Foreword

The New Hampshire Department of Education is pleased to be able to publish the New Hampshire Dyslexia Guideline – an extensive document that is aimed to assist school districts in their extensive efforts to ensure that all students have bright futures.

Knowing that children and families are faced with challenges such as learning disabilities and dyslexia, this resource aims to provide knowledge and guidance on evidence-based practices that will assist in their academic success. I am grateful to all of the consultants, specialists, and educators who contributed to this document and assisted in its content.

This resource will be a valuable tool for schools and parents as they navigate and consider screening procedures for children who may be exhibiting signs of dyslexia or other learning disabilities. It is our hope that this document will also help educators and families work collaboratively to provide the best education possible to all students as we work to improve literacy throughout the Granite State.

Sincerely,

Commissioner Frank Edelblut
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Introduction

The Dyslexia Guidebook serves as a resource for New Hampshire public schools, charter schools, educators, and parents for information and guidance about the screening procedures for students exhibiting potential signs of a neurological learning disability, including dyslexia. A diverse group of stakeholders collaborated to revise the 2017 Dyslexia Handbook. The purpose of the revision was to support the passing of New Hampshire -HB 377.
Acknowledgment

The New Hampshire Department of Education (NHED) extends heartfelt thanks to stakeholders who contributed to this document’s creation. Their insight, expertise, recommendations, and perspectives on dyslexia significantly shaped the design of this document.

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Dyslexia

Dyslexia is a specific learning disability that is neurobiological in origin. Difficulties with accurate, fluent word recognition, poor spelling, and weak decoding characterize dyslexia. These particular difficulties typically result from a deficiency in the development of the phonological components of language regardless of cognitive ability and variations in typical classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge (Fletcher et al., 2019; Hall et al., 2022; The International Dyslexia Association (IDA), 2017).

Dyslexia means a specific learning disability that is.
(a) Neurobiological in origin.
(b) Characterized by difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities that typically result from a deficit in the phonological component of language; and
(c) Often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction, and may include secondary consequences such as reading comprehension problems and reduced reading experience that can impede the growth of vocabulary and background knowledge.

NH RSA 200:58

Dyslexia affects one in ten individuals (The International Dyslexia Association (IDA), 2020). Dyslexia can be characterized by difficulties in phonological awareness, including phonemic awareness and manipulation, single word reading accuracy, fluency, and spelling, leading to difficulties in reading comprehension and written expression despite intelligence.

Dyslexia is a learning disorder that may affect multiple family members, with genetics influencing the condition’s manifestation (44 to 75% heritability) (Paniagua et al., 2022).
Helpful Resources:

- The National Center on Improving Literacy
- International Dyslexia Association
- Just the Facts
The Characteristics of Dyslexia and Other Related Disorders

Although students with dyslexia exhibit similar characteristics, not all students with dyslexia are the same. Each student has various challenges, gifts, strengths, and weaknesses. It is essential to understand that students with dyslexia present differently and require different academic support. They also have strengths that must be recognized and supported.

It is not uncommon for individuals with dyslexia to experience co-occurring conditions, including various neuro-diversities and learning and emotional challenges (Clemens & Vaughn, 2023). NH’s RSA 200:58-62 calls for attention to dyslexia and related disorders. To provide comprehensive support to students with dyslexia, educators must understand these co-occurring learning disorders and their potential impact on exacerbating or masking the student’s difficulties. By recognizing and addressing these additional challenges, educators can better tailor support and interventions to meet the unique needs of each student (Clemens & Vaughn, 2023).
<table>
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<tr>
<th>Co-occurring Conditions</th>
<th>Description</th>
<th>Characteristics</th>
</tr>
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</table>
| **Dysgraphia**          | **Dysgraphia** is a neurological disorder characterized by writing disabilities. (Cleveland Clinic, 2022) | Fine motor skills  
Spatial perception  
Working memory  
Orthographic coding (the ability to store and manipulate written words while translating them onto a page.)  
Language Processing  
Conceptualization  
Organization (McCloskey & Rapp, 2017) |
| **Dyspraxia**           | **Dyspraxia**, also known as developmental coordination disorder (DCD), is a chronic condition that begins in childhood and causes difficulties with motor (movement) skills and coordination. **Dyspraxia in babies and toddlers:** Difficulty learning to eat with a spoon/fork. Difficulty playing with toys that require coordination. Taking longer to achieve developmental milestones: rolling over, sitting, crawling, and walking. **Dyspraxia in older children:** Difficulty walking up and down stairs, Difficulty with balance, Difficulty with motor movement: riding a bike, throwing and catching a ball, and jumping. Difficulty with writing, drawing, and coloring Difficulty using scissors. Difficulty dressing. Poor short-term memory |
| **Apraxia**             | **Childhood Apraxia of Speech** (CAS) is a motor speech disorder that impacts how the brain sends signals to the articulators (mouth, lips, tongue) to facilitate and coordinate effective speech. Difficulty producing effortless and consistent speech is not due to weakness in the muscles required for speech. **Speech Sound Disorders** is an Inconsistent speech sound errors on consonants and vowels  
Impaired prosody  
Inconsistent errors in the repetition of the targeted word  
Difficulty imitating speech |
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<tr>
<th><strong>Speech and Language Disorders</strong></th>
<th>Developmental Language Disorder (DLD) is a communication disorder that impacts a child’s ability to understand and use language. DLD can impact a child’s ability to speak, listen, read, and write without another disorder, such as intellectual impairment or autism (NIH, 2023). DLD, a subset of a language disorder in a broader spectrum, is the impaired ability to comprehend and/or use spoken and written language. This can impact any area of language (phonology, morphology, syntax, semantics, as well as pragmatics.)</th>
<th>Production of a target sound that is not developmentally appropriate for the child’s age and differs from the targeted production. Can include any of the following: Omissions (Cu for Cup), Substitutions of sounds, Addition of sounds, Distorted sounds, Late talker, Difficulty understanding what is said with normal hearing. Difficulty following multi-step directions. Difficulty stringing words together Frequent grammatical errors Limited use of complex sentences Reduced vocabulary Difficulty with language processing Difficulty reading and comprehending, Disorganized storytelling and writing Difficulty with social communication skills</th>
</tr>
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<tr>
<td><strong>Dyscalculia</strong></td>
<td>Research varies on the prevalence rate. Current studies distinguishing cognitive deficits are presented in dyscalculia and dyslexia; the prevalence of comorbidity between the two learning</td>
<td>Visual-spatial working memory Difficulty recognizing numbers. Trouble grasping place value. Struggles with math language and may need help to devise a plan to solve math problems.</td>
</tr>
<tr>
<td></td>
<td>Dyscalculia exhibits deficits in various cognitive domains, including phonological processing, verbal working memory with digits, and visual-spatial working memory, as well as difficulties in the spatial representation of numbers and</td>
<td></td>
</tr>
</tbody>
</table>
disabilities ranges from 25% to 60%.
(Tang et al., 2023).

the automatic retrieval of numerical information.
(Mingozi et al., 2023)

| **Attention Deficit Hyperactivity Disorder (ADHD) and (HD)** | **Is characterized by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.** (Parekh, 2017) | **Attending**
Controlling impulsive behaviors
Switching attention
Auditory working memory
Executive function skills
Hyperactive/impulsive presentation
(Lonergan et al., 2019) |
<table>
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<tr>
<td>An estimated 30% of those with dyslexia have coexisting AD/HD (The International Dyslexia Association (IDA), 2017). Some studies report a higher correlation rate (Czamara et al., 2013).</td>
<td></td>
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</table>

*Other specific learning difficulties (SLDs) can co-occur with dyslexia and dysgraphia.
Dyslexia and other related disorders can transcend the academic area and impact social-emotional well-being.

