TEXAS DYSLEXIA AND DYSGRAPHIA HANDBOOK

2024 Version

TEXAS EDUCATION AGENCY • AUSTIN, TEXAS

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Foreword

Texas has a long history of supporting the fundamental skill of reading. This history includes a focus on early identification and intervention for children who experience reading difficulties. In support of dyslexia legislation passed by the Texas Legislature, the State Board of Education (SBOE) first approved the handbook, *Dyslexia and Related Disorders: An Overview of State and Federal Requirements* in January 1986. The SBOE approved new guidelines called the *Revised Procedures Concerning Dyslexia and Related Disorders* in 1992, which were revised in 1998. The handbook was updated again in 2001 and was called *The Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders*. The SBOE continued to stress the importance of using research-based strategies to prevent reading difficulties and provide appropriate instruction to struggling readers in November 2006 when *The Dyslexia Handbook Revised 2007: Procedures Concerning Dyslexia and Related Disorders* was approved. In the summer of 2010, the need arose for an update of the handbook to include new legislation and additional research.

Legislation passed in the 82nd and 83rd sessions of the Texas Legislature resulted in the need for revision of the handbook. Consequently, *The Dyslexia Handbook—Revised 2014: Procedures Concerning Dyslexia and Related Disorders* was approved by the SBOE in July 2014. The *Dyslexia Handbook—2018 Update: Procedures Concerning Dyslexia and Related Disorders* (*Dyslexia Handbook*) implemented statutory requirements added by the 85th Texas Legislature. At that time, the Handbook was adopted into rule at 19 Texas Administrative Code (TAC) 74.28.

The Handbook was amended again effective February 10, 2022, to clarify that evaluations for dyslexia and related disorders must go through the process required by the Individuals with Disabilities Education Act (IDEA).

The 88th regular session of the Texas Legislature, through the passage of HB 3928, made additional changes to how dyslexia is evaluated and identified, as well as to dyslexia instruction requirements.

The SBOE, in making the necessary changes from the 88th Texas Legislature, has decided to incorporate both the statutory changes and take the opportunity to reformat the handbook to make it as user friendly as possible. Because dyslexia and dysgraphia are the two disabilities addressed in the Handbook, the Handbook title has been changed to the *Texas Dyslexia and Dysgraphia Handbook, 2024 version*.

This 2024 Handbook replaces all previous handbooks and guidelines.

There are designated representatives at each regional education service center (ESC) available to assist stakeholders with implementing state law, SBOE rules and procedures, and agency guidance regarding dyslexia and related disorders, Education Service Centers Map | Texas Education Agency. In addition to the Handbook, resources include a State Dyslexia Coordinator, an ESC Dyslexia Network Consultant, and a helpline (1-800-232-3030).

Chapter 1: Introduction and Purpose

The purpose of the Dyslexia and Dysgraphia Handbook is to provide the required procedures for school districts, open enrollment charter schools, parents, and students when evaluating, identifying, and instructing students with dyslexia or dysgraphia.

Texas Education Code (TEC) 7.102(c)(28) gives the power and duty to develop a dyslexia program to the SBOE. TEC §38.003 gives direction as to how the SBOE must develop this program.

