MEMORANDUM December 13, 2016

TO: Natalie K. Blasingame
Assistant Superintendent, Interventions Office

FROM: Carla Stevens
Assistant Superintendent, Research and Accountability

SUBJECT: **THE ASSESSMENT OF DYSLEXIA SERVICES AND THE ACADEMIC ACHIEVEMENT OF STUDENTS DIAGNOSED WITH DYSLEXIA IN THE HOUSTON INDEPENDENT SCHOOL DISTRICT, 2015–2016**

Dyslexia is considered a learning disorder characterized by difficulty in learning to read, write, and spell despite conventional instruction, adequate intelligence, and sociocultural opportunities (TEC§38.003 cited in Texas Education Agency, 2014). The Texas Education Code (TEC) §38.003 makes provision for the evaluation and identification of students suspected of being dyslexic, and mandates the formulation of rules and standards for the evaluation and instruction of students diagnosed with dyslexia.

The purpose of this evaluation was to identify the protocols for the delivery of dyslexia services, review related teacher and interventionist professional development and their alignment with the protocols, and analyze the 2016 reading and writing performance of HISD students identified with dyslexia.

Key findings include:

- Chancery School Information System (SIS) data revealed that 3,091 students were identified with dyslexia in 2015–2016. Of these, about 48 percent were also diagnosed with a learning disability.
- There were close linkages between the International Dyslexia Association's knowledge and practice standards, the Texas Education Agency's Dyslexia Handbook, and Neuhaus's "Developing metacognitive skills" training materials used in the professional development of the district dyslexia interventionists and teachers.
- From 12.8 to 27.0 percent of third to eighth-grade students met Level II: Satisfactory performance at the 2016 progression standard on the State of Texas Assessments of Academic Readiness (STAAR) writing test and 13.0 and 9.6 percent of fourth and seventh-grade students respectively, met the same standard on the writing test.

Further distribution of this report is at your discretion. Should you have any further questions, please contact me at 713-556-6700.

Attachment

cc: Grenita Lathan
Mark Smith

HOUSTON INDEPENDENT SCHOOL DISTRICT

RESEARCH

Educational Program Report

THE ASSESSMENT OF DYSLEXIA SERVICES AND THE ACADEMIC ACHIEVEMENT OF STUDENTS DIAGNOSED WITH DYSLEXIA IN THE HOUSTON INDEPENDENT SCHOOL DISTRICT, 2015–2016

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THE ASSESSMENT OF DYSLEXIA SERVICES AND THE ACADEMIC ACHIEVEMENT OF STUDENTS DIAGNOSED WITH DYSLEXIA IN THE HOUSTON INDEPENDENT SCHOOL DISTRICT, 2015–2016

Executive Summary

Texas Education Code (TEC) §38.003 makes provision for the testing and identification of students diagnosed with dyslexia and related disorders, as well as mandates the formulation of rules and standards for testing and instructing these students (TEC §7.028b). Dyslexia is considered a learning disorder characterized by difficulty in learning to read, write, or spell despite conventional instruction, adequate intelligence, and sociocultural opportunities (TEC §38.003 cited in the Texas Education Agency, 2014). The Texas Education Agency (TEA) has developed a handbook on Dyslexia to meet the mandates of the Texas Education Code. The International Dyslexia Association (IDA) has developed knowledge and practice standards for teachers of reading including teachers of students diagnosed with dyslexia. The Houston Independent School District has in place operational guidelines for schools that include the treatment of students diagnosed with dyslexia. It also provides for the appointment of interventionists and teachers and their training for meeting the need of all students identified with dyslexia in the district.

The purpose of evaluation is to identify the protocols for the delivery of dyslexia services, review related teacher and interventionist professional development and their alignment with the protocols, and analyze the 2016 reading and writing performance of students identified with dyslexia in HISD.

Highlights

- According to the Chancery School Information System (SIS), 3,091 students were identified as having dyslexia. About 48 percent of these students were also diagnosed with a learning disability.

- Close linkages were observed between the International Dyslexia Association (IDA) knowledge and practice standards, the TEA's Dyslexia Handbook, and the "Developing metacognitive skills" training materials Neuhaus used in the preparation of HISD interventionists and teachers of dyslexia.

- Slightly more than half (52.8%) of the interventionists and teachers of students diagnosed with dyslexia who enrolled in the district's professional development successfully completed their programs: 52.8 percent completed the Dyslexia Handbook Revised 2014 training, and 34.1 percent of elementary and 8.3 percent of secondary school participants completed the Neuhaus Education Center dyslexic intervention training.

- From 12.8 to 27.0 percent of third- to eighth-grade students diagnosed with dyslexia met Level II: Satisfactory at the 2016 progression standard and 13.0 and 9.6 percent of fourth and seventh-grade students, respectively, met the same standard on STAAR writing test.

- The results show that 19.8 and 29.5 percent of high school students diagnosed with dyslexia met Level II: Satisfactory at the 2016 progression standard on the English I and English II STAAR EOC tests, respectively.

Recommendations

- Timely screening and identification of students diagnosed with dyslexia needs to occur with urgency in order to ensure that these students are receiving the appropriate services to help them perform academically.

- It is important that all professional development programs related to dyslexia in HISD meet the IDA's knowledge and practice standards and are in accordance with district policies and state and federal regulations.

- It is also important that interventionists and teachers access and complete all available professional development opportunities to ensure they possess the requisite skills to adequately provide instructional and learning support for HISD students diagnosed with dyslexia.

- More oversight and relevant data may be required to determine the kind and quality of interventions students diagnosed with dyslexia in HISD may be receiving and the link between quality of service and student academic performance.

Introduction

The Texas Education Code (TEC) §38.003 mandates the testing, identification, and instruction of students diagnosed with dyslexia and related disorders. The code requires the formulation of rules and standards for testing and instructing students diagnosed with dyslexia in compliance with these mandates (TEC §7.028 b). The code outlines the roles and responsibilities of district and charter schools in the delivery of dyslexia services (Texas Education Agency, July 2014). Section 504 of the Rehabilitation Act of 1973 makes provision for the protection of students diagnosed with dyslexia and other students with disabilities from discrimination and requires that school districts and education agencies put in place affirmative action required to accommodate such students (Houston Independent School District, 2015).

Dyslexia has been defined as a learning disorder characterized by difficulty in learning to read, write or spell despite conventional instructional, adequate intelligence, and sociocultural opportunities (TEC §38.003 cited in Texas Education Agency, 2014). The International Dyslexia Association (IDA) defines dyslexia as a specific learning disability with neurological origins that reflect difficulties with accurate and/or frequent word recognition, spelling, and decoding resulting in phonological deficits (TEA, 2014). When a Houston Independent School District (HISD) student is identified as dyslexic or possesses a related disorder and meets placement requirements, an appropriate instructional program is provided through Section 504 or special education (Houston Independent School District, 2015). Section 504/Americans with Disabilities Act (ADA), 1990 makes provision for all persons identified with a physical or mental disability to have access to educational services and to the necessary classroom and learning accommodations (HISD, 2015). The purpose of evaluation is to identify the protocols for the delivery of dyslexia services, review related teacher and interventionist professional development and their alignment with the protocols, and to analyze the 2016 reading and writing performance of students identified with dyslexia in HISD.

Literature Review

The phonological deficit explanation has governed the intervention approaches of students diagnosed with dyslexia although a “universal consensus on the precise nature of dyslexia had still to be reached” (Elliot, Davidson & Lewin, 2007, p. v; Everatt & Reid, 2009). There is, however, widespread support for the view that “the development of dyslexics’ phonological processing skills” plays a significant role in their learning to read (Elliot, Davidson & Lewin, 2007). This view includes gaps in the processing speed and among the various activities involved in the decoding process and involves proposed programs that are designed to “train the brain” to process information at faster speeds (Breznitz, 2008). Dyslexia has also been attributed to a neurological syndrome that affects brain development particularly the magnocellular neurons, which is impaired in children diagnosed with dyslexia (Stein, 2008). Vision is seen, therefore, as the principal input in reading, and neurons may explain variations in symptoms that students diagnosed with dyslexia inherit (Stein, 2008).

The phonological deficit hypothesis remains the dominant viewpoint on the origin of dyslexia and is based on the observed differences in the phonological processing and, in particular, decoding skills between dyslexics and non-dyslexics from early literacy to adulthood (Stein, 2008; Wah, 2010). Early phonological training linked to orthography and literacy experience improves word literacy and reduces the likelihood of later difficulties in literacy (Bryant & Bailey, 1995 cited in Everatt & Reid, 2009). Wah’s (2010) study shows that Davis’s Orientation Counselling method helped correct the dyslexia symptoms in one child and improved her reading and writing skills. In addition, Davis’s Symbol Mastery was able to identify and correct the child’s problems with reversals while the Davis’s Reading Exercises helped her tracking and word recognition, offering a plausible explanation for the child’s dyslexic problems (Wah, 2010). A variety of approaches, programs, and instructional strategies and activities may be required to meet the diverse needs of dyslexic students.