Anxiety is a significant symptom associated with dyslexia, leading to avoidance of academic tasks, and negatively impacting overall school performance and emotional well-being (Giovagnoli et al., 2020; Zuppardo et al., 2021).

Furthermore, studies have indicated that individuals with dyslexia may experience low self-esteem, which further impacts their well-being (Mazher, 2020; Metsäpelto et al., 2020; Zuppardo et al., 2021). It is essential to recognize these psychosocial aspects and their influence on individuals with dyslexia.

Research has highlighted the importance of providing students with academic support and coping strategies to effectively support their needs (Takács et al., 2021).

Addressing academic challenges through strategies to manage anxiety, boost self-esteem, and offer academic support can foster overall well-being and lifelong success.

_Office of Social and Emotional Wellness (OSEW)_
Role of Neuroscience in Education

Functional magnetic resonance (fMRI) scans that measure and map the brain’s activity while reading have supported the advancement, understanding, and research that identifies and treats dyslexia (Centanni et al., 2019; Shaywitz et al., 2003). The chart below shows the areas of activation in the brain of typical students and students with Dyslexia.

Numerous research studies have provided evidence that effective, evidence-based reading interventions can lead to improvements in students' literacy performance while also fostering neuroplasticity and enhancing brain functions, although with some degree of variability (Kızılaslan & Tuncay, 2023; Krafnick et al., 2022; Centanni et al., 2019). These findings indicate that intensive intervention can significantly improve children's literacy skills, as seen on fMRI images in the left temporo-parietal-occipital cortex (Krafnick et al., 2022; Rezaie et al., 2011). These current studies correlate with the seminal work of Dr. Sally Shaywitz and Dr. Bennett Shaywitz of Yale University, who pioneered fMRI research regarding struggling readers.
Neuroscience studies will continue to play a pivotal role in understanding the neural mechanisms of dyslexia and other brain-related issues and assist in facilitating early diagnosis and developing targeted cognitive therapies (Krafnick et al., 2022; Munzer et al., 2020; Rezaie et al., 2011).
Screening for Risk Factors

Identifying students who are at risk for academic failure is a primary step in supporting later academic achievement (Jenkins et al., 2007; Vaughn & Fuchs, 2003). Early identification of students tethered with corresponding evidence-based early intervention has significant implications for their future academic success (Sanfilippo et al., 2020). Screening is critical to identify students who need early intervention.

Types of Screening Assessment

Universal Screeners are developed to help identify students who might be at risk for literacy difficulties. A universal screener is not designed to indicate what type of support is needed but instead designed to flag students needing additional screening assessment and perhaps instructional support (Lynch, 2022). Students who fall below the cut scores often need further screening, leading to additional support (Malcolm, 2022). An evidence-based universal screener should have strong evidence for reliability and validity and assess all five literacy areas: phonemic awareness, phonics, fluency, vocabulary, and comprehension (Gersten et al., 2008; Petscher et al., 2019). The National Center for Intensive Intervention (NCII) provides a high-quality review of various assessments.

Evidence-Based Dyslexia Screeners are developed to help determine risk factors for literacy difficulties and the potential for having dyslexia, but they do not diagnose dyslexia (Sanfilippo et al., 2020; Shofiah & Putera, 2023). An evidence-based, valid, and reliable dyslexia screener provide a deeper investigation into critical literacy skills (Phonological and Phonemic Awareness, Alphabetic Knowledge, Sound Symbol Correspondence, Decoding, Encoding, Rapid Naming RAN/Fluency, and Comprehension) (Malcolm, 2022; Shofiah & Putera, 2023). A dyslexia screener with appropriate levels of reliability and validity of scores provides insight into the early identification of students who need further support in developing critical literacy skills. New Hampshire Laws, HB 377 and RSA 200:59, state that districts must use evidence-based tools to screen and identify students for dyslexia.

Other data sources include Informal Assessments such as informal spelling measures, phonology assessments, letter sound identification tasks, and teacher observations. They should be included in the evaluation process to verify the results and determine student needs. Since spelling and reading are mutually faceted and complementary processes, analyzing spelling errors from spelling screeners offers insight into spelling and phonological development (Gentry, J.R. 2013; Hirschmann et al., 2021; Pan et al., 2021). It is important to note that although informal inventories can guide instruction, they have variabilities and may not be reliable or valid (Burns et al., 2022; Reading Rocket, 2013).

Results

The screening results should be used with other measures and data to identify and pinpoint the learners’ gaps and areas of strength. Data points should be used to make informed decisions about the learners’ needs for explicit and direct evidence-based intervention in targeted areas. Data collection and
analysis can be used for continued progress monitoring and documentation of evidence to support the special education referral process.

Figure: *Delving into Screening Considerations: A Thorough Examination*

### Quick overview of screening information

<table>
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<tr>
<th>Type</th>
<th>Why</th>
<th>Important Information</th>
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<tr>
<td>Universal Screening</td>
<td>Used to identify students who might be at risk for literacy difficulties.</td>
<td>Is quick and easy to administer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provides standardized scoring procedures and cut scores.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is statistically reliable and valid.</td>
</tr>
<tr>
<td>Dyslexia Screening</td>
<td>Used to identify risk factors for literacy difficulties and the potential for having dyslexia, but they do not diagnose dyslexia.</td>
<td>Provides a deeper look into essential literacy skills.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provides standardized scoring procedures and cut scores.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is statistically reliable and valid.</td>
</tr>
<tr>
<td>Diagnostic Tests</td>
<td>Are used to collect specific information</td>
<td>Provide more in-depth or reliable information to assess a learner’s strengths and weaknesses or to inform instructional planning.</td>
</tr>
<tr>
<td>Type</td>
<td>Purpose</td>
<td>Characteristics</td>
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<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Progress Monitoring</td>
<td>Used to collect data on the response to intervention.</td>
<td>Provides a deeper look into student progress on essential literacy skills.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provides standardized scoring procedures and cut scores.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is statistically reliable and valid.</td>
</tr>
<tr>
<td>Informal Assessments</td>
<td>Used to collect specific information about a learner’s strengths and weaknesses and need for specific instruction. Classroom educators often use informal assessments to inform instruction.</td>
<td>Provides information on how the student is progressing and can be used to help direct instruction. Administered individually (one-on-one). Informal reading assessments can lack validity, reliability, or accuracy. <em>Not all informal reading assessments provide the same information. Always check the validity and reliability of the assessment and match the tasks with the information sought.</em> Represents an overall picture of how a student is progressing within a program and is best for periodic assessments rather than frequent monitoring. LETRS and Heggerty provide assessment tools that can be used to inform classroom phonics instruction.</td>
</tr>
<tr>
<td>Formative Assessment</td>
<td>Is an ongoing evaluation of student learning during instruction. It can provide continuous feedback about the performance</td>
<td>Provides a teacher with ongoing feedback on student progress. Is not statistically valid or reliable.</td>
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of both learners and instructors and help inform or guide instruction.