TEC §38.003 reads as follows (**bolded text is for emphasis only for this mention**):
Sec. 38.003. SCREENING AND TREATMENT FOR DYSLEXIA AND RELATED DISORDERS. (a) Students enrolling in public schools in this state shall be **screened or tested, as appropriate**, for **dyslexia and related disorders at appropriate times in accordance with a program approved by the State Board of Education. The program must include screening at the end of the school year of each student in kindergarten and each student in the first grade.**
(b) In accordance with the program approved by the State Board of Education, the board of trustees of each school district shall:
(1) provide for the treatment of any student determined to have dyslexia or a related disorder; and
(2) adopt and implement a policy requiring the district to comply with all rules and standards adopted by the State Board of Education to implement the program, including:
(A) the Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders, as adopted by the State Board of Education, and its subsequent amendments; and
(B) guidance published by the commissioner to assist the district in implementing the program.
(b-1) Unless otherwise provided by law, a student determined to have dyslexia during screening or testing under Subsection (a) or accommodated because of dyslexia may not be rescreened or retested for dyslexia for the purpose of reassessing the student's need for accommodations until the district reevaluates the information obtained from previous screening or testing of the student.
(c) Subject to Subsection (c-1), the State Board of Education shall adopt any rules and standards necessary to administer this section.
(c-1) The agency by rule shall develop procedures designed to allow the agency to:
(1) effectively audit and monitor and periodically conduct site visits of all school districts to ensure that districts are complying with this section, including the program approved by the State Board of Education under this section;
(2) identify any problems school districts experience in complying with this section, including the program approved by the State Board of Education under this section;
(3) develop reasonable and appropriate remedial strategies to address school district noncompliance and ensure the purposes of this section are accomplished; and
(4) solicit input from parents of students enrolled in a school district during the auditing and monitoring of the district under Subdivision (1) regarding the district's implementation of the program approved by the State Board of Education under this section.
(d) In this section:
(1) "**Dyslexia**" means a **disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and sociocultural opportunity**.
(2) "**Related disorders**" includes **disorders similar to or related to dyslexia**, such as developmental auditory imperception, dysphasia, specific developmental dyslexia, **developmental dysgraphia**, and developmental spelling disability.

TEC, Chapter 29, Subchapter A, provides additional laws around special education, which is driven primarily by the federal law called the Individuals with Disabilities Education Act (IDEA).

Both Chapter 38 of the TEC and Chapter 29, Subchapter A apply to open-enrollment charter schools. Therefore, unless otherwise specified as school district or open enrollment charter school, the **term local educational agency, or LEA, will refer to both entities**.

The SBOE has adopted rule through Texas Administrative Code (TAC) Title 19, Section 74.28, which incorporates this handbook.

The commissioner of education has adopted rule at 19 TAC 89.1040 that describes eligibility criteria for a student with a specific learning disability (SLD), which includes both dyslexia and dysgraphia.

For purposes of this handbook, and to comply with the "related disorders" component of state law, **this handbook will focus on the disabilities of dyslexia and dysgraphia**. In addition to the state definition of these terms found at TEC §38.003 listed above, here are a couple of other definitions:

The International Dyslexia Association defines dyslexia, in part, as being **neurobiological** in origin, characterized by **difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities**. The definition goes on to say that secondary consequences may include problems with reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

Dysgraphia and dyslexia are both language-based disorders. Dysgraphia is a written language disorder in production of strokes to form a handwritten letter. Dysgraphia is best defined as a **neurodevelopmental disorder manifested by illegible and/or inefficient handwriting due to difficulty with letter formation**. This difficulty is the result of deficits in graphomotor function (hand movements used for writing) and/or storing and retrieving orthographic codes (letter forms) (Berninger, 2015).

TEC §28.0062 requires each LEA to provide for the use of a phonics curriculum that uses systematic direct instruction, without the incorporation of three-cueing, in kindergarten through third grade to ensure all students obtain necessary early literacy skills. LEAs must ensure that all kindergarten, first, second, and third grade teachers attend a teacher literacy achievement academy to increase teacher knowledge and implementation of the science of teaching reading. Additionally, LEAs must certify to the agency that they prioritize placement of highly effective teachers in kindergarten through second grade and have integrated reading instruments used to diagnose reading development and comprehension to support each student in prekindergarten through third grade. **Schools must ensure that all students receive explicit systematic Tier 1 reading instruction.**

Dyslexia and dysgraphia are only two types of SLDs that may require the provision of specially designed instruction, also known as special education. The purpose of this handbook is in no way to limit LEAs to screening for, identifying, and serving students with only these two disabilities. However, because research demonstrates how critical early intervention is for these two neurobiological, language-based disabilities, this handbook focuses on how parents and school staff can identify signs of dyslexia or dysgraphia and intervene early.