Torgesen (2006) provides a compendium of interventions that have had significant effect on the reading improvement of children who met the International Dyslexia Association definition of dyslexia. Torgesen (2006) studied 60 randomly-selected students diagnosed with severe dyslexia to determine the extent to which their reading difficulties could be resolved through powerful interventions. Over an eight-week period, students received 67.5 hours of one-to-one instruction in two 50-minute daily sessions. Prior to the study, these children received, on average, 16 months of special education services (Torgesen, 2006). The results showed dramatic incremental growth in their reading accuracy and comprehension. In another study, a group of teachers administered Davis Dyslexia Correction program to 86 first-grade elementary school students in three San Francisco Area schools (Pfeiffer, Davis, Kellogg, Hern, McLaughlin & Curry, 2001). Compared to a matched group of first-graders, the experimental groups scored significantly higher on the mastery of 100 sight words and required no further special education services with an unexpected higher number of these students qualifying for gifted education placement (Pfeiffer et al., 2001).

The most recent HISD evaluation report on dyslexia services indicated that 645 students were identified as dyslexic and were referred for dyslexic services in 2011 (Muñiz, 2011). The report showed that 53 percent were classified as dyslexic under Section 504 in 2011, and 32 percent were classified as dyslexic under special education in the same year, 2011. The HISD 2010 report on Dyslexia Program Support Services reported that 2,014 students were identified with dyslexia in 2009 and 560 students were identified in 2010. Of these, 40 percent were White, 41 percent were Hispanic and 18 percent were African American. Sixty-five percent of them were males and 35 percent were females (HISD, 2010).

A review of special education services in HISD found an underrepresentation of students who were diagnosed with dyslexia and needing education services. It was also found that general education teachers were coached to meet their students' learning needs rather than provide direct support for students diagnosed with dyslexia (Thomas Hehir & Associates, n.d.). The review found that an overrepresentation of African American students and Hispanic LEP students were identified as needing special education services (Thomas Hehir & Associates, n.d.). It also found that students diagnosed with dyslexia who needed intervention through special education were not able to access the services with reasonable ease. Accordingly, HISD's approach was in direct conflict with research that supports "intensive and early targeted reading instructions for students diagnosed with dyslexia" (Thomas Hehir & Associates, n.d, p. 18).

This report addresses four questions developed following several meetings and discussions with key district personnel who oversee dyslexia education services:

1. What are the existing guidelines and protocols for the delivery of dyslexia services in HISD?
2. How many students were diagnosed with dyslexia and what was the demographic profile of these students?
3. To what extent have school-based dyslexia interventionists and teachers been trained in accordance with guided protocols?
4. What was the academic performance of HISD students diagnosed with dyslexia during the 2015–2016 school year?

Method

Data Collection and Analysis

"The Dyslexia Handbook Revised, 2014: Procedures concerning dyslexia and related disorders" developed by the Texas Education Agency, the " HISD School Guidelines, 2015–2016", and the International Dyslexia Association's (IDA) "Knowledge and Practice Standards for Teachers of Reading with Commentary for Classroom Educators" were reviewed to identify the existing protocols for the delivery of services to students diagnosed with dyslexia in HISD and the extent to which professional development materials

adhered to those protocols. The school guidelines provided, among other things, information and protocols for engaging students with special needs including dyslexia.

This report was also based on the observation of two professional development (PD) sessions for dyslexia interventionists and teachers. The sessions were "The Dyslexia Handbook, Revised 2014: Procedures concerning dyslexia and related disorders" training and the Neuhaus-administered training for dyslexia interventionists, specifically the "Developing Metacognitive Strategies" session provided on January 29, 2016 from 9am to 4pm. The training materials' content was matched against the IDA dyslexia knowledge and practice standards to determine linkages to and congruency with the PD materials using document analysis.

Document analysis is a systematic procedure for reviewing and evaluating documents, both printed and electronic material (Bowen, 2009). This analytic procedure involves finding, selecting, appraising, and synthesizing document data through a process of content and thematic analysis (Bowen, 2009). This was also used to recognize patterns and determine congruence between the professional development documents and standards and procedures documents adopted by the IDA to guide the treatment of students diagnosed with dyslexia.

Statistical analyses of the 2016 State of Texas Assessments of Academic Readiness (STAAR) grades 3–8 and STAAR End of Course (EOC) test results were used to determine the extent to which students who were diagnosed with dyslexia met Level II: Satisfactory at the 2016 progression standard and Level III: Advanced standard for reading, mathematics, social studies, science, English I, English II, Algebra I, Biology and U.S. History. The first administration and first-time testers were used in this study. It is important to note that the Satisfactory performance standard is Phase-in 1 for students who took at least one EOC prior to the December 2015 administration and the 2016 progression standard is applied to any student who took their first ever EOC during the December 2015 administration or later.

Sample

The Public Education Information Management System (PEIMS) database contained 2,176 students labelled for dyslexia during the 2015–2016 school year. This represents 1.01 percent of the total HISD student population. Data taken from the Chancery Student Information System (SIS) returned a list of 3,091 students tested and classified as dyslexic in HISD. This is about 1.44 percent of the district's population. The PEIMS data were a spring snapshot that captured the number of HISD students diagnosed with dyslexia at a point in time. Chancery SIS captures day-to-day data changes in the number of students diagnosed with dyslexia. As testing and identification are conducted throughout the school year, data from the Chancery SIS are used in this report. The student performance data set includes only students for which STAAR 3-8 or EOC exam scale scores were available for the 2015–2016 school year.

Data Limitations

- Teacher and teacher interventionists may have received several doses of dyslexia intervention training sessions prior to the 2015 academic year. The impact of multiple exposures to professional development training could have had additional effects on students' performance that could not be accounted for in this report.

- Dyslexia assessment, evaluation, and identification are conducted throughout the school year. It is a challenge, therefore, to gather time-series data for analyzing the performance trends of students diagnosed with dyslexia because of the varying lengths of their exposure to interventions.

- Students who actually received services and the kind and quality of the services they received could not be determined.

- Survey and/or observation data were not available to confirm the extent to which dyslexic services are actually provided and whether or not service delivery adhered to adopted protocols.

- The observation of the Neuhaus professional development program was limited to only one session: "Developing Metacognitive Skills."

Results

What are the existing guidelines and protocols for the delivery of dyslexia services in HISD?

The Texas Education Agency (TEA) Dyslexia Handbook, Revised 2014 provides guidelines for the provision of services to students diagnosed with dyslexia. These guidelines were approved by the State Board of Education (SBOE) and are the result of new legislation passed by the 82nd and 83rd legislative sessions (TEA, 2014). Students suspected as having dyslexia must be evaluated within 45 days of the parents signing the evaluation consent form. Dyslexia services within the State of Texas should be offered in small class size settings, and utilize individualized instructions and intensive multisensory methods in reading, writing, and spelling, as a supplement to the general education in reading and language arts instruction which are based on the decisions of the Section 504 committee or the Admission, Review, and Dismissal (ARD) committee (Houston Independent School District, 2015). Under the guidance of the Intervention Assistance Team (IAT), teachers are to use student-appropriate programs and strategies to deliver dyslexia instructions four to five times a week in 45–60 minutes sessions. The instruction is provided outside students' core instructional time and should be delivered with fidelity in accordance with the law. Students diagnosed with dyslexia are to be reevaluated every three years by the campus Evaluation Specialist or more frequently where necessary (Houston Independent School District, 2015). According to 2015–2016 school guidelines, which the HISD Board of Education approved for serving students diagnosed with dyslexia, "once a student is identified as having dyslexia or a related disorder and meets placement requirements, an appropriate instructional program is to be provided through Section 504 or special education" (Houston Independent School District, 2015, p. XII-5). The selected dyslexia program must be delivered with fidelity to meet the requirements of the law.

Every school principal must identify and assign a teacher with the requisite training as the dyslexia instructional support teacher. The support teacher must also possess instructional skills that exceed those of a classroom teacher. Teachers of students diagnosed with dyslexia and related disorders must have the appropriate training and valid certification (Houston Independent School District, 2015). According to the HISD School Guidelines, 2015–2016, the training should include:

- Understanding the reading process,
- Knowledge of related disorders and appropriate accommodations including remedial strategies,
- Knowledge of the structure of language,
- Reading comprehension, and
- Reading fluency.

Support teachers or interventionists are to accommodate students when necessary. The Campus Committee (Section 504) convenes annually to review or reevaluate the accommodation plan and determine which students continue to be eligible for services.

Identification and intervention services for students diagnosed with dyslexia should be initiated prior to second and third grades. Identification should be individualized rather than screened using either the Section 504 procedure or through the Individuals with Disabilities Education Act (IDEA) (TEA, 2014). Students are screened using HISD supported assessments that assess the characteristics associated with dyslexia. These assessments include IStation, Running Records, high frequency word lists, spelling tests, Reading Inventory College and Career readiness, and Quick Phonic Screener (QPS).