<table>
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<th>Helpful Resources:</th>
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<td>Understanding Screening: Classification Accuracy</td>
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<td>Best Practices in Universal Screening</td>
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<td>Considerations in Universal Screening</td>
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<td>Academic Screening Tools Chart</td>
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<td>Universal Screening: K–2 Reading</td>
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<td>Effectiveness of Early Literacy Instruction</td>
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<td>Considerations for Scheduling Early Literacy Interventions</td>
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<tr>
<td>Reintroducing Dyslexia: Early Identification and Implications for Pediatric Practice</td>
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Essential Components of Literacy

The importance of evidence-based instruction was stated in 2000 in the National Reading Panel Report. The Panel conducted an extensive review of more than 100,000 reading studies to identify scientifically grounded literacy instructional strategies that demonstrated a high quality of findings for improving literacy performance (University of Oregon, n.d.). The findings highlighted five key areas of literacy instruction: phonemic awareness, phonics, fluency, vocabulary, and comprehension (National Reading Panel, 2000). Numerous empirical and neuroscience research studies have consistently emphasized the effectiveness of evidence-based teaching strategies.

Definitions and terms may be accessed in [Title 20 of the United States Code](#).

<p>| <strong>Phonological Awareness</strong> | Phonological awareness is the ability to access phonemes (sounds) in spoken language and syllables; and sets the stage for decoding, blending, and, ultimately, word reading (Pfost et al., 2019). It includes word awareness, responsiveness to rhyme, syllable awareness, and onset and rime manipulation, including speech sounds, rhyme, alliteration, and the number of words in a sentence. <a href="#">Reading Rockets</a> |
| <strong>Phonemic Awareness</strong> | The ability to hear, identify, move, or change the smallest sound units in spoken words. (Phoneme isolation, blending segmenting, addition, deletion substitution, elision). <a href="#">Watch and Learn Video</a> |</p>
<table>
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<tr>
<th><strong>Knowledge of Letters-Sounds</strong></th>
<th>The ability to know the sounds and their represented letter and letter combinations. It is important to understand both expressive and receptive letter identification in the context of early literacy development. These terms refer to different aspects of a child's ability to recognize and interact with letters, which are fundamental building blocks. <strong>Expressive Letter Identification</strong>: involves a child's ability to actively recognize and say the letters' name and say the sound(s). When a child demonstrates expressive letter identification, they can look at a letter and say its name. For example, if they see the letter &quot;T,&quot; they can correctly state that it is the letter &quot;T&quot; and that it says the sound /t/. This skill is crucial for developing letter-sound relationships which is a foundation skill for reading and writing. <strong>Receptive Letter Identification</strong>: pertains to a child's ability to understand and recognize letters when they are presented to them. In this case, the child might not necessarily need to name the letters verbally, but they should be able to point to or otherwise indicate the correct letter when shown to them. Receptive letter identification shows that a child can visually discriminate between different letters and recognize letters based on their shapes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rapid Automated Naming (RAN)</strong></td>
<td>Is the ability to quickly name a familiar set of items, including letters, sounds, numbers, colors, and objects. <em>What Educators Need to Know about RAN</em></td>
</tr>
<tr>
<td><strong>Decoding</strong></td>
<td>Decoding is the ability to apply knowledge of letter-sound relationships, including knowledge of letter patterns, to pronounce written words correctly. It is a fundamental reading skill that involves utilizing one's understanding of letter-sound relationships to pronounce written words accurately. This skill encompasses recognizing and applying knowledge of various letter combinations, patterns, and phonetic rules to decipher the sounds and pronunciation of individual letters or groups of letters in a word. Decoding skills</td>
</tr>
</tbody>
</table>
Encoding (spelling) is breaking a spoken word into each of its individual phonemes (sounds). In the context of spelling, encoding specifically refers to the process of translating spoken language into its written form by segmenting words into their individual phonemes or sounds. This process involves understanding the phonetic structure of words and mapping each phoneme to its corresponding letter or group of letters, known as graphemes. By accurately encoding words, individuals can create written representations that reflect the sounds of spoken language.

Reading Fluency

Fluency is defined as the ability to read with speed, accuracy, and proper expression.

Comprehension

Reading comprehension is the process of extracting and constructing meaning from text. Oral comprehension is the ability to listen and understand information presented orally.

Helpful Resources:

- What is Structured Literacy
- Language In Brief
- Written Language Disorders
- Literacy Lexicon
Suggested Screening Guidance for New Hampshire

The New Hampshire Department of Education created suggested guidance documents to support schools and districts as they conduct the universal evidence-based literacy screenings required by New Hampshire legislation under HB 377 and RSA 200:59, effective September 2023. This law requires that schools and districts take the following actions:

Screen students' reading ability from kindergarten through at least third grade at least twice per school year. Initial screenings will take place within **60 days** from the start of the school year or within 60 days of students' entry to the school.

Use a valid, developmentally appropriate, evidence-based screener.

For students whose screening results are below relevant benchmarks for typical grade development in specific foundation skills, the schools must;

- Complete a **secondary assessment** within **30 days** to determine which actions are necessary to provide evidence-based literacy instruction intervention or a referral to special education.
- **Cut scores** for risk are **determined by the publisher** of each assessment tool. Publishers utilize different criteria to specify a student’s individual risk given their current performance as compared to the normed or criterion-based standards. Refer to the technical and/or administration manual for the specific cut scores.

The NHED team conducted a comprehensive analysis of dyslexia screeners currently in use across different states. This analysis involved a formal literature review and gathering of input from stakeholders to determine the final list of recommended screeners. Representatives from The National Center for Improving Literacy were consulted. In addition, The National Center on Intensive Intervention was accessed to determine the validity and reliability of each screener. Valid and reliable evidence-based screeners are crucial in identifying students **at risk** for dyslexia. These screeners provide norms and establish cut points to determine an individual student's level of risk.

