

Statement of Rachel W. Robillard PhD

Concerning H.R. 3033, the Research Excellence and Advancements for Dyslexia Act

Before the Subcommittee on Research and Technology Committee on Science, Space, and
Technology

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Thank you Mr. Chairman, Ranking Member Johnson, and distinguished members of the Committee, for inviting me to testify today. I appreciate the opportunity to appear before you to discuss the importance of focusing on the issue of dyslexia; a disability affecting one in six students that, unfortunately, goes largely unnoticed in federal politics. My name is Rachel Robillard, and although I am not here representing any specific entity, I am a member of the College of Education faculty at both the University of Texas at Austin and Texas State University in San Marcos. I also currently coordinate all Student 504 Services in the Austin Independent School District, where I oversee our district's Dyslexia Services program. Our department currently works with each of the 129 Austin campuses to provide professional development and guidance to help teachers understand the indicators of dyslexia so we can identify students as early as possible, but this is a significant change from the previous model of identification and intervention, and progress is still not as swift as we would like. We had approximately 2000 students identified with Dyslexia when I began this process in 2013, and with concerted effort, we have now identified around 5000 students, or about 5% of our overall student population.

In May of 2014, at the urging of a member of our Board of Trustees, we began allocating funds to provide teacher training so that some teachers could become Certified Academic Language Therapists (CALTs); a CALT can provide the most advanced and efficacious type of dyslexia intervention available. Our goal is to have at least 1 CALT for every campus, trained to deliver the highest quality dyslexia intervention possible; 18 months into the program we are

now 61 teachers trained toward the goal. This effort, fully funded by local dollars, comes at great cost to the district, and only provides training for one teacher per school; however, additional professional development, including training and materials, is made available for all K-12th grade teachers so they can better understand dyslexia, and how to deliver curriculum in an accessible manner for all identified students. Dyslexia impacts 10-20% of students in K-12 with varying levels of severity. Ideally, teacher preparation programs would include coursework dedicated to identifying and teaching students with dyslexia, a disability which has a high rate of impact on literacy acquisition, regardless of socio-economic-status or race. Ultimately, the greatest impact would be provided by training *all* pre-service teachers to identify and teach dyslexic students, making the possibility of having specialized reading task forces for dyslexia at each campus a natural byproduct.

In my position coordinating 504 Services, as well as in my private practice as a neuropsychologist, I strongly encourage support for the READ act. Having specified annual funds devoted to dyslexia research that focuses on best practices in early identification, professional development for teachers and administrators, and curriculum development and evidence-based educational tools for children with dyslexia can only improve the opportunities of all students to have access to an education that allows each of them to learn to read.

At the university level it would lead a shift toward increased pre-service development in areas that address basic reading deficits and their neurobiological etiology, as well as the understanding of language development, and how it is influenced by dyslexia. A few universities have such programs, but most do not address dyslexia in any format during pre-service training. Lack of teacher training and understanding the indicators of dyslexia causes students to be missed, or even mis-identified as having other learning issues. Teachers deserve to be adequately trained in this area while they are in their pre-service/university-based programs; provisions made by the READ act can help initiate this shift.

Identifying dyslexia is only the first step of the process. To fully address learning difficulties for students with dyslexia, we must also keep this population in mind when designing classroom instruction, implementing technology plans, planning for social and emotional learning, understanding how to provide parent support and engagement, and training and re-training our administrators to be knowledgeable about identification and intervention that is appropriate for this large group of students. Dyslexia is not a disorder that can be compartmentalized; it is not just a deficit, but carries with it *inherent strengths* that have been recognized for decades. These might include other areas of academic strength, creative ways of thinking, more acute perceptual reasoning, and many other traits. When dyslexia goes unidentified and undiagnosed, these strengths are often suppressed; and the lack of understanding frequently leads to both student and staff frustration. It is not uncommon for unidentified dyslexic students to become unmotivated or have behavioral problems, and they often perform significantly below potential academically. Unidentified, their underlying strengths may never be discovered.

The READ act is a necessary flotation device to bring scientific knowledge about dyslexia up to more universal understanding, and to enhance our ability to make the practical application of science to practice more seamless for educators and students. Policy, such as that found in the READ act, will allow dyslexic students access to early-identification, as well as appropriate literacy instruction, and the opportunity to develop their potential to the fullest. Our prison population is replete with individuals who have been identified with dyslexia, but never given appropriate intervention. While identification and intervention is not likely to be the entire answer to how to diminish prison populations, it certainly seems to be a key factor, that if better understood, could be addressed in a systematic and effective manner. We will all benefit on every level by investing in research concerning dyslexia, and all issues related to the disorder.