In order to facilitate the delivery of services to dyslexic students, HISD offers several training options:

1. Dyslexia identification, services, and legal requirements online course which is available on the HUB and for which interventionists and interested personnel including teachers can self-enroll.
2. Training in the use of the Dyslexia Handbook 2014
3. Neuhaus dyslexia interventionist K–5 training sequence (options 1 and 2).
4. Neuhaus dyslexia interventionist 6–12 training sequence (options 1 and 2)
5. Esperanza, which is associated with Spanish-speaking English language learners (ELL)

The International Dyslexia Association (2010) developed the "Knowledge and Practice Standards for Teachers of Reading" to be used for professional development efforts, among others. The standards are classified as (1) foundational concepts and (2) application skills that teachers and specialists can demonstrate. The foundational concepts include the knowledge of language structure and principles of structured language teaching, administration and interpretation of assessments, knowledge of dyslexia and other learning disorders, and ethical standards in the profession. They are organized into areas of content knowledge and application. Content knowledge are areas that can be learned and tested independent of observed teaching competency, and the practical skills of teaching depends on or are driven by content knowledge (International Dyslexia Association, 2010). The application involves the skills that are to be demonstrated in supervised practices by novice teachers in training or by specialist. Standards that relate directly to dyslexia also include observable competencies for teacher whose students were diagnosed with dyslexia and other learning disorders (International Dyslexia Association, 2010). Based on the IDA standards, in addition to fundamental reading knowledge and practices, teachers supporting students diagnosed with dyslexia are expected to:

1. Know the most common intrinsic differences between poor and good readers (cognitive, neurological and linguistic).
2. Recognize the tenets of NICHD[1] and IDA definitions of dyslexia.
3. Recognize that dyslexia and other reading difficulties exist on a continuum of difficulty.
4. Identify the distinguishing characteristics of dyslexia.
5. Identify how symptoms of reading difficulty may change over time in response to development and instruction.
6. Understand federal and state laws that pertain to learning disabilities, especially reading disabilities and dyslexia.

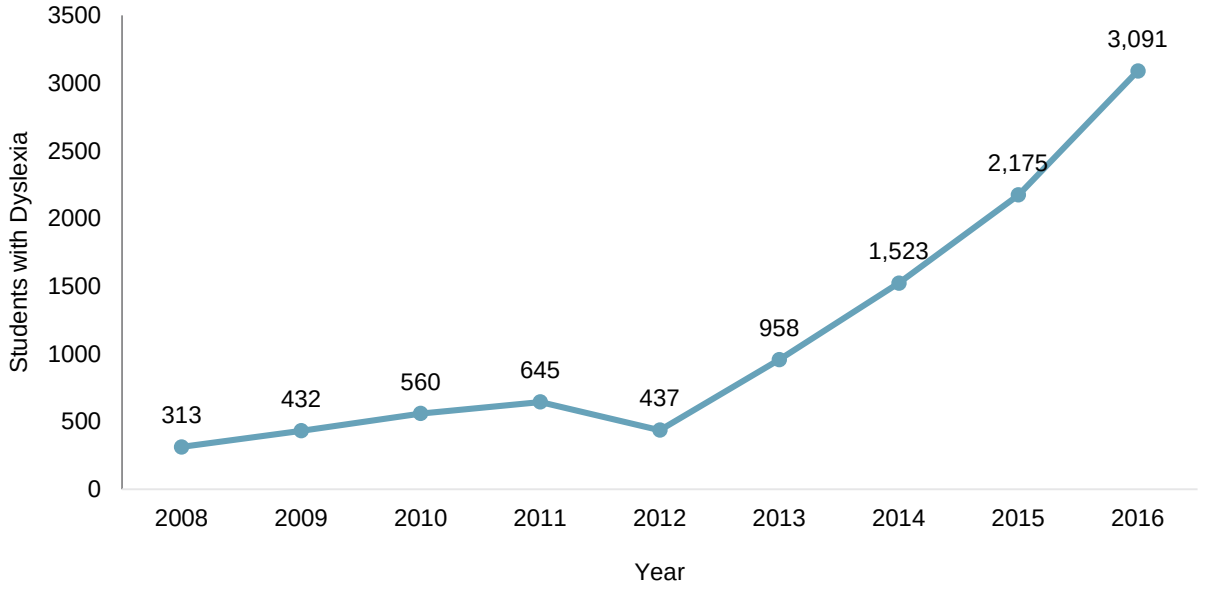
Both the IDA and HISD require teachers and teacher interventionists to have an understanding of the reading process. HISD's dyslexia-related training requirements are stated broadly, for example, "knowledge of related disorders, appropriate accommodations including remedial strategies", while the IDA's requirements are detailed and specific, for example, "identify how symptoms of reading difficulty may change over time in response to development and instruction." IDA's guidelines/standards specify an "understanding of federal and state laws that pertain to learning disabilities, especially reading disabilities and dyslexia" as a training requirement. HISD requires training on the Dyslexia Handbook, 2014 that includes state and federal laws pertaining to services for students diagnosed with dyslexia.

How many students were diagnosed with dyslexia, and what was the demographic profile of these students?

As noted earlier, data collected from the Chancery School Information System (SIS) indicated that during the 2015–2016 school year, 3,091 HISD students were classified as having dyslexia. **Figure 1** shows trends for students identified with dyslexia from the 2007–2008 through to the 2015–2016 school year. The number of HISD students identified with dyslexia during that period increased almost tenfold from 313 to 3,091.

[1] NICHD is the protocol for the International Evidence-based Investigative Interviewing of Children and for training child interviewers.

Figure 1. Dyslexia identification trends in HISD, 2008–2009 through 2015–2016 school years.



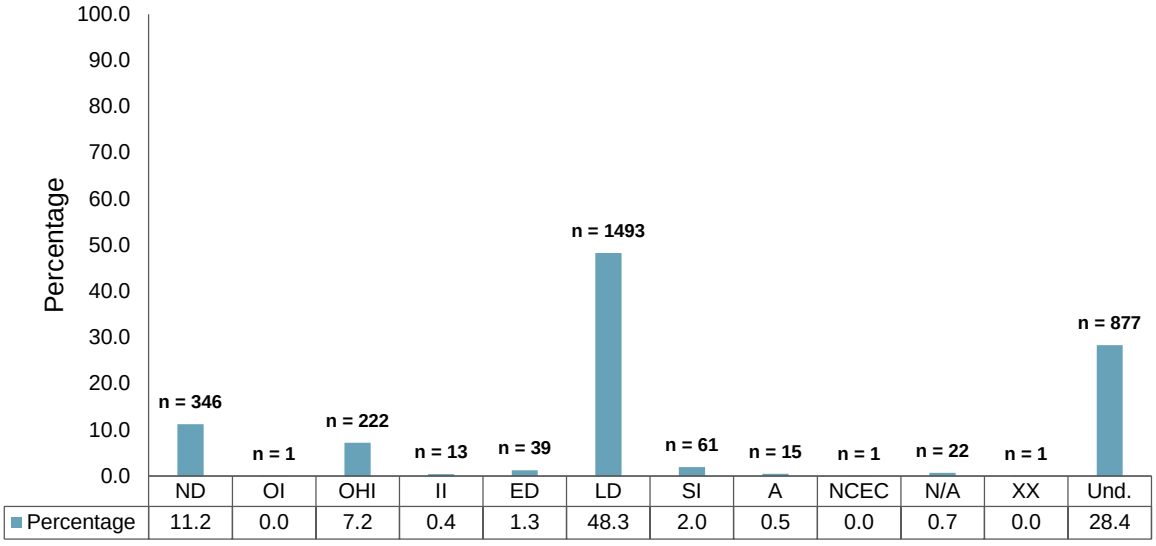
Source (data only): HISD (2010). Dyslexia Program Support Services Evaluation Report, 2009–2010
Muniz (2011) HISD Research and Accountability Department, Bureau of Program Evaluation, Evaluation Brief 6 (1)
HISD (2013, 2014, 2015) Special Education Program: Identification, Placement, and Assessment Report
Note: Prior to dyslexia identification becoming a PEIMS label in 2013–2014, dyslexia data was entered manually and may not have been as reliable.

Analysis of the 2015–2016 data (3,091) showed that 46.6% were elementary, 28.0% were middle school, and 25.3% were high school students. Almost twice as many males compared to females who identified with dyslexia were elementary (64.2% v. 35.8%), middle (64.9% v. 35.1%), and high (63.3% v. 36.7%) school students, respectively. Details are located in **Table 1** (**Appendix A**, p. 20).

Most students identified as having dyslexia at the elementary (56.1%), middle (51.4%), and high (48.0%) levels in the district were Hispanic. There was an over representation of White students identified as having dyslexia at all school levels, elementary (15.1%), middle school (14.0%) and high school (17.9%) when compared to the distribution of White students in the total HISD population (8.0%). African-American students made up roughly one fourth to a third of students at the elementary (26.6%), middle (32.4%), and high (32.2%) school levels who were identified as having dyslexia (Table 1, Appendix A, p. 18).

When considered by disability classification, most students coded with dyslexia under the Chancery SIS appeared to have a learning disability. **Figure 2** shows the classification distribution of students identified as having dyslexia in HISD for the 2015–2016 school year.

Figure 2: Disability classification distribution of dyslexic students, HISD, 2015–2016



	ND	OI	OHI	II	ED	LD	SI	A	NCEC	N/A	XX	Und.
Percentage	11.2	0.0	7.2	0.4	1.3	48.3	2.0	0.5	0.0	0.7	0.0	28.4

Source: Chancery School Information System (SIS)
Note: ND = no disabilities; OI = orthopedic impairment; OHI = other health impairment; II = intellectual impairment; ED = emotional disturbance; LD = learning disability; SI = speech impairment; A = autism; NCEC = non-category early childhood; Und = undisclosed; N/A = not applicable; XX = tested/not qualified
Note: Actual number of students is shown above the bars

- As Figure 2 shows, 48.3 percent of students identified as having dyslexia were coded as having a learning disability (LD).

- According to Figure 2, 11.2 percent of students identified with dyslexia had no other disabilities, 7.2 percent had other health impairments (OHI), and 2.0% had speech impairment.

