

DISABILITY CATEGORY: Specific Learning Disability

SECTION 1: INTRODUCTION

This technical assistance document was written to provide parents, teachers, special education personnel, administrators, and other professionals with information on the identification, verification, and determination of eligibility for special education services for children with specific learning disabilities (SLD).

This category of children has been defined by both federal and state regulations. A three-part eligibility requirement for a child to be verified as a child with a specific learning disability is as follows:

- Meet verification guidelines (92 NAC 51-006);
- Documentation of adverse effect on educational performance; and
- Determination that there is a need for special education.

Since 1975, when the first federal special education law (PL 94-142) was authorized by Congress and the Nebraska Rule 51 was written and approved, children with specific learning disabilities in Nebraska have been verified by using a “Severe Discrepancy” between intellectual ability (IQ) and achievement. In recent years the validity and reliability of this process have been questioned at the federal, state, and local educational levels.

When the federal law was reauthorized in the Individuals with Disabilities Education Act (IDEA) of 2004 the developers allowed states more flexibility in the verification of children with specific learning disabilities. The following language, which provides states with three different options in the verification of specific learning disabilities, is included in the IDEA:

Additional Procedures for Evaluating Children with Specific Learning Disabilities: Sec. 300.307 Specific learning disabilities.

- (a) *General. A State must adopt, consistent with Sec. 300.309, criteria for determining whether a child has a specific learning disability as defined in Sec. 300.8. In addition, the criteria adopted by the State—*

- (1) *Must not require the use of a **severe discrepancy** between intellectual ability and achievement for determining whether a child has a specific learning disability as defined in Sec. 300.8(c)(10);*
- (2) *Must permit the use of a process based on the child's **response to scientific, research-based intervention** (provided the school district has submitted their RtI Implementation Plan to NDE, see pg. 8). Section 300.304; and*
- (3) *May permit the use of **other alternative research-based procedures** for determining whether a child has a specific learning disability as defined in Sec. 300.8 (c)(10).*

The evaluation of a child suspected of having a SLD must include a variety of evaluation and assessment tools to gather relevant functional developmental and academic information about the child, including information provided by the parent that may assist in determining eligibility. **No single measurement or assessment may be used as the sole criterion for determining whether the child has a disability and for determining an appropriate educational program for the child.**

Multi-Tiered System of Support/Response to Intervention (MTSS/RtI)

MTSS/RtI is an educational service delivery system designed to provide effective instruction for all students using a comprehensive and preventive problem solving approach. It employs a tiered method of instructional delivery, in which the core curriculum addresses and meets the needs of most students (Tier 1), additional instruction is provided for those needing supplementary intervention support (Tier 2), and intensive and individualized services are provided for the students who continue to demonstrate more intensive needs (Tier 3). At its foundation, MTSS/RtI includes measuring performance of all students, and basing educational decisions regarding curriculum, instruction, and intervention intensity on student data.

The focus of MTSS /RtI is on improved student outcomes for all students through the provision of high-quality scientifically/research-based instruction and interventions that are matched to student academic or behavioral needs. Through a multi-tiered framework, the MTSS/RtI process enables districts to provide early support and assistance to students who are struggling to attain or maintain grade level performance. MTSS/RtI provides a consistent model and procedures to make collaborative data-based educational decisions for all students. Additionally, student performance data from the MTSS/RtI process can be used as part of a comprehensive evaluation for the identification of a student with Specific Learning Disabilities (SLD).

To implement MTSS/RtI effectively, schools must first have the organizational capacity to guarantee the process can be followed and sustained over time. The essential components of MTSS/RtI are based on principles identified in research for an effective MTSS/RtI system and provide the overarching framework to guide the implementation of MTSS/RtI.