I began this journey when I went through teacher training in the early 70's. At that time, we did not have state or federal laws pertaining to dyslexia or any type of special education for

students with disabilities; those were just coming into being and were not a part of my original teacher training. I realized very quickly; however, working in predominately low socioeconomic-status (SES) schools, that reading was the key to getting students a good education and to getting them to a place where they could be self-sufficient learners and productive citizens. I soon went back to complete a masters in curriculum and instruction and, in the process, went through a training called “The Texas Hill Country Writing Project.” This project focused specifically on how reading and writing are related, and understanding how to teach both effectively. It was during this training that I started seeing the connections between reading and life-long learning, but it wasn’t until I started my second masters in Program Evaluation that I really understood the long-term impact reading, or an inability to read, had on student’s lives. For my thesis, I had the opportunity to work with the Leadership Academy at Gardner-Betts, our juvenile detention center in Austin. I was asked to create a data-base to store information concerning the students who attended the Leadership Academy, a positive, peer-interaction model that focused on education, particularly reading, and compare those students to their counterparts in the typical detention center. It was then that I started to really understand that a diagnosis of dyslexia translated into a very high population in our prisons.

In 2004, research from professors at the University of Texas indicated that about 80 percent of prisoners in the United States had dyslexia or another reading disability. This statistic was one that motivated me as I later began working on my PhD in school psychology, with a specialty in neuropsychology. One of the goals of my training was to better understand exactly how the brain processes information, and to use that research for practical application, to help those with disabilities access school and the world in a better way. I was also very interested in the emotional development of students with disabilities, including dyslexia, and how the disability impacts individuals through their lifetimes. Just prior to starting on my PhD, I was working at the University of Texas as a coordinator for pre-service teachers. The cohorts who had me for instruction were exposed to basics about the risk-factors associated with dyslexia, and were also given instruction in how to teach the fundamentals of reading; however, when they went into the field, many of the districts they worked with would not allow explicit reading

instruction that is essential for dyslexic students, and we often had to be creative in getting them the practice they needed for this. This was 1999, during a period of time when the “whole-language” approach to teaching reading was popular, and the teaching of basic reading skills was not taught to pre-service teachers in an explicit manner. We organized small pockets of pre-service teachers who provided teacher training for the in-service teachers to help expose them to the risk factors for dyslexia. We couched the training as “practicum student requirements,” so they would be allowed to present these ideas to the faculty members at their host schools.

After completing my doctorate, I had the opportunity to teach at Texas State University where I worked with the graduate program that trained school psychologists. At this point I was moving from training teachers to training school psychologists, but again found that there was no curriculum that addressed dyslexia in any way. School psychologists were taught how to evaluate for, and diagnose a learning disability, but did not have an understanding about how to diagnose dyslexia, or even how that might be similar or different from diagnosing a learning disability in reading for special education. Not all dyslexic students may meet criteria for a specific learning disability as defined by IDEA; however, many have the disability, and qualify for support under Section 504 of the ADA. When diagnosing dyslexia it is important to take into consideration mitigating circumstances, such as early intervention, exposure to other reading support, etc., as our dyslexic students frequently have very involved parents who have tried to provide intervention, that may have been good, bad or indifferent, but nevertheless, intervention does matter and does influence testing results. Sometimes previous intervention can cloud the picture of whether or not a student has dyslexia and good training is necessary to understand how to tease that out during an evaluation.

We are fortunate in the state of Texas to have a strong support for our dyslexic students. The “State Dyslexia Handbook” is the guide for public schools in Texas as to how to identify and teach dyslexic students. Texas has a long history of supporting the teaching of reading that includes a focus on early identification and intervention for children who

experience reading difficulties. The State Board of Education (SBOE) first approved the Texas Education Agency handbook “Dyslexia and Related Disorders: An Overview of State and Federal Requirements” in January 1986. The handbook has been revised several times, with the most recent revision in July of 2014, “The Dyslexia Handbook,” that provides guidelines for public school districts to follow as they identify and provide services for students with dyslexia. The Handbook also provides school districts and parents/guardians with information regarding the state’s dyslexia statutes and their relation to 2 federal laws: the Rehabilitation Act of 1973, Section 504 as amended in 2008 (§504), and the Americans with Disabilities Amendments Act and the Individuals with Disabilities Education Act of 2004 (IDEA 2004).

