment perhaps has advantages, especially for administrators and teachers, it is of doubtful enrichment to education. Very little learning takes place in situations of constant stress and parents should look for an environment where children are happy rather than afraid, and where there is love and compassion rather than fear. Perhaps the most important single aspect of language disability remediation is the attitude of the administration and teachers. A quality school will operate under a philosophy of success-oriented, diagnostic teaching, initially based on development of student image through love, respect, understanding and compassion, and followed by realistic academic challenge. There are many schools that will attempt to simultaneously handle children with different problems. These schools that mix retarded and emotionally disturbed children with dyslexic children should be closely scrutinized.

Parents must also be wary of those schools whose administrators and teachers profess that they are the only ones who can help their child. They will often verbalize in professional jargon in efforts to demonstrate their vast knowledge and at the same time make parents feel inadequate. Many times they suggest intensive family reorganization plans, experimental diets, behavior modification techniques, etc., etc., and predict a favorable outcome if suggestions are followed to the letter. Parents will find the greatest success will be offered by administrators and faculty who are experienced, sensitive, and have a compassionate individual interest in each child. Both parents and children need understanding, not neo-professional theory. It is a time for common sense and parents must seek to place their children in trustworthy hands. Their desperation makes them even more vulnerable to high-handed and pompous zealots who egotistically preach doctrines of infallibility.

Consulting Specialist Available: Parents should be aware of the medical, psychological and educational specialists who are associated with the school or are available for consultation. Many times they may be staff members or members of the Board, but in any case they should be directly and actively associated and not have simply allowed their names to be used for prestige. In a valid situation, many students may be continuing patients of these specialists, especially the psychologist, the physical therapist, the neurologist, the audiologist, the speech clinician and the psychiatrist. When required, these experts should be closely associated with the educational developmental program of treatment.

Quality of Faculty: In a school conducting academic remediation and developmental programs, the quality of the faculty is obviously of paramount importance. Points of inquiry should include: Do all teachers have degrees? How many have advanced degrees? What is the total student teacher ratio? (Obviously, the lower the better, and 3 or 4 to 1 should be expected). How many of the faculty have taken courses in learning disabilities? How much experience does the faculty have in this type of education? Who conducts training programs for teachers? (These should be conducted by recognized experts). Is there diagnostic teaching? (This is teaching each child as an individual with programs individually tailored to meet each student's needs.) Parents should view cautiously programs that treat all children alike and have a single methodology for all children. Are para-professional teachers used rather than qualified teachers with degrees? This, of course, is considerably less expensive for the school and equally less rewarding for the students. Schools that use a high percentage of para-professionals will usually have a convincing sales talk for parents who need use only their common sense to reach the appropriate conclusion. Master teachers with aids are doubtful substitutes for qualified teachers with bachelor degrees and advanced credentials. (There are some teachers without degrees who are effective because they have an uncommon wealth of experience. There are very few, however!) It behooves parents to remember that treatment for learning disabilities is essentially educational and a teaching institution is only as good as its faculty. A faculty vita should be provided parents.

Quality of Administration: Who directs the course of the school? What are his qualifications for this position? It is essential to appreciate that successful business experience as well as, successful academic experience is required. There are some administrative and academic directors who have moved from school to school with the heritage of failure or questionable success in the management of personnel, programs and funds. The credentials of administrators should be as carefully examined as the credentials of the faculty. A poorly managed school will not only waste money, but will also attract a lower quality faculty and usually suffer a high teacher turnover. None of these contributes to academic excellence. It is the parents who pay the price of administrative waste and inefficiency and the students who suffer the consequences.

School Responsibility to Higher Authority: The character and quality of the individual members of a school's Board of Directors or Trustees is very important, especially in a school dedicated to a special mission.