The essential components of a quality MTSS/RtI process include:

- Instruction and Intervention
 - Evidence-based programs and instructional delivery practices
 - Increasing intensity/precision of instruction as students' needs increase
- Assessment System
 - Use of screening data to determine which students need support
 - Progress monitoring data to determine if the support is working
 - Multiple data sources to make decisions about student progress and next steps for instruction
- Fidelity and Support System
 - Instructional data are used to inform professional development and support needs for instructional staff
 - Fidelity checks are in place to ensure integrity; instruction and interventions are implemented as planned/intended.
- Continuous Improvement Process
 - Using data at a systems level to evaluate the implementation of MTSS/RtI and make necessary changes through the problem solving process
- Teaming
 - All aspects of implementation of MTSS/RtI are the responsibility of leadership/implementation teams (identifying the rationale of why this is needed, reviewing research-based practices, planning for implementation, then initial and deep implementation).

Using Implementation Science practices as an ongoing process is likely to ensure effective, deep implementation of an MTSS/RtI framework with fidelity.

Drawing data from the MTSS/RtI process is one component of the information reviewed as a part of the comprehensive evaluation for verification of Specific Learning Disability. **Conclusions regarding special education eligibility are drawn from multiple sources** (Refer to Section 4 in this document). All components of required documentation for SLD eligibility must be considered.

For additional information on building and implementing an MTSS/RtI process, please refer to:
www.education.nde.rti

Parent Request for Initial Evaluation – Student Participating in the MTSS/RtI Process

When the parent of a student who is participating in the MTSS/RtI process requests an initial evaluation, the evaluation must be conducted according to the following regulation:

92 NAC 51-006.04K6b: *Whenever a child is referred for an evaluation, 92 NAC 51-006.04K6: The school district or approved cooperative must promptly request parental consent to evaluate the child to determine if the child needs special education and related services and must adhere to the timeframes described in 92 NAC 51-009.04A1, unless extended by mutual written agreement of the child's parents and a team of qualified professionals, as described in 92 NAC 51-006.04K2.*

Severe Discrepancy Model

As a part of the comprehensive eligibility evaluation the Multidisciplinary Evaluation Team (MDT) may employ the severe discrepancy model. The severe discrepancy must be used until such time that the school district has made the transition to full implementation of the Response to Intervention (RtI) process as part of the comprehensive evaluation required by IDEA for verification of a child with a disability.

- All test scores used in verifying a child with suspected specific learning disabilities shall assume a mean of 100 and a standard deviation of 15 points.
 - ❖ In order for a child to be verified as a child with specific learning disabilities under the Severe Discrepancy Process the child must demonstrate a severe discrepancy between achievement and intellectual ability in one or more of the major areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, and mathematics reasoning, if provided with learning experiences appropriate for the child's age and ability levels. When the team uses a Severe Discrepancy Process, the evaluation shall include the analysis and documentation of:
 - ◆ Observations conducted by at least one team member other than the child's classroom teacher of the child's academic functioning, educational environment, and the child's interaction with that environment (basic psychological educational processes) in the regular classroom.
 - In the case of a child of less than school age or out of school, a team member shall observe the child in an environment appropriate for a child of that age.
 - ◆ Individual test of intelligence.
 - The test must have adequate reliability for the total test score (i.e., reliability at or above .90) (Salvia & Ysseldyke, 2007)
 - If composite scores are used, they must also have adequate reliability (i.e., reliability at or above .90) and be valid for the decision being made. If there is a discrepancy of more than one (1.0) standard deviation (16 points or more) between major composite scores, then the higher score may be used as the indicator of the child's intellectual ability.

- ◆ Assessed achievement level that results in a standard score in one or more major academic area(s) that is at least 1.3 standard deviations (20 standard score points) below the child's assessed intellectual level. In addition, the standard score in the major academic area which is used to establish the qualifying discrepancy shall fall at or below a standard score of 84, regardless of the discrepancy between assessed ability level, and the major academic area.
 - The test must have adequate reliability for the total test score (i.e., reliability at or above .90) (Salvia & Ysseldyke, 2007)
- ◆ If composite scores are used, they must also have adequate reliability (i.e., reliability at or above .90) and be valid for the decision being made.

Discrepancies shall be verified in terms of age-based standard score rather than age or grade equivalents.

SECTION 2: STATE DEFINITION

- **Specific Learning Disability** – To qualify for special education services in the category of specific learning disability the child must have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The category includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

The category does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; of mental handicaps; of behavioral disorders; or of environmental, cultural, or economic disadvantage.