The suggested screeners listed below were evaluated to determine if their product assessed students in the ten core components of literacy instruction, which include:

1. Phonological Awareness
2. Phonemic Awareness
3. Sound Symbol Recognition
4. Alphabet Knowledge
5. Decoding skills
6. Encoding skills
7. Rapid Naming
8. Language Knowledge ie. Vocabulary
9. Oral Fluency
10. Reading Comprehension - Reading and Listening
Acadience The DIBELS Next/ Acadience Reading K–6

Acadience The DIBELS Next/ Acadience Reading K–6, previously known as DIBELS Next, is a set of one-minute fluency measures that can be used for universal screening, benchmarking, and includes progress monitoring measures.

![Diagram of Acadience Reading K–6 measures]

Additional hyperlinked resources include the Acadience report from the National Center on Intensive Intervention, the Assessment Manual, and the Technical Advisory.

aimswebPlus Reading

aimswebPlus Reading is used for screening, benchmarking, progress monitoring, and RAN measures. (Optional resources include the Shaywitz Dyslexia Screener, which allows for mass screenings).

![Diagram of aimswebPlus Reading measures]

Additional hyperlinked resources include the aimswebPlus report from the National Center on Intensive Intervention and the Technical Manual.
DIBELS 8th Edition

DIBELS 8th Edition from the University of Oregon-Materials can be downloaded for free. DIBELS Data System (DDS) for data storage and reporting is available through Amplify for a fee. However, it can be used with DIBELS 8 Data System (DDS), offered through Amplify as an online data collection tool. [https://dibels.uoregon.edu/materials/dibels](https://dibels.uoregon.edu/materials/dibels).

Additional hyperlinked resources include the DIBELS report from the National Center on Intensive Intervention and the Technical Manual.

FastBridge

FastBridge, from Renaissance, FAST earlyReading and CBMreading, and aReading. EarlyReading is an assessment of essential early reading skills such as concepts of print, phonemic awareness, phonics, and fluency CBMreading is a research-based assessment offered in English for grades 1-8.

Additional hyperlinked resources include the FAST early Reading and CBMReading reports from the National Center on Intensive Intervention and the Technical Report.
Istation

Istation Indicators of Progress (ISIP) Early Reading is an online formative assessment designed to identify children at risk for reading difficulties, provide automatic and continuous progress monitoring of skills that are predictors of later reading success, and provide immediate and automatic linkage of data to student learning needs, which facilitates differentiated instruction.

MCLASS

mCLASS, from Amplify, offers the digital administration of DIBELS 8th edition. This is a series of one-minute fluency measures that can be used for screening, benchmarking, and progress monitoring.

* additional screening measures
**STAR Elementary Reading, CBM, from Renaissance Bundle**

*Star CBM Reading* is a 60-90 second probe individually administered. *Star Early Literacy* is a 20-minute probe for each section (computer-based). *Star CBM Reading* is administered one-to-one, focusing on foundational literacy skills and fluency. *Star Early Literacy* (grades PK-3) is a computer adaptive assessment that measures early literacy skills. *Star Reading* (grades PK-12) is a computer-adaptive reading assessment that measures the comprehension and vocabulary of independent readers. **Combined CBM and Early Literacy**

![Combined CBM and Early Literacy](image)

Additional hyperlinked resources include reports for [STAR](#) and [CMB](#) from the National Center on Intensive Intervention.

**MAP Reading Fluency, from NWEA**

*MAP Reading Fluency* from NWEA Reading Fluency is an all-in-one product, a universal screener comprising several assessments that educators can use for benchmarking, screening, progress monitoring, and flagging students for risk factors for dyslexia.

![MAP Reading Fluency](image)

Additional hyperlinked resources include the [Map Reading Fluency](#) and the [MAP](#) Growth report from the National Center on Intensive Intervention [Technical Report](#).
Disclosure Statement

Reference in this document to any specific commercial products, processes, or services or the use of any trade, firm, or corporation name is for the information and convenience of the public. It does not constitute endorsement or recommendation by the New Hampshire Department of Education.

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By employing MTSS-R (Multi-Tiered System of Supports for Reading) and PBIS (Positive Behavioral Interventions and Supports), a proactive and data-driven framework, educators utilize to customize academic help to fit each student's unique needs (NCEE, 2023; Jez, 2020). This proactive and preventative framework uses data to tailor academic assistance to meet the individual needs of students, with a focus on maximizing achievement from a strengths-based perspective so that students can succeed (Jez, 2020; Fien et al., 2020).

The New Hampshire Department of Education has embraced an iteration of PBIS known as MTSS-B, which stands for Multi-Tiered System of Supports for Behavioral Health. While MTSS-B and the traditional PBIS model share many core practices and processes, such as universal screening, data-driven decision-making, matching interventions to established needs, and progress monitoring, it's important to note that MTSS-B places a specific emphasis on addressing behavioral health concerns.

The central tenets of MTSS-R strongly emphasize the relationship of providing high-quality, evidence-based, direct implicit instruction in the Science of Reading within the general education (Tier 1) setting (Fien et al., 2020; Fletcher & Vaughn, 2009). The framework for MTSS-R also revolves around using data to identify at-risk students and provide direct, explicit, timely, and well-coordinated evidence-based reading interventions tailored to their individual needs (Leonard et al., 2019). Student data should be collected utilizing a variety of assessment screenings. The screening results should be used in collaboration with other assessment data to pinpoint the learners’ gaps and areas of strength. Multiple data assessments should be utilized to make informed decisions regarding the necessity of explicit and direct evidence-based interventions in targeted areas for learners (Jimerson et al., 2007). Research has highlighted that educators need training in understanding the process of evidence-based decision-making (Ruhter & Karvonen, 2023).

MTSS-R requires continued progress monitoring data to evaluate how students respond to instruction and the intervention (Leonard et al., 2019). MTSS-R placement cannot be used to prevent a student from a special education evaluation.

*A Multi-Tiered System of Support (MTSS) / Response to Intervention (RTI) Process Cannot Be Used to Delay/Deny an Initial Evaluation*
Definition: **A Multi-Tiered System of Support for Reading (MTSS-R)**

<table>
<thead>
<tr>
<th>Dyslexia Screening</th>
<th>Dyslexia screeners are assessments that help educators quickly identify students who are at risk for potential difficulties (Sanfilippo et al., 2020; Shofiah &amp; Putera, 2023). New Hampshire state law requires schools to administer dyslexia screeners twice yearly to identify students at risk for reading difficulties in K-3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTSS-R</td>
<td>MTSS-Academic Reading Instruction is a continuum of evidence-based scientific, academic instruction, and intervention support at all levels. These supports are designed to be responsive to the diverse needs of students, offering varying levels of intensity based on their individual progress and requirements (Leonard et al., 2019).</td>
</tr>
<tr>
<td>Progress Monitoring</td>
<td>Progress monitoring requires <strong>valid</strong> and <strong>reliable</strong> tools and processes to assess performance and quantify the responsiveness to intervention, instruction, and support.</td>
</tr>
<tr>
<td>Data-Based Decision-Making</td>
<td>Data analysis is crucial in identifying and implementing targeted direct instruction. It is a process in which educators gather and analyze data to inform and guide educational decisions. This essential step is fundamental to effective teaching. Research has consistently shown that its practice improves teaching and enhances student learning (Botvin et al., 2022; Leonard et al., 2019; Ruhter &amp; Karvonen, 2023).</td>
</tr>
<tr>
<td>Evidence-Based Instruction</td>
<td>Evidence-based instruction is grounded in high-quality research findings or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes; and includes ongoing efforts to examine the effects of such activity, strategy, or intervention. (ESSA) section 8101(21)(A)</td>
</tr>
</tbody>
</table>

The **Every Student Succeeds Act** (ESSA) section 8101(21)(A) emphasizes the use of evidence-based activities, strategies, and interventions. The criteria determining types of evidence is listed below.