While this handbook will reference and sometimes repeat federal and state law and rules, LEAs must not rely on this handbook as an exhaustive list or description of all statutory or regulatory requirements.

As a reference, identified below are some of the laws that drive the requirements of this handbook:

Figure ___. State and Federal Laws
TEC §28.006, Reading Diagnosis This state statute requires schools to administer early reading instruments to all students in kindergarten and grades 1 and 2 to assess their reading development and comprehension. Additionally, the law requires a reading instrument from the commissioner's approved list be administered at the beginning of grade 7 to any student who did not demonstrate proficiency on the sixth-grade reading assessment administered under TEC §39.023(a). If, on the basis of the reading instrument results, students are determined to be at risk for dyslexia or other reading difficulties, the school must notify the students' parents/guardians. According to TEC §28.006(g), the school must also implement an accelerated (intensive) reading program that appropriately addresses the students' reading difficulties and enables them to catch up with their typically performing peers. **TEC §29.0031** This statute describes requirements of an LEA when it suspects that a student may have dyslexia and who must be involved in the evaluation and eligibility determination process. It also states that students receiving dyslexia instruction must receive progress reports at least every six weeks. **TEC §29.0032** This statute states that a provider of dyslexia instruction does not have to be certified in special education unless the

provider is employed in a special education position that requires that certification.

TEC §38.003, Screening and Treatment for Dyslexia

Texas state law requires that public school students be screened and tested, as appropriate, for dyslexia and related disorders at appropriate times in accordance with a program approved by the SBOE. The program approved by the SBOE must include screening for each student at the end of the kindergarten year and then again during first grade.

Elementary and Secondary Education Act (ESEA) as reauthorized by Every Student Succeeds Act of 2015 (ESSA)

The services offered to students who are reported to be at risk for dyslexia or other reading difficulties must align to the requirements of ESSA, which requires schools to implement comprehensive literacy instruction featuring "age-appropriate, explicit, systematic, and intentional instruction in phonological awareness, phonic decoding, vocabulary, language structure, reading fluency, and reading comprehension" (ESSA, 2015).

Equal Education Opportunity Act (EEOA)

This civil rights law ensures that all students are given equal access to educational services regardless of race, color, sex, religion, or national origin. Therefore, research-based interventions are to be provided to all students experiencing difficulties in reading, including ELs, regardless of their proficiency in English.

Individuals with Disabilities Education Act (IDEA)

The most recent reauthorization of this federal act is consistent with ESSA in emphasizing quality of instruction and documentation of student progress. A process based on the student's response to scientific, research-based intervention is one of the criteria included in IDEA that individual states may use in determining whether a student has a specific learning disability, including dyslexia. IDEA has regulations to implement the law found at Title 34, Code of Federal Regulations (CFR), Section 300. One of the tenets of IDEA and the corresponding regulations is Child Find, found at 34 CFR. 300.111. Child Find refers to the federal requirement under the IDEA that all children in need of special education services are identified, located, and evaluated. LEAs are responsible for conducting Child Find and identifying all IDEA-eligible students that reside in their jurisdiction.

Chapter 2: Definition and Characteristics of Dyslexia

Definition

As mentioned in the Introduction and Purpose chapter, TEC §38.003 defines dyslexia in the following way:
"Dyslexia" means a disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and sociocultural opportunity.

Adequate intelligence does not mean that a student must demonstrate average or above average intelligence to be identified with dyslexia.

Characteristics and Consequences

The following are the primary reading/spelling characteristics of dyslexia:

- Difficulty reading words in isolation
- Difficulty accurately decoding unfamiliar words
- Difficulty with oral reading (slow, inaccurate, or labored without prosody)
- Difficulty spelling

The reading/spelling characteristics are most often associated with the following:

- Segmenting, blending, and manipulating sounds in words (phonemic awareness)
- Learning the names of letters and their associated sounds
- Holding information about sounds and words in memory (phonological memory)
- Rapidly recalling the names of familiar objects, colors, or letters of the alphabet (rapid naming)

Consequences of dyslexia may include the following:

- Variable difficulty with aspects of reading comprehension
- Variable difficulty with aspects of written language
- Limited vocabulary growth due to reduced reading experiences

It is important to note that individuals demonstrate differences in degree of impairment and may not exhibit all the characteristics listed above. Students identified as having dyslexia typically experience primary difficulties in phonological awareness, including phonemic awareness and manipulation, single-word reading, reading fluency, and spelling. Consequences may include difficulties in reading comprehension and/or written expression. These difficulties in phonological awareness are not in alignment with the student's age, grade, and educational level and are not primarily the result of language difference factors.