SECTION 3: MULTIDISCIPLINARY EVALUATION TEAM (MDT) COMPOSITION

The Multidisciplinary Team (MDT) should include at least:

- The child's parents;
- For a school age child, the child's regular teacher(s) or a regular classroom teacher qualified to teach a child of that age;
- For a child below age five, a teacher qualified to teach a child below age five;
- Special educator with knowledge in the area of specific learning disabilities;
- A school district administrator or a designated representative;

- At least one person qualified to conduct individual diagnostic examinations of children in their specific area of training, i.e., speech language pathologist, or remedial teacher; and
- A school psychologist or licensed psychologist (recommended).

SECTION 4: VERIFICATION GUIDELINES

The MDT may determine that a child has a specific learning disability if:

1. The child does not achieve adequately for the child's age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards:
 - ❖ Oral expression;
 - ❖ Listening comprehension;
 - ❖ Written expression;
 - ❖ Basic reading skill;
 - ❖ Reading fluency skills;
 - ❖ Reading comprehension;
 - ❖ Mathematics calculation; and
 - ❖ Mathematics problem solving.

2. The child does not make sufficient progress to meet State-approved grade level standards in one or more of the areas identified in 92 NAC 51-006.04K3a when using a process based on the child's response to scientific, research-based intervention; or

The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments consistent with 92 NAC 51-006.02; and

3. The MDT determines that its findings under 92 NAC 51.006.04K3a and 006.04K3b are not primarily the result of –
 - ❖ A visual, hearing, or motor disability;
 - ❖ Mental handicap;
 - ❖ Behavior disorder;
 - ❖ Cultural factors;
 - ❖ Environmental or economic disadvantage; and
 - ❖ Limited English Proficiency.
- (a) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the MDT must consider, as part of the evaluation:

1. Data that demonstrates that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
 2. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of the child's progress during instruction, which was provided to the child's parents.
- (b) The school district or approved cooperative must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the timeframes described in 92 NAC 51-009.04A1, unless extended by mutual written agreement of the child's parents and a team of qualified professionals, as described in 92 NAC 51-006.04K2:
1. If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in 92 NAC 51-006.04K5a and b; and
 2. Whenever a child is referred for an evaluation.
4. Observation
- (a) The MDT, in determining whether a child has a specific learning disability, must decide to:
1. Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation; or
 2. Have at least one member of the MDT conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with 92 NAC 51-009.08, is obtained.
 3. In the case of a child less than school age or out of school, an MDT member must observe the child in an environment appropriate for a child of that age.
5. Specific documentation for the eligibility determination
- (a) For a child suspected of having a specific learning disability, the documentation of the determination of eligibility must contain a statement of:
1. Whether the child has a specific learning disability;
 2. The basis for making the determination, including an assurance that the determination has been made in accordance with 92 NAC 51-006.04K3;
 3. The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning;
 4. The educationally relevant medical findings, if any;
 5. Whether –
 - (i) The child does not achieve progress commensurate with the child's age;
 - (ii) The child does not achieve progress to meet age or State-approved grade-level standards consistent with 92 NAC 51-006.04K3a; or

- (iii) The child exhibits a pattern of strengths and weaknesses in performance, or achievement, or both, relative to age, State-approved grade-level standards or intellectual development consistent with 92 NAC 51-006.04K3b(1);
 - 6. The determination of the MDT concerning the effects of visual, hearing, or motor disability; mental handicap; behavior disorder; cultural factors, environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and
 - 7. If the child has participated in a process that assesses the child's response to scientific, research-based intervention:
 - (i) the instructional strategies used and the child-centered data collected; and
 - (ii) the documentation that the child's parents were notified about:
 - (A) The school district's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;
 - (B) Strategies for increasing the child's rate of learning; and
 - (C) The parent's right to request an evaluation.
- (b) Each MDT member must certify in writing whether the report reflects the member's conclusion. If it does not reflect the member's conclusion, the team member must submit a separate statement presenting his/her conclusions.