*Strong evidence* from at least one well-designed and well-implemented **experimental study**;
Moderate evidence from at least one well-designed and well-implemented quasi-experimental study;

Promising evidence from at least one well-designed and well-implemented correlational study with statistical controls for selection bias.

What do we mean by Evidence-Based?

The U.S. Department of Education's Non-Regulatory Guidance: Using Evidence to Strengthen Education Investments

Using data to inform decisions is critical to supporting learners' needs. Best practices highlight that a practical approach involving collaboration with all stakeholders, classroom teachers, interventionists, reading specialists, and parents or guardians, is critical for providing instructional support to assist learning.

Data from various assessments (Universal Screener, Dyslexia Screener, Informal Assessments, optional diagnostics, and observations from educators) is gathered; the team can then identify the specific areas of reading weakness and strengths in the following areas: phonemic awareness, phonics, fluency, vocabulary, comprehension, and written expression. If a student is identified at risk, the school must create an evidence-based reading instructional plan with progress monitoring and/or begin a referral to special education. The plan should include defining the skills that need to be addressed, determining the intensity of the student's needs, and setting measurable goals to assess progress. Under the provisions of the law, the parents or guardians are an integral part of the process. For example, if the school identifies a student with characteristics associated with risk factors of dyslexia and related disorders, that student's parent or legal guardian must be notified promptly. Parents and legal guardians are entitled to receive all screening information, progress monitoring results, and other pertinent findings. Schools should schedule a meeting with the parents or legal guardians and provide a written notification detailing the evidence-based support they plan to offer as part of the intervention and support plans. The creation of individual written intervention and support plans should be developed in close collaboration with the parents or legal guardian. Collaboration with parents or legal guardians during the development of these plans is essential to ensure the best outcomes for the students and foster a cooperative approach to addressing the needs of students.
The figure: Depicts a Multi-Tiered System of Supports for Reading (MTSSR)

MTSS embraces universal, differentiated evidence based instruction for all students, with additional support for those need more support.

**Tier 1**: foundational instruction. All students are provided evidence-based, scientifically researched core instruction. (The National Center for Learning Disabilities, 2023)

**Tier 2**: Through data analysis, students identified as presenting risk factors receive evidence-based scientifically researched intervention in small groups tailored to their individual needs. These interventions complement their Tier 1 core instruction by providing additional direct explicit instructional support.

**Tier 3**: individualized intervention is provided, driven by frequent and in-depth analysis of student data, using evidence based programing in additional to Tier 1 instruction (National Center on Intensive Intervention, 2023).

Helpful Resources

- National Center on Response to Intervention- MTSS
- Nancy Young
- Levels of Intervention and Evidence
- Tiered Instruction and Intervention in a Response-to-Intervention Model
- Data-Driven Decision Making in Education: 11 Tips for Teachers & Administration
- RTI and MTSS: Do You Know the Difference Between These Support Systems
- Distinguishing Between Tier 2 and Tier 3 Instruction in Order to Support Implementation of RTI
- What do we mean by Evidence Based?
- What Works Clearing House
- Evidence for ESSA
Child Find

Child Find is a federal mandate under 34 CFR § 300.111 of the IDEA that requires all Local Educational Agencies (LEAs) to have in place policies and procedures that ensure a robust, active process and set of activities to ensure that all children in their jurisdiction with disabilities (including highly mobile and homeless children) are identified as early as possible to ensure that they are able to access a free appropriate public education (FAPE). Given guidance from the Office of Special Education Programs (OSEP), tiered systems of intervention cannot be used to delay or deny the evaluation and identification of students with disabilities.

Multi-Tiered System of Support (MTSS) / Response to Intervention (RTI) Process Cannot Be Used to Delay/Deny an Initial Evaluation

NH Parent Information Center
Individuals with Disabilities Education Act (IDEA)

(10) Specific learning disability—

(i) General. Specific learning disability means 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 the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(ii) Disorders not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

A comprehensive dyslexia evaluation should include several components. While not all components need to be included, most should be considered in a full evaluation:

<table>
<thead>
<tr>
<th>Letter Identification</th>
<th>Letter-Sounds Correspondence</th>
<th>Reading Fluency</th>
<th>Passage Comprehension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading Comprehension</td>
<td>Word Attack</td>
<td>Word Reading/Oral Reading</td>
<td>Vocabulary Knowledge</td>
</tr>
<tr>
<td>Written Expression/Writing Samples</td>
<td>Spelling/Encoding</td>
<td>Phonological Awareness</td>
<td>Phonological Memory</td>
</tr>
<tr>
<td>Oral Expression</td>
<td>Rapid Naming</td>
<td>Listening Comprehension</td>
<td>IQ Assessment*</td>
</tr>
</tbody>
</table>

Examples of validated, norm-referenced diagnostic assessments, requiring specialized training to administer, that are commonly used to identify dyslexia, include:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Qualification level</th>
<th>Description</th>
<th>Highlighted Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Comprehensive Test of Phonological Processing</td>
<td>B</td>
<td>The assessment helps evaluate phonological processing abilities as a prerequisite to reading fluency.</td>
<td>Phonological Awareness</td>
</tr>
<tr>
<td>(CTOPP-2)</td>
<td></td>
<td></td>
<td>Phonological Memory</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rapid Symbolic Naming</td>
</tr>
<tr>
<td>*Lindamood Auditory Conceptualization Test – Third Edition (LAC-3)</td>
<td>Click here</td>
<td>The assessment measures an individual's ability to perceive and conceptualize speech sounds using a visual medium.</td>
<td>Phonemic Awareness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