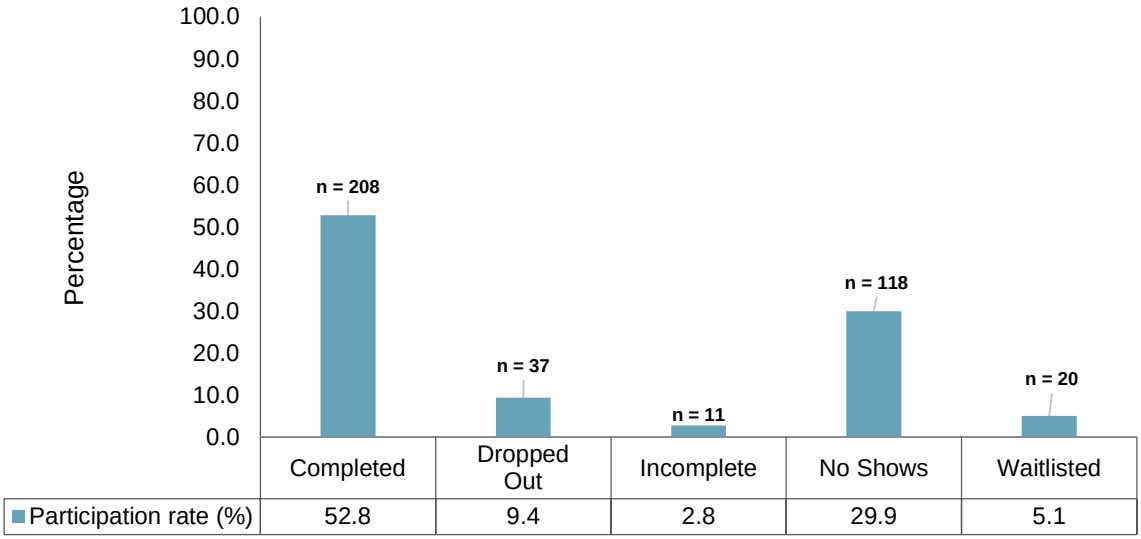
- Disability codes for 28.4 percent of the students identified as having dyslexia were not disclosed (Und.).

To what extent have school-based dyslexia interventionists and teachers been trained in accordance with guided protocols?

1. Teacher and Teacher Interventionists Participation in Dyslexia Handbook, Revised 2014, Professional Development

In 2015–2016, the HISD Intervention Services Department conducted three professional development sessions to familiarize teachers who were becoming dyslexia interventionists with the Dyslexia Handbook, Revised 2014 as required by law. A total of 394 “interventionists” signed up for the training. According to data collected from ETrain, HISD web-based PD enrollment system, these one-day sessions were held in August, September, and October of 2015 to prepare “interventionists” to provide support for students diagnosed with dyslexia and to meet the requirements for being school-designated dyslexia “interventionists.” **Figure 3** shows the handbook training status of these “interventionists.”

Figure 3. Interventionists' participation in the Dyslexia Handbook, Revised 2014 training, 2015–2016



Source: Etrain database, 2015–2016
Note: Actual number of interventionists is shown above the bars

- Figure 3 reveals that 52.8 percent of registered interventionists completed training on the Dyslexia Handbook, Revised 2014.

- Figure 3 shows that 29.9 percent of interventionists enrolled were no shows, 9.4% dropped out, and 2.8% did not complete the training. Non-completion often involved a participant signing-in but no signing-out indicating that participants may have forgotten to sign out or left the session, prematurely.

Based on observations, and consistent with the analysis of the Handbook's content and the handout distributed at the session, the training focused on the following:

1. Definition and characteristics of dyslexia including common association and risk factors.
2. Procedures for the assessing and identifying students diagnosed with dyslexia.
3. Instruction for students diagnosed with dyslexia.
4. Federal and state statutes related to dyslexia.

The training included a comprehensive handout and provided interactive delivery methods using whiteboard, mobile phones, and web-based software to check for participants' understanding of the materials. It also included a pretest to determine what participants knew about dyslexia prior to the delivery of the training materials. It focused mostly, on information dissemination to create awareness of the protocols for delivery services to students diagnosed with dyslexia.

2. Neuhaus Educational Center Dyslexia Intervention Training

HISD contracted the Neuhaus Education Center (NEC) to provide professional development (PD) training for K–12 interventionists and special education teachers during the 2015–2016 academic year. These interventionists and teachers (n = 210) were either providing services to students diagnosed with dyslexia in the district or were earmarked to do so during the school year. According to the objectives outlined in NEC's handouts during the developing metacognitive skills session, the training involved strategies for delivering intensive and explicit instruction for students who have experienced persistent difficulties with learning to read, spell, and write. Participants also were also taught how to plan and provide appropriate

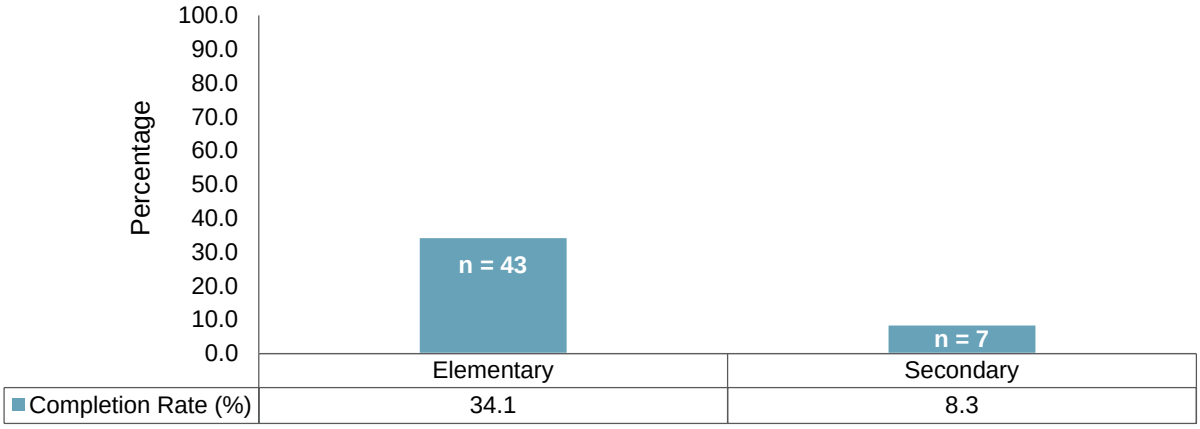
interventions and accommodations for students diagnosed with dyslexia based on students' evaluations and Section 504 plans or IEPs.

Appendix B (p. 24) outlines a schedule of the NEC training and courses. These courses, in accordance with state mandates, covered the fundamental skill areas that interventionists and teachers need to deliver the required services to students diagnosed with dyslexia, particularly multisensory grammar, scientific spelling, accurate and automatic decoding, and implementing interventions in both online and face-to-face modalities.

Both elementary and secondary (middle and high) school interventionists had the option to participate in face-to-face or blended face-to-face/online delivery modes. Option 1 was face-to-face and Option 2 was the blended face-to-face/online. Elementary face-to-face PD Option 1 was offered over a 96-hour period between December 3, 2015 and March 3, 2016 for kindergarten to fifth grade teachers and interventionists and included practica and planning. Elementary Option 2 was covered over a period of approximately 81 hours. It commenced on December 7, 2015 and ended March 4, 2016. Elementary Option 2 also included practica and planning.

For secondary school, Option 1, training for sixth to twelfth-grade interventionists was offered as face-to-face sessions over an 80-hour period between January 11, 2015 and March 1, 2016. Option 2 for secondary school interventionists was offered over a period of 66 hours between December 4, 2015 and March 4, 2016. Options 2 for both elementary and secondary interventions comprised of two cohorts of participants each. In total, there were six cohorts of interventionists earmarked for training, three cohorts at each school level. **Figure 4** shows the proportion of participants who completed the NEC Training.

Figure 4. Proportion of interventionists who completed the Neuhaus Education Center's dyslexia support training



Note: Actual number of interventionists is shown inside the bars

- As shown in Figure 4, just over one-third (34.1%) of enrolled participants (n = 126) completed the Neuhaus Education Center Dyslexia Support Training at the elementary school level.

- Only 8.3% of secondary school participants (n = 84) completed the Neuhaus Education Center Dyslexia Support Training.

Based on **Table 2** (**Appendix A**, p. 21), which shows the congruity between the knowledge and practice standards and the PD materials, The Dyslexia Handbook, Revised 2014 appeared to be aligned with the IDA dyslexia knowledge and practice standards. Based on the Neuhaus learning objectives for the session on Developing Metacognition Strategies, the material appeared to be aligned with the IDA dyslexia knowledge and practice standards but focused mostly on instructional component of the standards. Other

Neuhaus sessions, as shown in Appendix B (p. 24), may have dealt with the other key knowledge and practice standards.

Program cost

The Neuhaus Education Center received a total of $228,355 (the contracted sum of $224,300 and an additional sum of $4,055) from HISD for the delivery of the professional services. With 50 participants completing the program, this translates to a cost of $4,567.10 per participant. Had all the registered participants (n = 126) completed the program, the per capita cost would have been $1,812.34. This difference in per capita cost is significant. All the interventionists and special education teachers who did not complete the training may not have acquired all the relevant knowledge and skills required to provide adequate support for students identified with dyslexia.