These are the persons who direct and control the school and the body to whom the administration is responsible for the management and operation of the school. Many profit-oriented institutions are operated without benefit of a Board or simply have a token Board and the school administration may not be responsible to any meaningful higher authority. Most missionary oriented institutions will usually operate under the close direction of an active Board of Directors. If there is a Board of Directors, the individual qualifications of the members and their special qualifications to direct a school for learning disabled children should be conspicuously evident. The highest quality Boards will most often have a balanced membership of educators, physicians, businessmen and knowledgeable parents, reflecting expertise in all areas of school operation. It is always significant to discover how many children of Board members have attended or are currently attending the school. Parents can be sure that a school which has a high percentage of Board members' children, as students, will have an active and interested Board. It does not guarantee a quality institution unless it is a quality Board, but it is comforting to know Board members have also made a significant commitment and it assures a results-oriented Board. The general and professional reputation of Board members can be easily obtained.

Curricula: The academic curriculum for dyslexic children should be an area of serious consideration. As previously mentioned, most of the treatment involved in learning disabilities is educational in nature and it is most desirous that the person who diagnoses also prescribes. In other words, the diagnostician develops and supervises the academic development program. Academic programs at the better institutions will generally be individual, tailored to the particular needs of each student, and will feature high intensity remediation in language and math skills. Parents should seek facilities with individualized programs which practice diagnostic teaching, as opposed to schools which utilize one teaching method as a panacea for all children. Concentration should be on the language and math remediation classes in a one teacher-one student concept, but a wide variety of other courses should also be offered; especially if upper level grades are taught. Latin, Chemistry, Physics, Algebra, Foreign Languages, etc., can be taught to many language disabled children in the proper educational environment. Typing and writing courses (journalism, creative writing, composition, etc.) are courses of great reward to these children. Qualified faculty for every course offered should not have to be mentioned, but some schools will convince parents, against their better judgement, that para-professionals can teach courses equally as well as degree-qualified

teachers. This may be true in rare individual cases, but infrequently, and certainly not across the board.

Funding and Budget Matters: Parents are often hesitant to ask for the financial statement of a school and an explanation for where money is spent. They should, however, be just as concerned about financial management and responsibility in a private school as if they were investing in a business. At a quality school the lion's share of expenses will be obligated to faculty salaries.

Admission Policy: The admission policy of a school is another important area for consideration. If academic remediation is offered, parents should inquire if the institution restricts admissions to properly diagnosed cases. As earlier mentioned, schools that admit and serve dyslexic children as well as retarded and emotionally disturbed children are not viewed as the most suitable for learning disabled children; even if the various catagories of students are separated. In those institutions that use lay people to diagnose or those that conduct mail order diagnoses, the incidence of learning disability diagnosis and subsequent admission is likely to be higher than in a school that offers professional testing and operates with a qualified faculty. A language disability school that is beating the bushes for students and admitting students without complete diagnosis is likely to provide a program of questionable quality.

Results Achieved: The results achieved by a school are of paramount importance to any evaluation. Such information will be available from general reputation, parents, and school records. One of the best indicators of success is the comparison of Standardized Test scores. (Many low quality schools will not even use Standardized Tests: SSAT, PSAT, SAT, ACT). Another excellent indicator is the success of former students in other schools or at colleges and universities.

In order to provide quick reference considerations, a check list of the items discussed follows. This certainly does not provide all the answers, but it will help parents avoid the many pitfalls that they will encounter in their search for quality diagnosis and treatment.

EVALUATION CHECK LIST

1. The school has a good reputation in the community at large.
2. The school has a good reputation in the professional community. (Medical, Educational, Business)
3. The school has a good reputation with parents of present and former students.
4. The school has a good reputation and association with institutions of higher learning.
5. Diagnosis and evaluation of students are conducted on an individual basis.
6. Diagnosis is conducted by qualified (certified and or licensed) specialists.
7. Diagnostic conferences are held with the parents.
8. Detailed written and signed reports are provided to parents, physicians and other referral agents.
9. Reports are released only after signed releases have been obtained from the parents or legal guardians.
10. Educational remediation recommendations are made by the person making the diagnosis or a member of the diagnostic team.
11. Academic remediation is individualized for each student in a diagnostic teaching framework.
12. Each member of the faculty is qualified in the area(s) of his responsibility. (degrees / certification)
13. Each member of the faculty has completed a recognized course of study in the area of learning disabilities or has professionally recognized experience in this area.
14. Individualized student programs are conducted under the regular supervision of a certified expert in Learning Disabilities. (preferably the diagnostician)
15. No instruction is performed by a para-professional or volunteer except under the constant and direct supervision of a qualified teacher.
16. All tests and instructional materials utilized in the program have the approval o recognized experts in the field.
17. Standardized tests are routinely used.
18. The administrator has an educational and experience background in keeping with the similar positions in the community.
19. The administrator has wide experience in school administration or has undertaken specialized study in this area.
20. The Board of Directors is comprised of a cross section of the community and have some interest in and knowledge of education in general and education of children