| Test of Word Reading Efficiency-2 (TOWRE-2) | B | The assessment measures the ability to pronounce printed words and phonemically regular nonwords accurately and fluently. | Sight Words  
Phonemic Decoding  
Nonsense Words  
Word Level Fluency |
| Gray Oral Reading Test – (GORT-5) | B | The GORT-5 was designed to (a) help identify students significantly below the appropriate level in oral reading ability and those who may benefit from interventions; (b) aid in identifying a student’s strengths and weaknesses; (c) document reading progress as a result of specific reading interventions; (d) serve as a research tool in measuring the reading abilities of school-aged children; and (e) help to diagnose reading disabilities. | Rate  
Accuracy  
Fluency  
Comprehension  
Under timed conditions |
| Test of Integrated Language and Literacy Skills (TILLS) | C | The assessment is a comprehensive, norm-referenced test that has been standardized for three purposes: to identify language/literacy disorders; to document patterns of relative strengths and weaknesses; and to track changes in language and literacy skills over time. | Oral Language  
Written Expression  
Reading Fluency  
Reading Comprehension  
Phonological Awareness  
Encoding -Spelling |
| Test of Phonological Awareness Second Edition: Plus (TOPA-2+) | B | The TOPA-2+ has two versions: a Kindergarten version and an Early Elementary version, that measure young children’s phonological awareness. | Phonemic Awareness  
Sound Symbol  
Correspondence |
<table>
<thead>
<tr>
<th>Test</th>
<th>Administration Level</th>
<th>Description</th>
<th>Subtests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide Range Achievement Test-5th Edition (WRAT-5)</td>
<td>B</td>
<td>The assessment provides an accurate and easy-to-administer way to assess and monitor the reading, spelling, and math skills, and helps identify possible learning disabilities</td>
<td>Encoding, Reading Fluency, Sentence Comprehension, Word Reading</td>
</tr>
<tr>
<td>Woodcock-Johnson Psycho-Educational Battery – Third Edition (WJ-3)</td>
<td>A/C</td>
<td>The tests of cognitive ability produce a full-scale intelligence score and determine strengths and weaknesses of information processing. The tests of academic achievement assess abilities in reading, written language, mathematics, and knowledge. They also assess basic skills in each of these areas and the level of application of those skills by the person being assessed</td>
<td>Letter Word Identification, Sound Symbol Recognition, Reading Fluency, Passage Comprehension, Oral Expression, Listening Comprehension, Encoding-Spelling, Word Attack, Vocabulary, Writing Fluency, Writing</td>
</tr>
<tr>
<td>Test of Written Language – Fourth Edition (TOWL-4)</td>
<td>B</td>
<td>The TOWL-4 is a norm-referenced, comprehensive diagnostic test of written expression that identifies students who need special help, documents specific areas of strength or weakness, and monitors the effectiveness of remedial efforts to improve writing skills.</td>
<td>Writing Encoding</td>
</tr>
<tr>
<td>Kaufman Test of Educational Achievement</td>
<td>Third Edition: Dyslexia Index</td>
<td>B</td>
<td>The test is designed to provide theoretically sound, reliable, and clinically sensitive composite scores for identifying risk for dyslexia among students in grades kindergarten through 12, or individuals ages 5 through 25.</td>
</tr>
</tbody>
</table>

**Kaufman Test of Educational Achievement** | Third Edition: Dyslexia Index

The test is designed to provide theoretically sound, reliable, and clinically sensitive composite scores for identifying risk for dyslexia among students in grades kindergarten through 12, or individuals ages 5 through 25.

**Test of Written Language – Fourth Edition (TOWL-4)**

The TOWL-4 is a norm-referenced, comprehensive diagnostic test of written expression that identifies students who need special help, documents specific areas of strength or weakness, and monitors the effectiveness of remedial efforts to improve writing skills.
| Clinical Evaluation of Language Fundamentals -5 *(CELF-5)* | The CELF-5 identifies strengths and weaknesses as a basis of intervention recommendations. The instrument includes a battery of structured tasks, observations, and interaction-based tasks. | Receptive Language  
Expressive Language  
Language Structure  
Comprehension  
Sentence Completion  
Linguistic concepts,  
Word Structure  
Word Classes  
Following Directions  
Formulating Sentences  
Recalling Sentences  
Understanding Spoken Paragraphs  
Word Definitions  
Sentence Assembly  
Semantic Relationships  
Reading Comprehension  
Structured Writing  
Pragmatics Profile  
Pragmatics Activity Checklist |
| --- | --- | --- |
| Test of Auditory Processing Skills *(TAPS)* | Intended to be used as part of a battery, the TAPS-3 measures what a child or adolescent does with what he or she hears. Results can help to diagnose auditory processing difficulties, imperceptions of auditory modality, language problems, and/or learning disabilities in both children and teens. | Word Discrimination  
Phonological Segmentation  
Phonological Blending  
Numbers Forward  
Numbers Reversed  
Word Memory |
<table>
<thead>
<tr>
<th>Test of Written Spelling -5 (TWS-5)</th>
<th>B</th>
<th>The assessment is an accurate and efficient instrument that uses a dictated-word format to assess spelling skills in school-age children and adolescents.</th>
<th>Encoding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peabody Picture Vocabulary Test Fourth Edition PPVT-4</td>
<td>B</td>
<td>The test measures receptive (hearing) vocabulary of English-speaking adults and children. While no specific content areas are described in the manual, the authors declare that the test is designed to cover a broad range of English-language content.</td>
<td>Vocabulary</td>
</tr>
<tr>
<td>Wechsler Intelligence Scale for Children Fifth Edition</td>
<td>C</td>
<td>The test measures the general cognitive ability of students and also measures intellectual functioning in verbal comprehension, perceptual reasoning, working memory, and processing speed.</td>
<td>Verbal Comprehension Visual Spatial Perceptual Reasoning Working Memory Processing Speed Full Scale IQ</td>
</tr>
<tr>
<td>Wechsler Individual Achievement Test Fourth Edition</td>
<td>B</td>
<td>The test is designed to assess listening, speaking, reading, writing, and mathematics skills in students grades PK-12+. Composite scores are provided for Oral Language, Reading, Written Language, Orthographic Processing, Phonological Processing, and Mathematics. A Dyslexia Index is included to further identify</td>
<td>Word Reading Reading Comprehension Orthographic Processing Orthographic Fluency Decoding Fluency Phonemic Proficiency Sentence Composition</td>
</tr>
<tr>
<td>Qualification A B and C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tests for Dyslexia and Language Disorders | Dyslexia Help at the University of Michigan (umich.edu)

14 Dyslexia Test Clinicians Like

Accommodations for Students with Dyslexia IDA
Considerations for English Learners

The Importance of Screening English Learners

It is important that all English Learners (ELs) are screened, even if oral fluency in English has not been attained, in order to engage in early identification practices and to offer meaningful intervention strategies. However, ELs are overidentified compared to other subpopulations as having a disability, and thus districts must be careful in selecting and interpreting screeners (Project ELITE², Project ELLIPSES, & Project LEE, 2018). The screener is not diagnostic and should just be one data point of several considered. Returning to the Screening Considerations (Petscher et al., 2020; Shofiah & Putera, 2023), the initial screener selected should be validated for the EL context, and results should be able to meaningfully inform the instruction of EL students.