SECTION 5: PROCEDURES TO DETERMINE ADVERSE EFFECT ON DEVELOPMENT/EDUCATIONAL PERFORMANCE

FACTORS TO CONSIDER

Many factors should be considered in determining if a specific learning disability is causing, or can be expected to produce significant delays in the child's development or educational performance. The factors include, but are not limited to:

- Child Characteristics
 - ❖ Medical history, current health status, medications
 - ❖ Social skills and behavior
 - ❖ Communication skills
 - ❖ Physical health
 - ❖ Motor skills
 - ❖ Mental health
 - ❖ Cognitive skills
 - ❖ Motivation
 - ❖ Current age
 - ❖ History of developmental milestones
- Educational Variables
 - ❖ Current educational placement
 - ❖ Classroom environment
 - ❖ Instruction
 - ❖ Curriculum
 - ❖ History of modifications and/or accommodations used
 - ❖ Intervention and response

- ❖ Results of previous assessments/evaluations
- Relevant family history
 - ❖ Culture
 - ❖ Language

Examination of each of these factors may lead to additional factors to consider. Psychologists, teachers of children with learning difficulties, and speech language pathologists are the primary professionals who can determine how these learning difficulties may impact the child. Parents, medical professionals, teachers, and the child him/herself can also provide information important in determining the impact of the learning difficulties.

The team needs to consider data that are accurate, consistent, comprehensive, and objective. Possible assessment approaches for obtaining information about the child are:

- Review of existing records and work samples
 - ❖ Teacher-anecdotal notes
 - ❖ Grades
 - ❖ Cumulative file review
 - ❖ Class assignments and homework
- Interviews
 - ❖ Parent interviews/rating scales
 - ❖ Teacher interviews/rating scales
 - ❖ Child interviews/rating scales
- Observations (in setting(s) where concern is occurring)
- Tests
 - ❖ Criterion-referenced tests
 - ❖ Norm-referenced tests
 - ❖ District-wide assessments
 - ❖ Curriculum-based assessments
 - ❖ State and district-wide assessments

Professional judgment must be used by the team as they analyze the data to determine if the child meets the verification guidelines for a child with a specific learning disability. The team must review the following areas to rule out those circumstances other than a specific learning disability that may be the primary contributor to the child's low achievement.

The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child's developmental/educational performance:

- Behavior disorder
 - ❖ Are there particular behaviors that are interfering with the child completing assignments, tasks?
 - ◆ Has a functional behavioral assessment been completed for the child's behaviors?
 - ◆ Does the child have a behavior intervention plan? What is the plan? How is the child responding to this plan?
 - ❖ Does the child exhibit a lack of particular social skills that affect his/her interpersonal relationships?
 - ❖ In what types of social skills instruction has the child participated?

- Mental handicap
 - ❖ Has the child been verified with a mental handicap?
 - ❖ Is the child receiving special education services as a child with a mental handicap?

- Speech/language impairment
 - ❖ Is the child verified as having speech/language impairment?
 - ❖ What is the speech/language impairment?
 - ❖ What type of intervention is the child receiving?

- Vision/Hearing/Orthopedic Impairment
 - ❖ Has the child been diagnosed with a medical/health condition? If so, what is the medical/health condition?
 - ❖ What types of interventions/treatments is the child receiving?

- Lack of previous opportunities to learn
 - ❖ Have the child's previous opportunities to learn been limited?
 - ❖ What are the causes of the lack of opportunities (extended illness, frequent transfers between schools, etc.)?

- English Language Learners (ELL)
 - ❖ What is the child's level of language in his/her native language?
 - ❖ Is the child enrolled in English Language Learner (ELL) classes/Limited English Proficiency (LEP)?
 - ❖ What is the child's mastered ELL level?

- Environmental, cultural, and economic factors
 - ❖ Has a determination been made that the child's environmental, cultural, and/or economic factors contributed to the child's low achievement?

- Other Factors
 - ❖ Is performance inconsistent across academic, social, and behavioral areas?
 - ❖ Did the child make progress when provided scientific, research-based instructional practices and interventions?
 - ❖ Are the interventions needed for progress so intense that they cannot be sustained in a general education setting?

