

Dyslexia Discussions: Information for Schools and Families

This document is designed to support schools and families in their discussions about dyslexia. The school may need to initiate a dyslexia discussion with families based on classroom observation, screening or evaluation data or the student's response to instruction. Schools may also need to respond to conversations initiated by the family. When families initiate a discussion about dyslexia concerns, it is important for schools to open the door to more conversation and to document and respond to these concerns in a timely manner. This document provides a list of situations in which the school or family might initiate a discussion about dyslexia. A list of responses for schools to provide and a sample script related to dyslexia is also provided based on current Minnesota statutes.

Students with characteristics of dyslexia typically demonstrate deficits in foundational reading skills, including difficulties with phonemic awareness, word-reading accuracy, decoding, fluency and spelling. They may also struggle with oral language and reading comprehension. There is no reading center of the brain that just "clicks on" through exposure to print. Rather, every student needs to create new neural pathways to map sounds to letters in order to become accurate, fluent readers. Every student goes through this process regardless of differences in culture, race, cognitive ability or socio-economic status. However, struggling readers and those with characteristics of dyslexia require more explicit, systematic instruction and intentional practice in order to become proficient readers.

It is also important to remember that these difficulties with foundational reading skills do not reflect a student's cognitive ability or academic potential. Students often demonstrate strong oral language skills and content knowledge, but are unable to read text proficiently enough to demonstrate their academic skills.

Dyslexia discussions may be initiated by the school or by the family and may occur in the following situations:

Family Concerns: If the family suspects their child may have dyslexia, or the child already has a diagnosis of dyslexia, the family may initiate a dyslexia discussion with the school. The family may use the term dyslexia and ask for the child to be screened for dyslexia, receive evidence-based instruction or a special education evaluation. Parents may also suggest that interventions currently in place are not effective or are insufficient to meet their child's needs. ***It is important to note that a child may not qualify for special education, but may still meet criteria for a diagnosis of dyslexia.*** These students may qualify for additional supports and intervention through the MTSS process at school.

Teacher Observation: The teacher may identify a student as having possible characteristics of dyslexia through observation in the classroom. They may observe the student struggling to read grade-level text accurately and fluently. The student may have difficulty sounding out unfamiliar words so that they use context to guess words they cannot read. ***Even if students are able to comprehend what they read, it is important to note that slow, effortful and inaccurate word reading is a strong indicator of dyslexia*** (see Teacher Checklist on page seven of the [MDE Screening and Identifying Characteristics of Dyslexia guidance document](#)). Teachers may also observe that the student has frequent misspellings and may

spell the same word differently throughout the same assignment. Difficulties with spelling and written expression are also indicators of dyslexia. The teacher should initiate a conversation with the family about these concerns within the multi-tiered system of support (MTSS) process.

Screening Process: The school may initiate a dyslexia discussion with the family if the student is screened and identified as having possible characteristics of dyslexia. The school will reach out to the parents: a) to gather relevant family and child history data as part of the secondary/diagnostic screening process; and b) to communicate the results of dyslexia screening and the intervention plan moving forward.

Special Education Evaluation and IEP Meetings: A dyslexia discussion may occur during a special education evaluation process or IEP meeting. Parents may ask if their child has dyslexia based on the evaluation findings. The evaluation/IEP team will need to have a discussion of dyslexia within the context of the evaluation process.

It is important to share with parents that not all students diagnosed with dyslexia will qualify for special education. Therefore, a student may meet clinical criteria for a diagnosis of dyslexia, but not meet the standard for receiving special education. Special education means that the student requires specially designed instruction to make progress toward grade level standards.

Dyslexia is named in the definition of Specific Learning Disability criteria. See [Minnesota Rules, 3525.1341 Subpart 1](#)

It is also important to know that if students meet criteria for special education services under the category of Specific Learning Disability in the academic areas of *foundational reading skills* (phonemic awareness and decoding), *fluency*, *written expression (poor spelling)* they would be expected to meet criteria for a diagnosis of dyslexia.

As described in the table below, schools should not argue or debate the label of dyslexia with families. Regardless of diagnosis, the school team will find that the evidence-based instruction and supports effective for those diagnosed with dyslexia are also effective for students with SLD and low achievement in reading. Both require systematic, explicit, cumulative instruction based on the science of reading.