Use of Home Language in Screening

Screening students in their home language after screening the student in English, especially when screening in English indicates a student may be at-risk, can help instructors better understand if the student might be struggling with language acquisition opposed to a possible learning disorder, or some combination therein (Council of the Great City Schools, 2022). Screening students in their home language is recommended only when they have received formal instruction in that language though (Maunsell, 2020). Currently, very few screeners have been validated in different languages, and Spanish is the only language readily available in some of the NHED recommended screeners.

Choosing a Secondary Screener

Beyond expanding the range of years students are screened, the new legislation also requires the use of a secondary screener if a student is identified as at-risk. This decision regarding which screener to use is made at the local level, and the choice should be made taking into consideration EL status and what screener could best inform classroom instruction. If a validated screener is available in the student’s native language and the student has had formal literacy instruction (e.g., attended school for a year where their home language was the language of instruction), this could be a useful secondary screening tool. Additionally, though validation of screeners specific to EL students is limited, there is significant evidence to support Oral Reading Fluency (ORF) has similar predictive outcomes in English proficient and English
Learner populations (Cummings et al., 2021). As such, using a secondary screener when students are identified as at-risk that measures ORF is beneficial and could help inform Tier 1 classroom interventions that would benefit the entire class, as well as inform the intervention plan specific to the student.

**Type of Intervention in Response to Being Identified as At-Risk**

The new legislation also calls for the development of a student-specific intervention for each student that is identified as at-risk in both the initial and secondary screening. Special considerations should be taken for EL students identified as at-risk. ELs of all language proficiency levels benefit from a wide array of reading interventions, if the interventions are aligned with their demonstrated needs (Ludwig et al., 2019). Needs should be identified through multiple data sources, at a district, school, and individual student level. The screener results can help identify areas of strength and areas in need of development. Classroom teachers, ESOL teachers, and reading and writing specialists should work in concert together to develop appropriate interventions. The intervention would be most effective if thoughtfully implemented within the existing district/school intervention or Multitiered System of Support (MTSS). Supporting the development of students’ literacy in their home language should also be a consideration if feasible, as research suggests in addition to improving their English literacy and academic skills, it supports their social emotional development (Project ELITE², Project ELLIPSES, & Project LEE, 2018).

**Determining Intervention Efficacy**

When deciding an appropriate intervention in response to being identified as at-risk, benchmarks to determine success should be established. To determine appropriate benchmarks, grouping students by normed EL proficiency measures (such as WIDA composite scores and corresponding level) alongside targeted growth percentages across screeners and/or reading-domain-specific WIDA scores would provide meaningful insight into designated reading intervention’s efficacy (Marrs et al., 2022). Benchmarks should be attached to review dates.

**Overview of Questions to Consider**

- Is the screener validated for use with ELs?
- Is a secondary screener available in the student’s home language? *This is only recommended for students with formal literacy training in their home language.
- Who interprets the screening results? What other factors does that team take into consideration to determine an appropriate intervention?
- What considerations should inform the development of the intervention plan? In what ways can it be meaningfully integrated into a MTSS?
- What does success look like with the specified intervention plan? How can it be measured?
- When should student progress be reviewed? Who will be included in the review process?
Parent Information

It's important for schools to provide information and support to parents or legal guardians when their child is identified as having characteristics associated with potential indicators or risk factors of dyslexia. Under HB 377, the following should occur.

Notification to Parent or Legal Guardian: When a child is identified as having risk characteristics associated with dyslexia and or reading difficulty, the school is required to notify the child's parent or legal guardian. This notification should include information about the screening process, and the results.

Written Intervention and Support Plans: The development of an evidence-based intervention and support plan is a crucial step. These plans outline specific strategies and accommodations tailored to the child's needs. They should involve input from the school and the child's parent or legal guardian to ensure a comprehensive and effective approach.

Periodic Formal Screening Results: The school must also provide the parent or legal guardian with periodic formal screening results. These results are based on individual written intervention and support plans that are developed in collaboration with the parent or legal guardian. Overall, the goal of these requirements is to ensure that children with potential indicators of dyslexia and reading-related issues receive the support they need to succeed in school. Collaboration between the school and the child's family is essential to create a supportive and inclusive learning environment.

Parents or legal guardians of students identified with potential indicators or risk factors for dyslexia and related disorders have the right to seek an independent evaluation from a licensed reading or intervention specialist trained in dyslexia and related disorders. The independent evaluation's cost is the responsibility of the parent or legal guardian. NHED would encourage school districts and chartered public schools to incorporate the independent evaluation information into the intervention and support plans as they are developed with the parent or legal guardian.

The New Hampshire Parent Information Center is a valuable resource for families in the state and provides guidance and support.

Parent Information Center
Assistive Technology

Assistive Technology empowers individuals with dyslexia and neurodiversity by supporting them to overcome challenges and providing opportunities to showcase their abilities in previously unimaginable ways. Technology in education is rapidly advancing to support educational needs (The United Nations Educational, Scientific and Cultural Organization, 2023).

Assistive Technology can support and scaffold learning. Assistive Technology is not meant to be a replacement for direct instruction. The provision of Assistive Technology is complementary to remedial instruction, working harmoniously to promote student educational success.

For a person with dyslexia: EVERY test, EVERY assignment, becomes a reading test and not an assessment of content knowledge.
The **Individuals with Disabilities Education Act (IDEA) Section 300.2** states:

The IEP Team must *(v)* Consider whether the child needs assistive technology devices and services.

The **Individuals with Disabilities Education Act (IDEA) Section 300.5** defines Assistive Technology device:

*Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially, off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such a device.* 300.5

According to IDEA Section 300.6, an Assistive Technology Service means “*any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.*”

According to the **IDEA Sec. 300.324 (a)** (2), Assistive Technology must be considered for each student with an IEP. That does not mean every student with an IEP needs an Assistive Technology evaluation. With the proper processes in place, school-based teams can provide levels of Assistive Technology support without automatically moving to an evaluation.
The Quality Indicators for Assistive Technology (QIAT) provide guidance in various service delivery areas to ensure that school-based teams consider all the factors necessary to promote student success. The areas of focus for the indicators include:

1. Consideration use of Assistive Technology to support students on 504 and IEP.
2. Assistive Technology should be implemented across the curriculum and services for the student's individual needs.
3. Best practice says that schools should evaluate the effectiveness of Assistive Technology as a tool for the student's individual needs.
4. Schools should include Assistive Technology services as part of the student's transition plans to support post-school outcomes.
5. Schools should seek out administrative support for Assistive Technology.
6. Schools should provide Professional Development for educators and families on how to use the technology.