Dyslexia

The Individuals with Disabilities Education Act (IDEA) and the Nebraska Office of Special Education 92 NAC 51 (Rule 51) include **dyslexia** in the definition of a Specific Learning Disability, one of the thirteen disability categories described and defined within IDEA and 92 NAC 51. Children with **dyslexia** in Nebraska may qualify for special education services within the category of Specific Learning Disability (SLD).

The Nebraska Department of Education, Office of Special Education, uses the definition for dyslexia adopted by the International Dyslexia Association (IDA) Board of Directors (2002) and the National Institute of Child Health and Human Development (NICHD):

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

For additional information on Dyslexia, please refer to the Nebraska Department of Education "Technical Assistance Document for DYSLEXIA at:

<http://www.education.ne.gov/sped/technicalassist.html>

SECTION 6: DEFINITION OF TERMS

Academic Achievement – A child's level of performance in basic school subjects, measured either formally or informally. (Norlin, 2003, pg. 1)

Achievement Test – Test that measures what students have been taught and learned. (Salvia & Ysseldyke, 1998, pg. 682)

Accommodation – Accommodations are practices and procedures in the areas of presentation, response, setting, and timing/scheduling that provide equitable access during instruction and assessments for children with disabilities. Accommodations are intended to reduce or even eliminate the effects of a child's disability; they do not reduce learning expectations. (Nebraska Department of Education Accommodations Guidelines, 2006, pg. 4)

Acquired Apraxia – As in Developmental Apraxia, there are problems in motor planning such that the child has difficulty in producing speech sounds and organization words and word sounds for effective communication. However, the problem is known to be caused by neurological damage. (Hallahan and Kauffman, 2006, pg. 530)

Achievement Test – A test that objectively measures educationally relevant skills or knowledge; a test that measures mastery of content in a subject matter area, as opposed to an intelligence test. (Norlin, 2003, pg. 3)

Age Appropriate – In connection with special education, achievement consistent with a disabled student's developmental level and chronological age. (Norlin, 2003, pg. 6)

Age-Equivalent Score – "A derived score that expresses a person's performance as the average (the median or mean) performance for that age group; age equivalents are expressed in years and months," (Salvia & Ysseldyke, 2007, pg. 682)

Aphasia – A receptive language disorder, more commonly, expressive language disorder in children with normal intelligence and adequate sensory and motor skills; two basic types relate the onset to acquisition of language: acquired aphasia and developmental aphasia. (Norlin, 2003, pg. 10)

Alphabetic principle – The understanding that the sequence of letters in written words represents the sequence of sounds (e.g., phonemes) in spoken words.

At Risk – Generally, a child or youth about whom one has a higher than usual expectation of future difficulties as a result of circumstances relating to his or her health or family or community situation; typical characteristics of a student who is at risk for reasons other than disability may include being one or more grade levels behind in reading or mathematics achievement, chronic truancy, personal or familial drug or alcohol abuse, or low self-esteem. (Norlin, 2003, pg. 14)

Brain Injury – "Insult to the brain" resulting in impairment of brain function; categorized types, depending on cause and extent of injury as acquired, closed, and mild. (Norlin, 2003, pg. 29)

Criterion Referenced Test (CRT) – Test that measures a person's skills in terms of absolute levels of mastery. (Salvia & Ysseldyke, 2007, pg. 683)

Curriculum-Based Measurement (CBM) – Series of incremental assessments of what a student has learned. (Norlin, 2003, pg. 50)

Developmental Aphasia – is (1) A congenital receptive language disorder or, more commonly, expressive language disorder in children with normal intelligence and adequate sensory and motor skills that prevents acquisition of language. (2) Identified in IDEA regulations...as a "specific learning disability." (Norlin, 2003, pg. 57)

Developmental Apraxia – A disorder of speech or language involving problems in motor planning such that the child has difficulty in producing speech sounds and organizing words and word sounds for effective communication. The cause may be unknown. (Hallahan and Kauffman, 2006, pg. 533)

Dyscalculia – a specific learning disability involving innate difficulty in learning or comprehending simple mathematics. It is akin to dyslexia and includes difficulty in

understanding numbers, learning how to manipulate numbers, learning math facts, and a number of other related symptoms status.