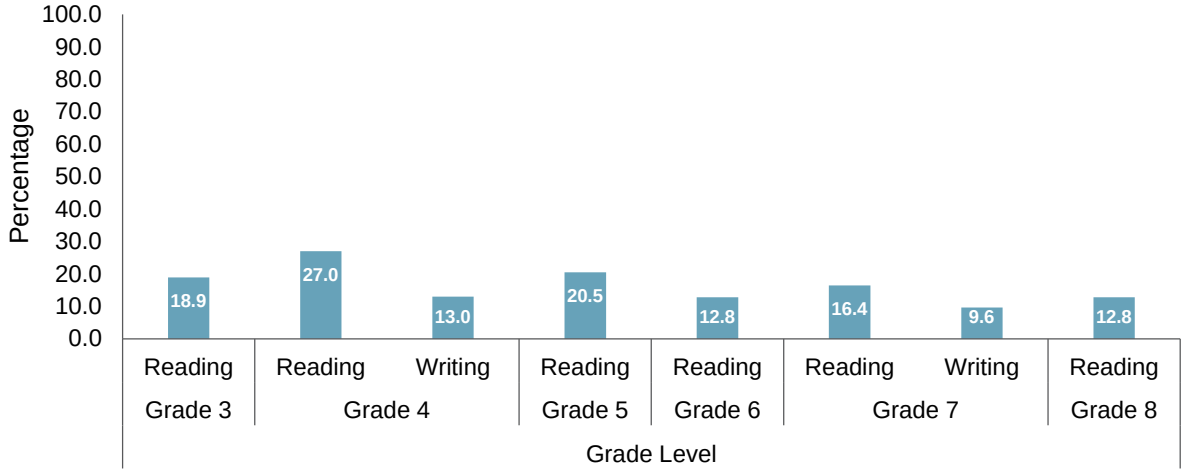
What was the academic performance of HISD students diagnosed with dyslexia during the 2015–2016 school year?

STAAR

HISD students diagnosed with dyslexia were eligible for accommodations on district and state assessments, however such accommodations had to be requested. Students diagnosed with dyslexia have the option, therefore, of being administered STAAR regular or STAAR Accommodated assessments. Students also took STAAR Alternate 2. According to **Table 3** (Appendix A, p. 21), most students diagnosed with dyslexia opted for STAAR regular assessments in reading (72.9%) and writing (74.5%), and 26.1 percent opted for STAAR Accommodated in reading and 24.7 percent in writing.

Figure 5 to **Figure 8** show the reading and writing performance for HISD students identified with dyslexia. These figures show only the disability categories with the largest number of students: no disabilities, other health impairment, and learning disabilities. Details, including the other categories of disabilities, are in **Table 4** (Appendix A, p. 22).

Figure 5. Proportion of HISD students diagnosed with dyslexia and a learning disability who met Level II: Satisfactory at the 2016 progression standard by grade, STAAR reading and writing, first administration, 2015–2016



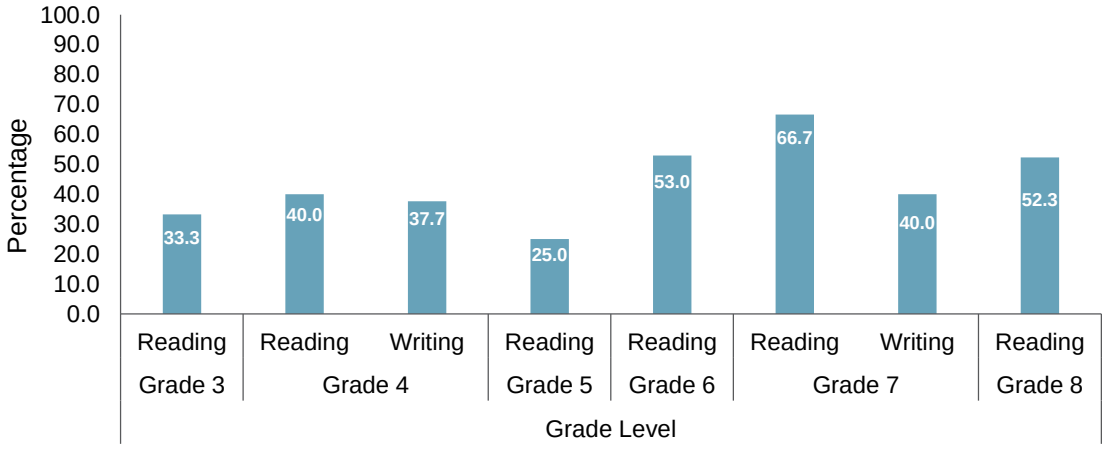
Source: STAAR, STAAR Accommodated and STAAR Alternate 2, First Administration, 2016

- From 12.8 to 27.0 percent of third- to eighth-grade students with learning disabilities and who were diagnosed with dyslexia met Level II: Satisfactory at the 2016 progression standard on the 2016 STAAR reading tests.

- The lowest percentage of students who met the satisfactory standard on the 2016 STAAR reading tests (12.8%) was in the sixth and eighth grades, and the highest percentage was in the fourth grade (27.0%).

- As Figure 5 shows, 13.0 and 9.6 percent of fourth and seventh-grade students, respectively, diagnosed with dyslexia and with learning disabilities met Level II: Satisfactory at the 2016 progression standard on the STAAR writing tests.

Figure 6. Proportion of HISD students diagnosed with dyslexia and no other disabilities who met Level II: Satisfactory at the 2016 progression standard by grade, on STAAR reading and writing, first administration, 2015–2016

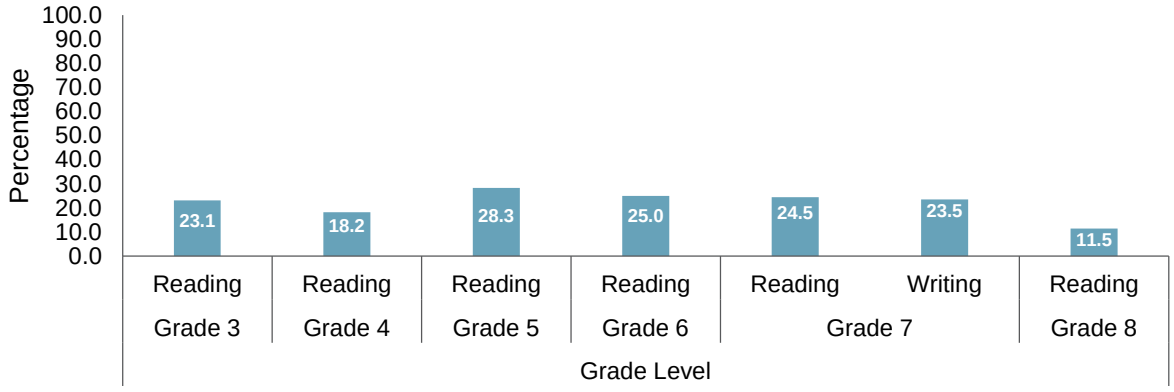


Source: STAAR, STAAR Accommodated and STAAR Alternate 2, First Administration, 2016

- As **Figure 6** shows, 66.7 percent of seventh-grade students diagnosed with dyslexia but who had no other known disability met Level II: Satisfactory at the 2016 progression standard on the STAAR reading test, followed by 53.0 percent of students in the sixth-grade, and 52.3 percent in the eighth grade.

- The proportion of fourth and seventh-grade students who met Level II: Satisfactory at the 2016 progression standard on STAAR writing test was 37.7 and 40.0 percent, respectively.

Figure 7. Proportion of HISD students diagnosed with dyslexia and other health impairments who met Level II: Satisfactory at the 2016 progression standard by grade on STAAR reading and writing, first administration, 2015–2016



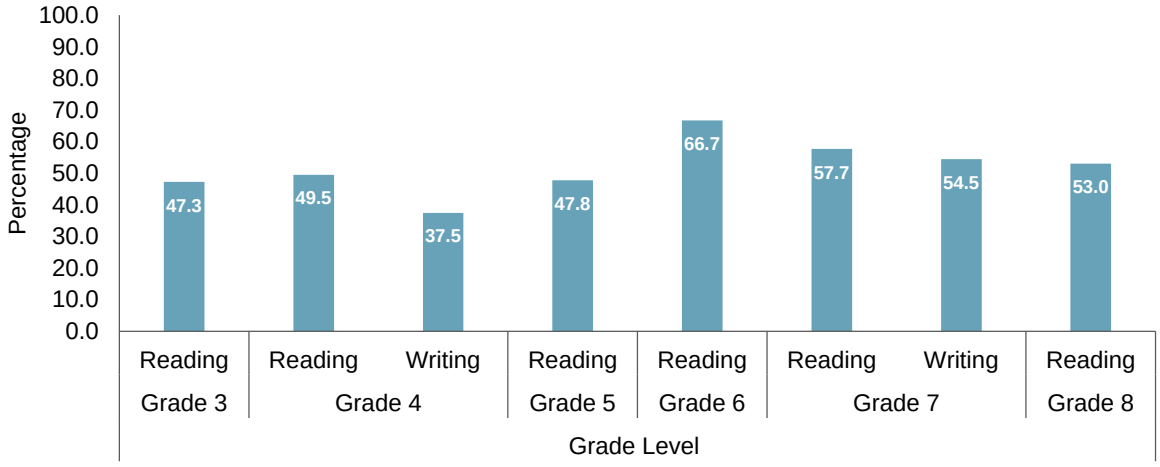
Source: STAAR, STAAR Accommodated and STAAR Alternate 2, First Administration, 2016

- As shown in **Figure 7**, no more than 28.3 percent of third- to eighth-grade students diagnosed with dyslexia and other health impairments met Level II: Satisfactory at the 2016 progression standard on the 2016 STAAR reading tests.