These indicators are not meant to be a checklist, but rather best practice statements designed to facilitate the Assistive Technology process in the school district. [NHAT Handbook links to download your own PDF copy.](#)

**The National Center on Accessible Educational Materials for Learning**

**What is Assistive Technology?**

You might already have AT tools to provide compensatory support and not even know it. While many people think AT is complex and specialized, many AT tools used in education today are mainstream technology tools. More and more mainstream technology tools have built-in accessibility features that are necessary for some but might benefit ALL. Many school districts have 1:1 device initiative or have adopted robust technology tools with assistive features. Assistive technologies should become mainstream and could support a learner with dyslexia.

**Built-In Accessibility Features**

EVERY device used by students will have built-in accessibility features that can improve the digital learning environment and provide access to learning materials.
These built-in FREE features include:

Text-to-Speech (TTS): text on the screen is converted to audible speech output to listen to text - adjust for speed, highlighting words while reading, etc.

Speech-to-Text (STT): the microphone is used to convert spoken words to text on the screen to dictate text.

Definition: Many devices have built-in definition support for vocabulary/words. (Right click or press and hold)

Highlighting: Built-in highlighting tools for text can support active reading and annotation and organization of reading and writing

Calendars and Checklists/to-do's: to support the organization.

Magnification: enlarge whatever is visible on the screen

Text size: adjust the default size of the text.

Inversion of Colors: Change the contrast of colors on the screen.

Physical Access: Switch Control, customized gestures, onscreen keyboards, and keyboard shortcuts

Robust open tools that support multiple functions increase the opportunity for supporting the broadest range of needs possible. Built-in accessibility features are just one type of AT tool that may assist a student. For more information on the continuums of AT that could support students in the classroom, download the Wisconsin Assistive Technology Initiative (WATI) AT Continuum Document.

AT Services + AT Tools = Student Success

Moving forward toward student success

Accommodations such as Assistive technology offers people with dyslexia the opportunity to work around their challenges, boosting their confidence, independence, and productivity. It's important to remember that while assistive technology is a powerful tool, it should be used in conjunction with appropriate instruction and support to maximize its benefits and ensure effective literacy development.

Links to learn more:

New Hampshire Department of Education – Special Education
Audio-Supported Reading & Students with Learning Disabilities: Giving Voice to All Learners
Assistive Technology in New Hampshire (ATinNH) – UNH/Institute on Disabilities
Parent Information Center of New Hampshire
NHAT Connect, which is a program funded by NHED that has produced an array of recorded webinars about AT tools and implementation
Understood.org
National Assistive Technology in Education Network Website (N.A.T.E.)
IDEA Definitions from US Department of Education
What is Accessibility?

Accessibility is a simple concept in theory, but it can be complicated in practice. What is accessible to someone with a visual disability is not necessarily accessible to someone with a learning disability.

Let’s take the approach of asking some additional questions beyond, "Is it accessible?"

To whom is it accessible?

Under what conditions?

For which tasks?

This recognizes that accessibility is shaped by what we need to do, our interactions with the environment, and our personal preferences.

To learn more about accessibility in the digital space, view An Introduction to Digital Accessibility from The Office for Civil Rights.

For more information: The National Center on Accessible Educational Materials for Learning at CAST

What are Accessible Educational Materials (AEM)?

“Accessible Educational Materials (AEM) means print- and technology-based educational materials, including printed and electronic textbooks and related core materials that are required by SEAs and LEAs for use by all students, produced or rendered in accessible media, written and published primarily for use in early learning programs, elementary, or secondary schools to support teaching and learning” (footnote 10, Federal Register/Vol.79, No. 90/Friday, May 9, 2014/Notices, page 26728).
Title XIV of the Library of Congress Technical Corrections Act of 2019 introduced language changes to the Chafee Amendment to align with the Marrakesh Treaty Implementation Act (see NIMAS Terms Clarified Post Marrakesh). In 1996 the Chafee Amendment (Section 121 of the U.S. Copyright Act) authorized entities to create and provide accessible formats of copyrighted materials for exclusive use by eligible persons. These language changes and a 2021 amendment that included a revision to the list of professionals who can certify a student as eligible (Library of Congress Final Rule, 2/12/2021) resulted in more flexibility for providing accessible formats.

Accessible Educational Materials are designed or enhanced in a way that makes them usable across the widest range of learner variability, regardless of format (e.g., print, digital, graphic, audio, video) (National AEM Center). The changes in legislative actions gave eligible students greater opportunities to acquire accessible educational materials.

Glossary

**Accessible educational materials (AEM):** are print - and technology-based educational materials, including printed and electronic textbooks and related core materials that are designed or enhanced in a way that makes them usable across the widest range of learner variability, regardless of format (e.g., print, digital, graphic, audio, video).

**Accessible formats:** provide the same information in another form to address the barriers text-based materials can present for some learners. Examples of accessible formats include audio, braille, large print, tactile graphics, and digital text conforming to accessibility standards. See Accessible Formats.

**Accessible digital materials:** are media-rich sources of course content that have been designed to conform to digital accessibility standards to make them usable to a wide range of learners. Examples include websites, ebooks, podcasts, and videos that include not only text but graphics, audio, and other media and require interaction. See Designing for Accessibility with POUR.

**Accessible technologies:** are the hardware devices and software that provide learners with access to the content of inaccessible digital materials. These technologies are designed to be flexible and provide support that benefits everyone - they are universally designed.

**Assistive technologies:** are designed to address specific barriers learners with disabilities may face when they interact with their materials. Examples of assistive technology include text-to-speech, screen readers, and speech recognition. Assistive technology services assist learners with disabilities in selecting, acquiring, and using the assistive technologies that are the best match for them.

**Standards/Guidelines**

AEM Center: Designing for Accessibility with POUR
Accessibility Principles from the W3C Web Accessibility Initiative

Accessible Educational Materials Related Laws and Policies

- **IDEA** as relates to the timely provision of accessible materials and technologies.
- **Every Student Succeeds Act (ESSA)** as relates to **Universal Design for Learning** (UDL) and personalized instruction
- **Section 504 of the Rehabilitation Act of 1973** as relates to providing students with disabilities equal access to education with reasonable accommodations and modifications.
- **Section 508 of the Rehabilitation Act of 1973** relates to federal technology accessibility standards in the procurement of digital materials and technologies.

Related Resources

More information from the AEM Center is available on topics related to this guidance:

- **AEM Center website: NIMAS & NIMAC**
- **The Right of Students with Disabilities Who Need Accessible Educational Materials to Receive These Materials in a Timely Manner**
- **Recorded AEM Center webinar: Meeting Timely Manner through a Coordinated System**

More information on the use of AEM for teaching and learning is available:

- **Personalizing the Reading Experience**
- **Personalizing the Writing Experience**
- **Teaching with Accessible Math**
- **The Marrakesh Treaty Implementation Act** is a driving force for this guidance document.
Reference


Cleveland Clinic. (2022, June 15). *Dysgraphia: What It Is, Symptoms, Diagnosis & Treatment.* Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/23294-dysgraphia