Dysgraphia – a problem in handwriting in which the ability to retrieve and produce legible letters automatically, effortlessly, and quickly is impaired.

Dyslexia – (1) Receptive disorder in written language typically resulting in reading disabilities experienced by children of otherwise normal intellectual capacity who have received adequate instruction. (2) Identified in IDEA regulations...as a “specific learning disability.” (Norlin, 2003, pg. 67)

Dyspraxia: Difficulty planning and coordinating body movements; coordinating facial muscles to produce sounds.

ELL – English language Learner; English is the child’s second language.

Evidence-Based Practice – is an educational intervention that is backed by rigorous evidence of effectiveness. U.S. Department of Education. Retrieved September 20, 2006 www.ed.gov/rschstat/research/pubs/rigorous/evvid/index.html

Functional Behavior Assessment (FBA) – Evaluation that consists of finding out the consequences, what purpose the behavior serves, antecedents (what triggers the behavior), and setting events (contextual factors) that maintain inappropriate behaviors; this information can help teachers plan educationally for students. (Hallahan and Kauffman, 2006, pg. 534)

Grade Equivalent Score – “A derived score that expresses a student’s performance as the average (the median or mean) performance for a particular grade; grade equivalents are expressed in grades and tenths of grades ...”, (Salvia & Ysseldyke, 2007, pg. 684)

Intelligence Quotient (I.Q.) – Norm-reference test designed to measure learning ability or intellectual capacity by measuring cognitive behaviors associated with mental ability, such as discrimination, generalization, vocabulary, comprehension, abstract thinking or reasoning, memory and sequencing. (Norlin, 2003, pg. 116)

Limited English Proficient – Children from language backgrounds other than English who need language assistance services in their own language or in English in the schools. (Norlin, 2003, pg. 132)

Minimal Brain Dysfunction – (1) Generally, a once common term in medical or scientific literature describing an occurrence of impaired attention and memory and resulting learning problems without a known insult to the brain. (2) Identified in the IDEA regulations...as a “specific learning disability,” but not further defined. (Norlin, 2003, pg. 144)

Multisensory instruction – is teaching with instructional activities that require the student to use multiple sensory pathways (i.e., seeing, hearing, touching, etc.) to enhance retention and retrieval of information.

Norm-Referenced Test (NRT) – Comparison of one student's performance, as measured by the test score, with the performance of the norm allowing fine distinctions among students and identification of where a student stands in relation to that group; typically developed by commercial test companies. (Norlin, 2003, pg. 157)

Phoneme – The smallest parts of sound in a spoken word that make a difference in a word's meaning. The English language has about 44 phonemes. When phonemes are combined, they make words. For example, the word bat has 3 phonemes: /b/, /a/, and /t/.

Phonemic Awareness – is the ability to hear, identify, and manipulate individual sounds (phonemes) in spoken words. Before children learn to read print, they need to be aware of how the sounds in words work. They must understand that words are made up of speech sounds, or phonemes (the smallest part of sound in a spoken word that make a difference in a word's meaning).

Phonics – A method for teaching reading and writing by developing the learner's phonemic awareness – the ability to hear, identify, and manipulate phonemes - in order to teach the correspondence between these sounds and the spelling patterns (graphemes) that represent them. The goal of phonics instruction is to enable beginning readers to decode new written words by sounding them out, or in phonics terms, *blending* the sound-spelling patterns.

Phonological Awareness – is the sensitivity to, or explicit understanding of, the sound structure of spoken words and the ability to hear sounds that make up words in the spoken language. This includes recognizing words that rhyme, determining whether words begin or end with the same sound(s), understanding that sounds can be manipulated to create new words, and separating words into their individual sounds.