Educators are not qualified to diagnose dyslexia. Therefore, ***educators should not reassure parents that their child does NOT have dyslexia.*** Schools do not make a diagnosis of dyslexia, nor do schools determine that a student does not have dyslexia.

Note: While both schools and clinics use the label SLD, they don't mean the same thing. The diagnostic term used by licensed psychologists is Specific Learning *Disorder* (SLD) and the special education category is Specific Learning *Disability*. Disorder is a clinical term and disability is a legal term. For more information, see page 30 of the MDE guidance document, [Navigating the School System When a Child is Struggling with Reading or Dyslexia](#).

Information to Guide Dyslexia Discussions in Schools

Questions	Accurate	Not Accurate
	Based on current MN statutes, dyslexia research, school-based practices and clinical practices, the following statements and messages are Accurate and should be used in conversations within schools.	The following statements and messages are Not Accurate and <i>should not</i> be used in conversations within schools.
Can schools initiate use of the term dyslexia?	<p>YES. Schools can initiate use of the term dyslexia when they identify that a student has characteristics of dyslexia.</p> <p>NOTE: Schools should not tell a family that a student “has dyslexia” as this implies a diagnosis. However, schools can say that they have identified <i>characteristics of dyslexia</i>.</p>	<p>Do Not Say: <i>“We cannot /do not use the term dyslexia.”</i></p> <p>Do not Say: <i>“Dyslexia is a medical diagnosis. So, it is not the school’s responsibility to address dyslexia.”</i></p>
Is a Specific Learning Disability (SLD) identified through a special education evaluation the same as a diagnosis of dyslexia?	<p>While dyslexia is often referred to as a ‘medical diagnosis,’ the diagnosis of dyslexia is given by a licensed psychologist. A primary care doctor or pediatrician does not diagnose dyslexia, but they can make a referral to a licensed psychologist.</p> <p>A diagnosis of dyslexia is made based on the current diagnostic guidelines in the Diagnostic and Statistical Manual, 5th Edition (DSM-5). This diagnosis may be called a Specific Learning Disorder (SLD) - with impairment in reading. According to the DSM-5, “Dyslexia is an alternate term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding and poor spelling abilities” (American Psychiatric Association, 2013, p.67). A diagnosis of dyslexia does not require a discrepancy between cognitive ability and academic achievement.</p> <p>While the label SLD is used both in schools and clinically, they don’t mean the same thing. The diagnostic term is Specific Learning <i>Disorder</i> and the special education category is Specific Learning <i>Disability</i>. Disorder is a diagnostic term and disability is a legal term.</p>	<p>Don’t Say: <i>“Your child does not qualify for a specific learning disability. So, they do not have dyslexia.”</i></p> <p>Educators are not qualified to diagnose dyslexia. Therefore, educators should not reassure parents that their child does not have dyslexia. Schools do not make a diagnosis of dyslexia, nor do schools determine that a student does not have dyslexia.</p> <p>Many students with dyslexia do not qualify for special education services. The school needs to have a continuum of supports in which to provide systematic, explicit, cumulative evidence based instruction.</p>