- Eighth grade had the lowest proportion of students diagnosed with dyslexia who met Level II: Satisfactory at the 2016 progression standard on STAAR reading at 11.5 percent, while fifth grade had the highest at 28.3 percent.

- Among students diagnosed with dyslexia who had other health impairments, the writing performance was only available for the seventh grade. About 24.0 percent of these students met Level II: Satisfactory at the 2016 progression standard on the STAAR writing.

Figure 8. Proportion of HISD students diagnosed with dyslexia with no assigned disability by grade who met Level II: Satisfactory at the 2016 progression standard on STAAR reading and writing, First Administration 2015–2016



Source: STAAR, STAAR Accommodated and STAAR Alternate 2, First time testers, 2016

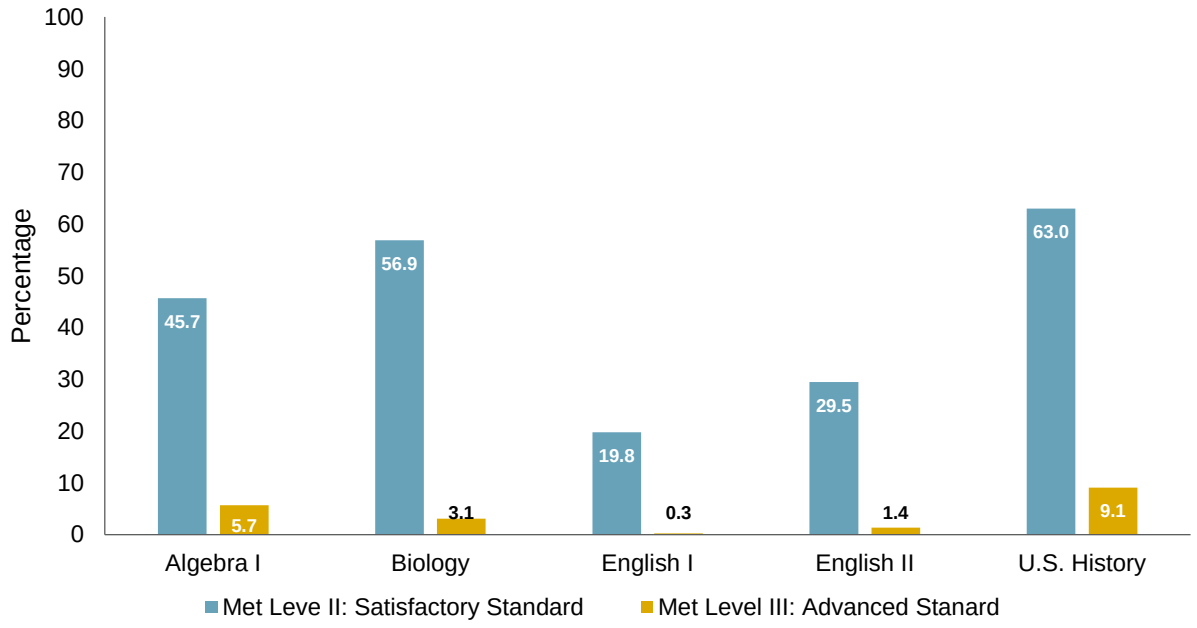
- For students diagnosed with dyslexia and who were not assigned to any category of impairment, more than 50 percent met Level II: Satisfactory at the 2016 progression standard for the seventh STAAR reading and writing, and sixth and eighth-grade reading as shown in Figure 8.

- Figure 8 shows that between 37.5 and 66.7 percent of third- to eighth-grade students diagnosed with dyslexia and no assigned disability met Level II: Satisfactory at the 2016 progression standard for STAAR reading.

STAAR End of Course (EOC)

Figure 9 shows the proportion of students diagnosed with dyslexia who met Level II: Satisfactory at the 2016 progression standard and Level III: Advanced standard on key STAAR EOC tests first administration for the 2015–2016 school year. Given the nature of dyslexia as difficulties with reading, the focus in on the English I and English II performance. Details are provided in **Table 5** (Appendix A, p. 23).

Figure 9: Performance of students diagnosed with dyslexia on STAAR EOC assessments, first time testers, HISD, 2015–2016



Source: STAAR EOC, STAAR Accommodated and STAAR Alternate 2, First time testers, 2016

- Less than one-fifth (19.8%) of students diagnosed with dyslexia met Level II: Satisfactory at the 2016 progression standard on the English I STAAR EOC test.

- As Figure 9 shows less than one-third (29.5%) of students diagnosed with dyslexia met Level II: Satisfactory at the 2016 progression standard on the English II STAAR EOC test.

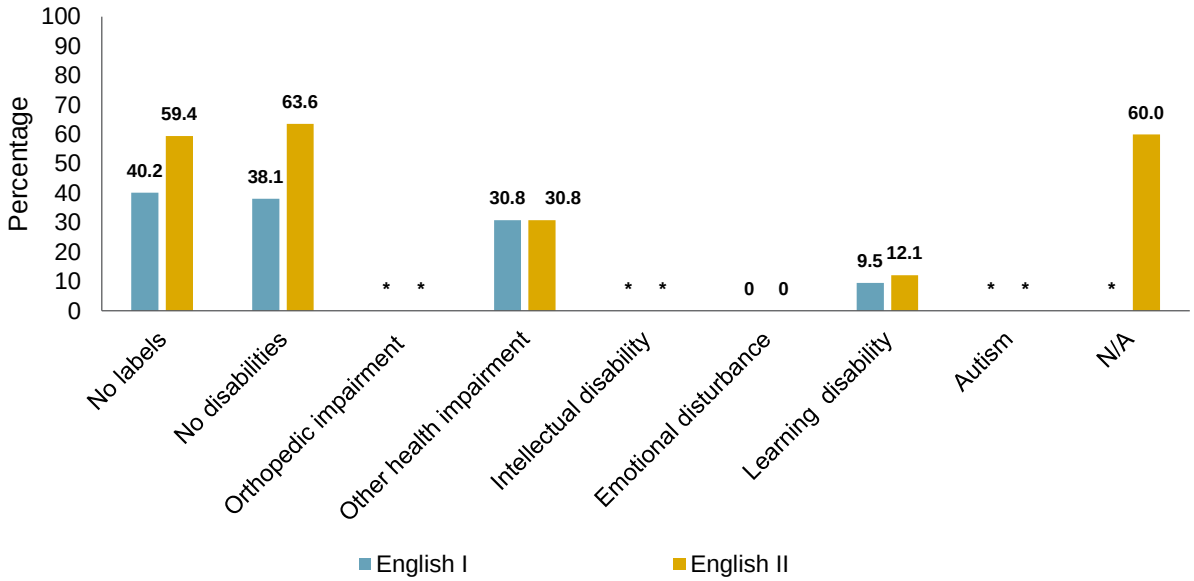
- Figure 9 shows that 0.3 percent and 1.4 percent, respectively of students diagnosed with dyslexia met Level III: Advanced standard on the 2016 STAAR English I and English II.

- Compared to their English I and II performance, the students diagnosed with dyslexia performed considerably better on the STAAR EOC Algebra 1 (45.7%), Biology (56.9%), and U.S. History (63%) at the Level II: Satisfactory at the 2016 progression standard.

- Compared to their English I and II performance, students diagnosed with dyslexia did better on the Biology (3.1%), Algebra I (5.7%), and U.S. History (9.1%) at the 2016 STAAR EOC Level III: Advanced standard.

Figure 10 shows the percentage of students diagnosed with dyslexia by associated disabilities who met Level II: Satisfactory at the 2016 progression standard and Level III: Advanced standard on the English I and II STAAR EOC tests. Details, including the other EOC subjects by disabilities, are in **Table 5** (Appendix A, p. 23).

Figure 10. Percentage of students diagnosed with dyslexia by disability who met Level II: Satisfactory standard on the English I and II STAAR EOC assessments, first administration, HISD, 2015–2016



Source: STAAR EOC first time testers, 2016, STAAR Accommodation, STAAR Alternate 2
Note: * Denotes results masked for less than five students tested

- According to Figure 10, 38.1 percent and 63.6 percent of students diagnosed with dyslexia with no disabilities met Level II: Satisfactory 2016 at the progression standard on the English I and English II STAAR EOC tests, respectively.

- Of the students diagnosed with dyslexia and who had other health impairments, 30.8 percent met Level II: Satisfactory at the 2016 Progression Standard, respectively, on the English I and English II STAAR EOC tests.

- Based on Figure 10, 9.5 percent and 12.1 percent of students diagnosed with dyslexia and learning disabilities met Level II: Satisfactory at the 2016 progression standard on the STAAR EOC English I and II tests, respectively.

Discussion

Four key issues drove this evaluation: (1) the knowledge and practice skills that interventionists and teachers require to adequately service HISD students with dyslexia; (2) the current professional development materials designed to deliver these skills; (3) which students are currently receiving services and the types and quality of the services they are receiving; and (4) the academic performance of students diagnosed with dyslexia on the 2016 STAAR 3-8 reading and writing, and STAAR EOC English I and II.