Reading Comprehension – The ability to understand what one has read. (Hallahan and Kauffman, 2006, pg. 539)

Reading Fluency – The ability to read effortlessly and smoothly, consists of the ability to read at a normal rate and with appropriate expression, influences one's reading comprehension. (Hallahan and Kauffman, 2006, pg. 539)

Receptive Language – Understanding communication from others, as distinguished from expressive language. (Norlin, 2003, pg. 196)

Receptive Language Disorder – Presents as an inability to understand spoken or written language that may affect reading, writing, and problem-solving in arithmetic. (Norlin, 2003, pg. 196)

Response to Intervention (RtI) – “the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make

decisions about changes in instruction or goals and applying child response data to important educational decisions". (Batsche et. al., Response to Intervention Policy Considerations and Implementation, 2006, pg. 5)

Scientific, Research-Based Intervention – Scientifically based research is defined in the No Child Left Behind Act (NCLB) as research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs. U.S. Department of Education. September 20, 2006 www.ed.gov/nclb/overview/intro/edpicks.jhtml?src=ov

Semantics – The study of meanings attached to words and sentences. (Hallahan and Kauffman, 2006, pg. 540)

Standard Score – is the general name for a derived score that has been transformed to produce a distribution with a predetermined mean and standard deviation." (Salvia & Ysseldyke, 2007, pg. 688)

Standard Deviation – "A measure of the degree of dispersion [or spread] in a distribution of scores; the square root of the variance." (Salvia & Ysseldyke, 2007, pg. 688)

SECTION 7: FREQUENTLY ASKED QUESTIONS

1. Can an eligibility determination of SLD be made using only information that was collected through an RtI process?

The RtI process includes the need for comprehensive evaluation. The MDT must use a variety of data gathering tools and strategies even if an RtI process is used. The results of an RtI process will be one component of the information reviewed as part of the evaluation procedures required.

2. If a child has learning problems primarily due to the result of a visual impairment, hearing impairment, orthopedic impairment, mental handicap, behavior disorder; or of environmental, cultural, or economic disadvantage, can the child be verified as a child with a specific learning disability?

No. Specific learning disability does not include learning problems that are primarily the result of a visual impairment, hearing impairment, orthopedic impairment, mental handicap, behavior disorder, or of economic disadvantage.

3. At what age should a child be assessed for a specific learning disability?

One of the goals of Response to Intervention (RtI) is to provide intervention for at-risk children at an early age. If with intense intervention, the child does not make appropriate progress in his/her learning, the child may be evaluated to determine if the child has a specific learning disability.

4. How can progress monitoring data be used in the SLD verification process?

Progress monitoring data are critical for determining whether a child has made sufficient progress in response to a scientific, research-based intervention

process; however, they are not the sole basis for identifying a specific learning disability.

5. There are eight achievement areas listed in federal and state laws in which children may verify as having a specific learning disability. Are these the only areas in which the child may verify?

Yes. Both federal and state laws state that the child must meet the verification guidelines for one or more of these eight areas of achievement:

- *Oral expression;*
- *Listening comprehension;*
- *Written expression;*
- *Basic reading skill;*
- *Reading fluency skills;*
- *Reading comprehension;*
- *Mathematics calculation; and*
- *Mathematics problem solving*

If the child has other difficulties, the child may be evaluated to determine if he/she may have a different disability.

6. Must a child have average or higher intelligence in order to be verified as a child with a disability in the category of specific learning disability?

No, but if there is a reason to suspect that the child may have a mental handicap, then that verification category must be ruled out.

7. Is it true that children with dyslexia simply read backwards or just reverse letters?

No. Children with dyslexia often have difficulty breaking down words. But reversing letters is not always a sign of dyslexia. Young children often reverse and/or invert letters, numbers, etc. This may be developmental rather than dyslexia. Children with dyslexia often struggle with a number of skills that may include writing, spelling, speaking and socializing.

8. Can a person with dyslexia learn to read?

Yes. The earlier children who struggle are identified and provided systematic, intense instruction, the less severe their problems are likely to be (National Institute of Child Health and Human Development, 2000; Torgesen, 2002). With adequate intensive instruction, even older children with dyslexia can become accurate, albeit slow, readers. (Torgesen et al., 2001)

SECTION 8: REFERENCES AND RESOURCES

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