Research, to date, allows us to know dyslexic students have weakness’s in phonological processing, in working memory, and in rapid naming, particularly rapid naming of letters. We also know that about 40% of our students with dyslexia have some form of executive functioning deficit that may contribute to reading difficulties in a significant manner, but explicit understanding about the ways these disabilities interact is still unclear. Additionally, a small body of research is beginning to understand the effects of dyslexia on social and emotional development, and the long-term impact of these on student’s lives. All of these areas of research would benefit from explicit funding relegated to better understanding each of these facets of the disorder and how they affect the individuals diagnosed with dyslexia, as well as their families and communities.

Recently, the State of Texas included wording in legislation that indicated all institutions of higher learning in Texas should include instruction for pre-service teachers concerning dyslexia. As this was an unfunded mandate, progress in implementation has been slow. TEA has helped to create learning modules for teachers so they can access information about dyslexia, including indicators, other risk-factors, screening, and actual intervention. The modules are not mandatory, however, the regional service centers are making them more available, and the hope is that the modules will make learning about dyslexia conveniently accessible to all Texas teachers. That same legislation requires all Texas school districts to report all students

identified with dyslexia to the Texas Education Agency (TEA) each year, so the state can keep track of them, and can better understand the level of support needed for these students. Capturing this data is helping to change the conversation about dyslexia, just based on sheer numbers. While schools want to do the right thing, most districts have grossly under-identified the dyslexic population, and reporting these numbers clearly has served to encourage many to begin to look at this issue in a more systematic way. In AISD, we are aiming to have a Certified Academic Language Therapist (CALT), the most highly trained dyslexia interventionist, on every campus. That is a huge step, and it was influenced by the State reporting that clearly indicated we were significantly behind in addressing this population. This has compelled us to take action.

Texas has dyslexia laws going back to the 1980's, and has had 30 years of state legislation to address the disorder. Even so, identification and intervention for students with dyslexia is not always as swift as we would like it to be. Giving our State law the support, through Federal government recognition of the need for research in this area would only enhance what is already taking place. In the Austin Independent School District (AISD) we have taken the State Dyslexia Mandate seriously, and have made a concerted effort to train teachers to look for early indicators, and to evaluation and intervene with dyslexic students as early as possible, preferably before the 3rd grade. This has come with great effort and support from the local school board, as well as the upper administration of the district; however, many teachers and administrators continue to lack understanding of the disorder, and why early identification and intervention are necessary. Having additional support and recognition for dyslexia from the Federal level will be helpful in providing the necessary importance to the issue.

The Department of Education (DOE) has been considering addressing the use of the term dyslexia in the form of guidance, but have not yet issued any guidance on the use of the term "dyslexia," Currently, the DOE has the Individuals with Disabilities Education Act (IDEA) which governs the Special Education Process. Under IDEA, in order to be diagnosed for dyslexia for special education purposes, you must exhibit a pattern of strengths and weaknesses that is significant enough to not only have the diagnosis, but to indicate that the need for remediation

is so significant the student is functioning two standard deviations below what is expected for their age. We do not want to wait until students need the intervention in order to not fail and drop out, what we want for our students in Texas, and all of the United States, is the ability to identify and intervene with these students early and well, and to avoid any additional risk-factors associated with the inability to learn to read.

We want our students who even have mild dyslexia, who may not be eligible for services by the definition of what a reading disability is for IDEA, to have access to identification and intervention. Those students diagnosed with a reading disability under IDEA only capture a small percentage of students with dyslexia. Many more have the disorder, to a less severe degree, but will struggle with reading and learning their entire lives because they were not identified and did not receive intervention. Figuring out who these students are, and using all of the educational tools possible to intervene, will save our nation a substantial amount of special education and school psychology funding. Teaching students to read has been highly correlated with better attendance, better disciplinary reports, and better graduation rates. The funding we will save in disciplinary action, dropout repercussions, and truancy effects will also be substantial. In Texas we serve most dyslexic students through 504 Plans. These students remain a part of their general education cohort, and receive accommodations in the regular education setting to help them access their education. More and more, these accommodations are in the form of assistive technology tools that are able to even the educational playing field for our dyslexic students. The READ act will be essential in furthering the research to continue to refine and create these tools to help dyslexic students read with as much facility as their non-disabled counterparts. We are fortunate that we do recognize that many dyslexic students can benefit greatly from accommodations and intervention provided by Section 504 plans, and while we may not always stellar in early diagnosis of dyslexia, and we sometimes do not apply intervention with as much fidelity as could be desired, we are beginning to bring awareness about the disorder to the forefront of teacher preparation, and training for teachers and administrators is becoming more prevalent. It has taken years of training and several thousand dyslexia evaluations that I have personally eye-balled, to be able to really understand what I am

looking at when I review a score profile for a dyslexic student. Additional time and effort have to be applied to then be able to understand which interventions and accommodations will be best for each student. But if we begin to systematically provide good pre-service training for all teachers that include the significant indicators of dyslexia, we will have a good start to the process of identifying these students to that end.