The International Dyslexia Association (IDA) provides knowledge and practice standards and both HISD and Neuhaus seem to address these standards. HISD used the IDA's definition of dyslexia in its publications, that is, its professional development materials and school guidelines. When analyzed, these publications appeared to be well aligned with the IDA knowledge and practice standards. This evaluation was not able to observe the delivery of the complete Neuhaus program and had no access to the complete set of the Neuhaus dyslexia-related professional development materials. However, the learning objectives for the Neuhaus Developing Metacognitive Skills session was aligned to the IDA standards and Texas Essential Knowledge and Skills (TEKS) for reading and writing. It is important to ensure that all training programs related to dyslexia meet the IDA knowledge and practice standards, and that interventions for dyslexia are in accordance with district policies and state and federal regulations. Teachers are required to satisfy these IDA knowledge and practice standards to meet the needs of student diagnosed with dyslexia.

With respect to the HISD training on the Dyslexic Handbook Revised, 2014, only 52.8 percent of those registered to participate in the PD completed the sessions. In the case of Neuhaus, 34 percent of elementary and 8.3 percent of secondary school interventionists and teacher participants completed the full professional development program. Most interventionists and teachers who provide services to students diagnosed with dyslexia, therefore, may not have the requisite knowledge and skills to do so effectively. This comes at a large financial cost to HISD. Had all the teachers who registered completed the Neuhaus program, the per capita cost would have been $1,812.34 but since only 50 teachers did, the per capita cost for the professional development was more than 2.5 times as high at $4,567.10. Because few interventionists and teachers of dyslexia completed the Neuhaus program, in particular, it is not known how many have acquired or possess the knowledge and practice skills required to provide adequate services for students diagnosed with dyslexia.

This raises questions as to whether students diagnosed with dyslexia are receiving the appropriate and adequate services and what type and quality of services they are receiving. Another unknown factor is which students, once identified, are actually receiving services. The absence of a dedicated database and the absence of that information in existing district databases make it difficult to assess this key element of the service delivery and to comment on its appropriateness and effectiveness in meeting the learning needs of these students. Greater data entry effort as well as school and classroom oversight of service delivery may be required to ensure that students diagnosed with dyslexia are being serviced in accordance with the state and federal laws and regulations.

It can be assumed the aforementioned lapse in professional development completion coverage by dyslexia interventionists and teachers may have had adverse effects on the academic performance of students diagnosed with dyslexia, particularly those with related disabilities. No more than 27% of students diagnosed with dyslexia and a related learning disability met Level II: Satisfactory at the 2016 progression standard on the 2016 STAAR 3–8 reading tests and no more than 13% met similar standards on the fourth and seventh-grade STAAR writing tests. Students diagnosed with dyslexia who had no other related disabilities or who had not been identified as having a disability performed best. At the high school level, a lower proportion of students diagnosed with dyslexia met Level II: Satisfactory 2016 progression standard on the English I (19.8%) and English II (29.5%) STAAR EOC tests compared to their performances in other subject areas. Overall, a higher proportion of students diagnosed with dyslexia met Level II: Satisfactory performance on the STAAR EOC English II compared to English I. Further investigation should focus on

the kind and quality of services students diagnosed with dyslexia receive and their academic performance to determine what on average works best for improving the academic performance of HISD students diagnosed with dyslexia. In addition, effort has to be made to motivate teachers and interventionist to register for and complete professional development programs that are designed to adequately prepare them to meet the instructional and learning needs of students diagnosed with dyslexia.

Recommendations

- Timely screening and identification of students diagnosed with dyslexia needs to occur in order to ensure that these students are receiving the appropriate services to help them perform academically.

- It is important that all professional development programs related to dyslexia in HISD meet the IDA's knowledge and practice standards and are in accordance with district policies and state and federal regulations.

- It is also important that interventionists and teachers access and complete all available professional development opportunities to ensure they possess the requisite skills to adequately provide instructional and learning support for HISD students diagnosed with dyslexia.

- More oversight and relevant data may be required to determine the kind and quality of interventions students diagnosed with dyslexia in HISD may be receiving and the link between quality of service and student academic performance.

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APPENDIX A

Table 1. Educational and Demographic Characteristics of Students Identified as Dyslexic, HISD, 2015–2016

Demographics	School Level	Attributes	Sample (n)	Sample (%)	District (%)
School Level	Elementary (including K and PK)		1441	**46.6**	**48.2**
	Middle School		867	**28.0**	**18.9**
	Secondary		783	**25.3**	**24.5**
Gender	Elementary (including K and PK)	Female	516	**35.8**	**49.2**
		Male	925	**64.2**	**50.8**
	Middle School	Female	304	**35.1**	**49.0**
		Male	563	**64.9**	**51.0**
	Secondary	Female	287	**36.7**	**49.6**
		Male	496	**63.3**	**50.4**
Ethnicity	Elementary (including K and PK)	2+ races	18	**1.2**	**1.2**
		Asians	11	**0.8**	**3.7**
		American Indians	4	**0.3**	**0.02**
		African American	383	**26.6**	**24.1**
		Hispanic	808	**56.1**	**63.5**
		White	217	**15.1**	**7.4**
	Middle School	2+ Races	12	**1.4**	**0.8**
		Asians	4	**0.5**	**3.7**
		American Indians	3	**0.3**	**0.2**
		African American	281	**32.4**	**24.9**
		Hispanic	446	**51.4**	**61.1**
		White	121	**14.0**	**9.0**
	Secondary	2+ Races	9	**1.1**	**0.9**
		Asians	4	**0.5**	**3.7**
		American. Indians	2	**0.3**	**0.3**
		African American	252	**32.2**	**25.2**
		Hispanic	376	**48.0**	**59.7**
		White	140	**17.9**	**10.3**

Source (data only): HISD Cognos
District data: PEIMS Edit + Reports Data Review, November, 2015

Table 2. Congruity between Knowledge and Practice Standards and Two Key Professional Development Materials for HISD Dyslexia Interventionists and Teachers

IDA Knowledge and Practice Domain	The Dyslexia Handbook, Revised 2014 Training	Neuhaus Interventionist Training (Developing metacognitive Skills: Vocabulary and Reading Comprehension)
• Know the most common intrinsic differences between poor and good readers (cognitive, neurological and linguistic)	• The text identified phonological, neurodevelopmental, and language difference factors (p.8) but did not explicitly contrast poor and good readers	• Mentioned some of the behaviors of skilled readers and the causes of difficulties with comprehension (p. v) but did not explicitly contrast poor and good readers.
• Recognize the tenets of NICHD and IDA definition of dyslexia	• Used Texas Education Code (TEC) §38.003 and the IDA definitions (p.8)	
• Recognize that dyslexia and other reading difficulties exist on a continuum of difficulty	• Identified academic difficulties and other conditions associated with Dyslexia, e.g. ADHD (p.11), • Provided a list of references related to associated academic difficulties and other conditions (p.12)	
• Identify the distinguishing characteristics of dyslexia	• Common risk factors were identified by grades, preschool to postsecondary (p. 10, 11) • Procedures and protocols for identification, assessment and evaluation of Dyslexia students were given (Chapter II)	
• Identify how symptoms of reading difficulty may change over time in response to development and instruction	• Identified knowledge, skills, and training need to teach reading from 15 published sources (pp. 32–36)	• Provided 75 lessons with strategies for understanding narrative texts, expository text, poetry, and graphs. • Metacognitive strategies and foundation skills are presented at three different levels – Listening comprehension (8 lessons), Transitional metacognition (8 lessons) and Guided metacognition (59 lessons). Neuhaus Learning Objectives were linked to the IDA Dyslexia Knowledge and Practice Standards, ELA reading/writing TEKS, and Common Core foundational skills, speaking, listening, and language
• Understand federal and state law that pertain to learning disabilities, especially reading disabilities and dyslexia.	• Provided the lists of laws and rules for Dyslexia identification and instruction (.Appendix A & B) • Federal and State Laws were linked to key questions of dyslexia (Appendix C	

Table 3. Proportion of Students diagnosed with dyslexia and STAAR Test Versions Administered, 2015–2016

Subject	Tests Administered	STAAR (%)	STAAR Accommodated (%)	STAAR Alternate 2 (%)	STAAR N/A (%)
Reading	2,344	72.9	26.1	0.3	0.8
Writing	607	74.5	24.7	0.2	0.7

Source: Chancery School Information System (SIS)

Table 4. Percent of HISD Dyslexia Students Who Met Level II: Satisfactory 2016 Progression Standard by Subject and Grade, 2015–2016