with learning disabilities in particular. (Representatives from medicine, higher education, business and parents)

21. Experts in relevant areas are associated with the school or on call. (Physicians, educators, psychologists)
22. The School and the program of remediation has a record of success.
23. The School accepts only SLD students.

BIOGRAPHY OF THE AUTHOR AND EDITORS

Colonel Harrison W. Kimbrell: Colonel Kimbrell is a retired Marine officer and the father of two dyslexic sons who has over ten years concern and involvement in the learning disability field. He is presently the Headmaster of Trident Academy, a school for children with specific language disabilities, which he helped develop and where he was formerly Chairman of The Board of Directors. He is a graduate of The Manlius School in New York State, The Citadel, The Military College of South Carolina, and completed several advanced academic and management courses and schools.

His Marine Corps service, which included world wide command and staff assignments, provided Colonel Kimbrell wide experience in the development, management and administration of academic programs and schools. His primary fields are Naval History and Management and his assignments included two years as a faculty member at The University of South Carolina and four years as a faculty member at The Citadel.

Colonel Kimbrell speaks throughout the State concerning learning disabilities and has been instrumental in organizing and directing seminars on learning disabilities conducted at The Medical University of South Carolina. He is a member of The Orton Society, The Association For Children With Learning Disabilities and several other parent's organizations.

Lucia R. Karnes, Ph.D.: Dr. Karnes is a Professor of Psychology and The Director of Special Education at Salem College in Winston-Salem, North Carolina. She is an internationally recognized expert in the diagnosis and education of children with learning disabilities and is herself the mother of dyslexic children. She was educated at Georgia State College, Emory University, and The University of North Carolina and has worked in the LD field for over 25 years.

Dr. Karnes is The Vice President of the Orton Society, the only national organization devoted to the study, education and treatment of children with dyslexia. In the fall of 1974 she was a speaker at The World Congress on Dyslexia conducted at The Mayo Clinic in Minnesota. In January, 1975, she presented a learning disability paper to The Royal Academy in London and spoke at several conferences throughout Europe. This summer (1975) she will teach graduate courses in Learning Disabilities at The College of Charleston.

Marjorie M. Mengedoht, M.D.: Dr. Mengedoht is the mother of a dyslexic son and daughter and is a practicing pediatrician in partnership with her husband. She is a graduate of Duke University and The Medical University of South Carolina and has special interest in children with learning disabilities. She is past president of The Charleston County Pediatric Society and currently serves on the staff of Roper Hospital, St. Francis Hospital, and The Medical University of South Carolina.

Dr. Mengedoht has been involved with learning disability activites and organizations for several years and was instrumental in the founding of Trident Academy. She is a member of The Orton Society and The Association of Children With Learning Disabilities, and is a well known speaker throughout the State.

Mitchell Carnell, Ph.D.: Dr. Carnell is the Executive Director of The Charleston Speech and Hearing Clinic. He is a certified speech pathologist with a long history of involvement with learning disabilities.

Dr. Carnell was educated at Mars Hill College, Furman University, The University of Alabama, and Louisiana State University. He has served on the faculties of The University of South Carolina, The Baptist College, Furman University, and Louisiana State University. He is presently a faculty member of The Medical University of South Carolina and The Citadel, where he teaches graduate courses in Learning Disabilities. Dr. Carnell is the author of several articles published in professional journals. He is a past president of the South Carolina Speech and Hearing Association.