Questions	Accurate	Not Accurate
<p>Who can identify dyslexia?</p>	<p>Schools do not provide a diagnosis of dyslexia. As described above, this diagnosis is provided by a licensed psychologist. However, schools <i>are required</i> to screen and identify students with characteristics of dyslexia and to share these results with parents (Minnesota Statutes, section 120B.12).</p> <p>There are currently three ways a student with characteristics of dyslexia may come to the attention of a schools and families under ‘dyslexia identification’ in Minnesota:</p> <ol style="list-style-type: none"> 1. A child may complete a private evaluation and receive a diagnosis of dyslexia from a licensed psychologist. 2. The school may identify “characteristics of dyslexia” Through its screening system and MTSS process. The school will report this information to parents and use knowledge of dyslexia to guide instruction. 3. A child may be identified through a special education evaluation and require special educaiton services and supports under the category of Specific Learning Disability (SLD). If students meet criteria for SLD, and they demonstrate foundational reading deficits, they would be expected to meet criteria for a diagnosis of dyslexia. 	<p>Dyslexia is a diagnosis provided by a licensed psychologist. This is correct. However, in the past this information may have been shared with parents without a follow-up discussion about the role of schools with regard to dyslexia. Rather than telling parents that dyslexia is a medical diagnosis and therefore not the responsibility of the school, it is critical to engage in follow-up conversations to learn more about family concerns and plan appropriate intervention.</p> <p>Don’t Say: <i>“Your child doesn’t have dyslexia because they passed XYZ test.”</i></p> <p>Schools should not reassure parents that their child does <i>not</i> have dyslexia. Schools do not make a diagnosis of dyslexia nor do schools determine that a student does not have dyslexia.</p> <p>Don’t Say: <i>“Don’t worry, your child is very bright, reading will ‘click,’ we just need to wait and give them more time.”</i></p> <p>Reading is not a natural or automatic process that just ‘clicks’ on with exposure to books and print. Reading occurs via a network of neural connections created through instruction and practice.</p> <p>Due to neurobiological differences in ‘brain wiring,’ students with dyslexia <i>require</i> evidence-based, explicit, systematic, cumulative instruction to become skilled readers. For students with dyslexia or characteristics of dyslexia, ‘waiting’ and not providing evidence-based instruction only serves to further delay the development of the neural connections required for skilled reading.</p>

Questions	Accurate	Not Accurate
How common is dyslexia?	Dyslexia is estimated to affect 17% of the population (approximately 1 in 5) when including those with mild symptoms. Therefore, students with characteristics of dyslexia are likely present in every classroom.	Don't Say: <i>"I have never had a dyslexic student in my 20 years of teaching."</i>

Evidence-Based Instruction: Struggling readers and students with characteristics of dyslexia require explicit, systematic, cumulative reading instruction to address foundational reading skills deficits. Parents may ask for specific instruction that they know to be effective for students with dyslexia. Per Minnesota statute, a student identified as being unable to read at grade level ([Minnesota Statutes, section 120B.12](#)) must be provided with alternate instruction under this subdivision that is multisensory, systematic, sequential, cumulative, and explicit.

It is also important to remember that students who struggle with reading fluency are typically lacking foundational reading skills such as phonics/decoding and phonemic awareness (specifically the more advanced skills of sound deletion, substitution, manipulation). Encouraging students to memorize sight words, or to use context and meaning to support weak decoding skills, are not effective instructional strategies for struggling readers or those with dyslexia. It is critical to provide phonemic awareness and phonics instruction until the student is both accurate and automatic with advanced phonemic awareness skills, as well as advanced decoding and spelling skills (e.g. mapping of sounds to letters, syllable division and blending, morphological analysis). Students must demonstrate reading accuracy before focusing on increasing fluency.

Sample Script:

Parent or Guardian: "I am concerned because I think my child might have dyslexia."

Educator: "Thank you for sharing your concerns. Please tell me more about what you are seeing at home. What difficulties are you seeing that might be an indicator of dyslexia? How long has this been a concern?"

"Let's take a look at your child's performance _____." The educator is encouraged to review the student's screening or assessment data with the parent. The educator documents the concerns.

Educator: "Let me talk with the MTSS team about next steps. I will get back to you by ____ date."

Documented concerns are to be used in the school's secondary screening process for dyslexia. Universal screening identifies students at risk for possible reading difficulties or characteristics of dyslexia. Schools should then conduct a secondary screening to determine if the student demonstrates characteristics of dyslexia. Secondary screening by the school should also include collecting relevant family history. Please see MDE guidance document *Screening and Identifying Characteristics of Dyslexia* for more detailed information.

Educator reaches out to parent on agreed upon date:

Educator: "I spoke with the MTSS team. Here is the plan..."

Based on the screening / assessment data, your child is demonstrating difficulties in the following areas: _____ (e.g. phonemic awareness, phonics/decoding, fluency, spelling). Here is the instruction being provided in the classroom to address your child's areas of difficulty _____. Based on your child's screening / assessment scores, we will also provide the following reading intervention services _____. We will monitor progress on a weekly/monthly basis using _____ tool to measure the following skills _____ (e.g. phonemic awareness, phonics/decoding, fluency, spelling). I will touch base with you in _____ weeks with an update on your child's progress with these services."