Important indicators for dyslexia include understanding the student's abilities for RAN (Rapid Automatic Naming), working memory, and phonological awareness. Rapid naming helps us to understand the student's ability for processing speed, letter naming and quick cognitive shift; skills inherent in the task of reading. Working Memory is important for reading, as you can imagine that if you are taught a sight word today, and you have very poor working memory, the likelihood that you are going to remember that sight word tomorrow, or even in an hour, is very reduced. The phonological awareness prong may be the most telling in the story of dyslexia, as students who struggle in this area do not have the ability to hear sounds that make up words in spoken language. This includes recognizing words that rhyme, deciding whether words begin or end with the same sounds, understanding that sounds can be manipulated to create new words, and separating words into their individual sounds.

Another area for which it would be helpful to have a better understanding about dyslexia would be in the use of speech pathologists to identify the early indicators in students they see through the early Child-Find process for Preschool Programs for Children with Disabilities (PPCD). Because speech pathologists are often the first to work with students in the educational setting, we may be able to use their evaluations to learn about oral language problems and other deficits that may lead to early identification and intervention for dyslexic students. In our district we use a simple screener for phoneme-grapheme awareness that is available in Spanish and English, to screen all students for some of these indicators. The State Dyslexia Mandate also requires the teacher to administer an oral fluency measure prior to referral for dyslexia evaluation, and this is particularly important for students who are predominantly Spanish speaking, as fluency is the strongest indicator for dyslexia in that

language. While these screeners give us a little information about the indicators for each student, they are not well-normed, or developed to encompass all of the main indicators. The READ act could provide an avenue for research in this area as well.

Currently, the classroom teacher has little to do with the identification or intervention for the dyslexic student; this could also be affected in a positive manner by additional research. If we learn how we can best train a classroom teacher to administer good screening tools, and to help refer students for dyslexia evaluation early, we could begin to intervene at appropriate times with these students. Classroom teachers could also be instrumental in learning basic dyslexia interfeon, and translating good practice for teaching dyslexic students into all areas of the curriculum, not just the reading curriculum.

Understanding dyslexia is also import and to us as a nation because we have an alarming level of untreated dyslexics in prisons. It is possible, that if we learn to identify them at an early stage, and address their literacy needs appropriately, that we might reduce those numbers considerably, and use the savings for more productive endeavors. No other single mental or physical disorder is found to this great extent in our prison populations. While those in prisons were identified to be around 80% in 2008, the newest research published in July 2015 indicates this has move upward to around 85% at this time.

I spent several years working as a school psychologist at the high school level in a low SES school. There I saw many students come through who could not read and because they could not read they were seeing me for depression, anxiety, and all sorts of motivational issues. They were in constant fear of dropping out of school, and often, the root of the problem was that no one ever diagnosed them with dyslexia and they did not know how to read. When I asked about interventions we had on the campus to help these students learn how to read, I was surprised, and appalled, to find out there was nothing.

This is where my personal perspective comes into play. I am old. I am getting ready to retire, and although I have made this a life mission, the work is not even close to done. I have held this banner high and pushed hard on a lot of people in the last few years to make some things happen and to put some things into place to better identify and intervene with dyslexic students. None of these efforts or accomplishments is a given, and I worry that when I retire, the momentum we have amassed in getting dyslexia well addressed for our students in my current district will not be sustainable. I would like to see us give dyslexia more importance at a federal level so that there is significance given to it that will translate into having all states recognize why addressing the identification and intervention for these students is important. The State of Texas does at least recognize dyslexia, many do not. We need to not only recognize this pervasive disability, but we need to *do* something about it. I have spent many years as a neuropsychologist in private practice diagnosing dyslexia, only to have my patient's schools disregard the diagnosis, sometimes partially, but often completely. Unless the parent has the ability to provide the student with private tutoring, or intervention with an Academic Language Therapist, the student often did not get the support needed to become a life-long reader, and frequently additional issues, such as low self-esteem, anxiety and depression became unnecessary, but additional hurdles. Support for the READ act will begin to address these issues. Thank you for inviting me to testify.