Dyslexia Attribute	Grade	Subject	No. Tested	Met Standard (%)
No Assignment	3	Reading	91	47.3
	4	Reading	103	49.5
		Writing	104	37.5
	5	Reading	184	47.8
	6	Reading	69	66.7
	7	Reading	71	57.7
		Writing	66	54.5
	8	Reading	100	53.0
No Disabilities	3	Reading	54	33.3
	4	Reading	45	40.0
		Writing	45	37.7
	5	Reading	68	25.0
	6	Reading	19	53.0
	7	Reading	15	66.7
		Writing	15	40.0
	8	Reading	44	52.3
Other Health Impairment	3	Reading	26	23.1
	4	Reading	33	18.2
	5	Reading	46	28.3
	6	Reading	16	25.0
	7	Reading	17	24.5
		Writing	17	23.5
	8	Reading	26	11.5
Emotional Disturbance	3	Reading	1	*
	4	Reading	2	*
		Writing	2	*
	5	Reading	4	*
	6	Reading	1	*
	7	Reading	7	0.0
		Writing	6	0.0
	8	Reading	7	0.0
Learning Disability	3	Reading	127	18.9
	4	Reading	148	27.0
		Writing	146	13.0
	5	Reading	326	20.5
	6	Reading	133	12.8
	7	Reading	146	16.4
		Writing	146	9.6
	8	Reading	320	12.8
Speech Impairment	3	Reading	17	35.3
	4	Reading	6	50.0
		Writing	6	50.0
	5	Reading	14	14.3
	6	Reading	2	*
	7	Reading	1	*
		Writing	1	*
Autism	3	Reading	1	*
	5	Reading	2	*
	6	Reading	3	*
	7	Reading	3	*
		Writing	3	*
	8	Reading	2	*
N/A	3	Reading	1	*
	5	Reading	2	*
	7	Reading	3	*
		Writing	3	*
	8	Reading	6	33.3
		Writing	1	*

Source: HISD Cognos, STAAR Regular, STAAR Alternate 2, and STAAR Accommodated, First Administration, 2016
Note: *Denotes results masked for less than five students tested.

Table 5. The percentage of students diagnosed with dyslexia by disability who met Level II: Satisfactory at the 2016 progression standard and Level Iii: Advanced standard On the STAAR EOC, HISD, 2015–2016

Dyslexia Label	Algebra 1			Biology			English I			English II			US History		
	No. Tested	% Met Sat.	% Met Adv.	No. Tested	% Met Sat.	% Met Adv.	No. Tested	% Met Sat.	% Met Adv.	No. Tested	% Met Sat.	% Met Adv.	No. Tested	% Met Sat.	% Met Adv.
Overall	280	**45.7**	**5.7**	262	**56.9**	**3.1**	359	**19.8**	**0.3**	285	**29.5**	**1.4**	154	**63.0**	**9.1**
No Label	71	**73.2**	**11.3**	71	**83.1**	**8.5**	92	**40.2**	**1.1**	69	**59.4**	**2.9**	36	**91.7**	**19.4**
No Disabilities	16	**87.5**	**25.0**	17	**84.1**	**11.8**	21	**38.1**	**0**	22	**63.6**	**4.5**	8	**100**	**25.0**
Orthopedic impairment	1	*	*	1	*	*	1	*	*	-	-	-	-	-	-
Other health impairment	11	**45.5**	**0**	9	**66.7**	**0**	13	**30.8**	**0**	13	**30.8**	**0**	5	**60.0**	**20.0**
Intellectual Disability	2	*	*	1	*	*	2	*	*	2	*	*	-	-	-
Emotional Disturbance	5	**0**	**0**	4	*	*	7	**0**	**0**	6	**0**	**0**	7	**33.3**	**0**
Learning Disability	172	**32**	**1.7**	158	**42.4**	**0**	220	**9.5**	**0**	165	**12.1**	**0**	98	**50.0**	**3.1**
Autism	-	-	-	-	-	-	1	*	*	4	*	*	1	*	*
N/A	2	*	*	1	*	*	2	*	*	5	**60.0**	**0**	3	*	*

Source: HISD Cognos: STAAR EOC, STAAR Accommodated and STAAR Alternate 2, First Administration, 2016
Note: *Denotes results masked for less than five students tested

APPENDIX B
Neuhaus Professional Development Program Schedule

PROFESSIONAL DEVELOPMENT OPTIONS FOR ELEMENTARY INTERVENTIONISTS

ELEMENTARY OPTION 1 – DYSLEXIA INTERVENTIONISTS GRADES K-5

ALL CLASSES ARE FACE-TO-FACE AND INCLUDE PRACTICA AND PLANNING.

Professional Development	***Days***	***Dates***
1. Unexpected Underachievement	1	Dec 3 (or online; see option 2 for class start and end dates)
2. Reading Readiness	1	Jan 14 (or online; see option 2 for class start and end dates)
3. Language Enrichment	5	Dec 7, 9, 11, 14, 15
4. Multisensory Grammar +	1	Jan 8
5. Written Composition +	1	Jan 15
6. Developing Metacognitive Skills	2	Jan 22, 29
7. Implementing Intervention B – Monitoring Progress	1	March 3

TO ENROLL IN ELEMENTARY OPTION 1, CLICK HERE.

NOTE: IF THERE ARE COURSES IN THE SEQUENCE YOU HAVE COMPLETED IN THE RECENT PAST, HAVE SUCCESSFULLY IMPLEMENTED IN YOUR CLASSROOM, AND HAVE DOCUMENTATION FOR, YOU WILL HAVE THE OPTION NOT TO ENROLL IN THOSE PARTICULAR COURSES

ELEMENTARY OPTION 2 - DYSLEXIA INTERVENTIONISTS GRADES K-5

CLASSES 1-5 ARE ACCESSIBLE ONLINE.

CLASSES 6, 7, & 8 ARE FACE-TO-FACE AND INCLUDE PRACTICA AND PLANNING.

Professional Development	***Hours***	***Reg I Close***	***Class Start***	***Class End***	***Reg II Close***	***Class Start***	***Class End***
1. Unexpected Underachievement Online	6	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
2. Reading Readiness Online	6	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
3. Language Enrichment Online	30	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
4. Multisensory Grammar Online	3.5	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
5. Written Composition Online	3.5	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
6. Developing Metacognitive Skills	2 days		Feb 2, 3			Feb 2, 3	
7. Implementing Intervention A – Lesson	1 day		Feb 12			Feb 12	
8. Implementing Intervention B – Monitoring Progress	1 day		March 4			March 4	

TO ENROLL IN ELEMENTARY OPTION 2, CLICK HERE.

NOTE: IF THERE ARE COURSES IN THE SEQUENCE YOU HAVE COMPLETED IN THE RECENT PAST, HAVE SUCCESSFULLY IMPLEMENTED IN YOUR CLASSROOM, AND HAVE DOCUMENTATION FOR, YOU WILL HAVE THE OPTION NOT TO ENROLL IN THOSE PARTICULAR COURSES.

PROFESSIONAL DEVELOPMENT OPTIONS FOR SECONDARY INTERVENTIONISTS

SECONDARY OPTION 1 - DYSLEXIA INTERVENTIONISTS GRADES 6-12

ALL CLASSES ARE FACE-TO-FACE AND INCLUDE PRACTICA AND PLANNING**.**

Professional Development	***Days***	***Dates***
1. Unexpected Underachievement	1	Jan 11
2. Accurate and Automatic Decoding	1	Jan 12
3. Developing Accuracy & Fluency +	1	Jan 14
4. Scientific Spelling +	1	Jan 19
5. Multisensory Grammar +	1	Jan 20
6. Written Composition Fundamentals +	1	Jan 25
7. Developing Metacognitive Strategies	2	Jan 26, Feb 1
8. Close Reading of Increasingly Complex Text	1	Feb 5
9. Implementing Intervention B – Monitoring Progress	1	March 1

TO ENROLL IN SECONDARY OPTION 1, CLICK HERE.

NOTE: IF THERE ARE COURSES IN THE SEQUENCE YOU HAVE COMPLETED IN THE RECENT PAST, HAVE SUCCESSFULLY IMPLEMENTED IN YOUR CLASSROOM, AND HAVE DOCUMENTATION FOR, YOU WILL HAVE THE OPTION NOT TO ENROLL IN THOSE PARTICULAR COURSES.

SECONDARY OPTION 2 - DYSLEXIA INTERVENTIONISTS GRADES 6-12

CLASSES 1-6 ARE ACCESSIBLE ONLINE.

CLASSES 7-10 ARE FACE-TO-FACE AND INCLUDE PRACTICA AND PLANNING

Professional Development	***Hours***	***Reg I Close***	***Class I Start***	***Class I End***	***Reg II Close***	***Class II Start***	***Class II End***
1. Unexpected Underachievement Online	6	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
2. Accurate and Automatic Decoding Online	6	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
3. Developing Accuracy & Fluency Online	3.5	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
4. Scientific Spelling Online	3.5	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
5. Multisensory Grammar Online	3.5	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
6. Written Composition Fundamentals Online	3.5	Nov 23	Dec 7	Feb 22	Dec 4	Dec 18	March 4
7. Developing Metacognitive Strategies	2 days		Feb 16,17			Feb 16,17	
8. Close Reading of Increasingly Complex Text	1 day		Feb 9			Feb 9	
9. Implementing Intervention A – Lesson Planning	1 day		Feb 18			Feb 18	
10. Implementing Intervention B – Monitoring Progress	1 day		March 2			March 2	

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TO ENROLL IN SECONDARY OPTION 2, CLICK HERE.

NOTE: IF THERE ARE COURSES IN THE SEQUENCE YOU HAVE COMPLETED IN THE RECENT PAST, HAVE SUCCESSFULLY IMPLEMENTED IN YOUR CLASSROOM, AND HAVE DOCUMENTATION FOR, YOU WILL HAVE THE OPTION NOT TO ENROLL IN THOSE PARTICULAR COURSES.