Common Risk Factors Associated with Dyslexia

A student with dyslexia usually exhibits several of these behaviors that persist over time and interfere with his/her learning. Additionally, there is often a family history of similar difficulties.

The following characteristics identify risk factors associated with dyslexia at different developmental stages or grade levels.

Preschool

- Delay in learning to talk
- Difficulty with rhyming
- Difficulty pronouncing words (e.g., "pusgetti" for "spaghetti," "mawn lower" for "lawn mower")
- Poor auditory memory for nursery rhymes and chants

- Difficulty adding new vocabulary words
- Inability to recall the right word (word retrieval)
- Trouble learning and naming letters and numbers and remembering the letters in his/ her name
- Aversion to print (e.g., doesn't enjoy following along if a book is read aloud)

Kindergarten and First Grade

- Difficulty breaking words into smaller parts, or syllables (e.g., "baseball" can be pulled apart into "base" "ball" or "napkin" can be pulled apart into "nap" "kin")
- Difficulty identifying and manipulating sounds in syllables (e.g., "man" sounded out as /m/ /ă/ /n/)
- Difficulty remembering the names of letters and recalling their corresponding sounds
- Difficulty decoding single words (reading single words in isolation)
- Difficulty spelling words the way they sound (phonetically) or remembering letter sequences in very common words seen often in print (e.g., "sed" for "said")

Second Grade and Third Grade

Many of the previously described behaviors remain problematic along with the following:

- Difficulty recognizing common sight words (e.g., "to," "said," "been")
- Difficulty decoding single words
- Difficulty recalling the correct sounds for letters and letter patterns in reading
- Difficulty connecting speech sounds with appropriate letter or letter combinations and omitting letters in words for spelling (e.g., "after" spelled "eftr")
- Difficulty reading fluently (e.g., reading is slow, inaccurate, and/or without expression)
- Difficulty decoding unfamiliar words in sentences using knowledge of phonics
- Reliance on picture clues, story theme, or guessing at words
- Difficulty with written expression

Fourth Grade through Sixth Grade

Many of the previously described behaviors remain problematic along with the following:

- Difficulty reading aloud (e.g., fear of reading aloud in front of classmates)
- Avoidance of reading (particularly for pleasure)
- Difficulty reading fluently (e.g., reading is slow, inaccurate, and/or without expression)
- Difficulty decoding unfamiliar words in sentences using knowledge of phonics
- Acquisition of less vocabulary due to reduced independent reading
- Use of less complicated words in writing that are easier to spell than more appropriate words (e.g., "big" instead of "enormous")
- Reliance on listening rather than reading for comprehension

Middle School and High School

Many of the previously described behaviors remain problematic along with the following:

- Difficulty with the volume of reading and written work
- Frustration with the amount of time required and energy expended for reading
- Difficulty reading fluently (e.g., reading is slow, inaccurate, and/or without expression)
- Difficulty decoding unfamiliar words in sentences using knowledge of phonics
- Difficulty with written assignments
- Tendency to avoid reading (particularly for pleasure)
- Difficulty learning a foreign language

Postsecondary

Some students will not be identified as having dyslexia prior to entering college. The early years of reading difficulties evolve into slow, labored reading fluency. Many students will experience extreme frustration and fatigue due to the increasing

demands of reading as the result of dyslexia. In making a diagnosis for dyslexia, a student's reading history, familial/genetic predisposition, and assessment history are critical. Many of the previously described behaviors may remain problematic along with the following:

- Difficulty pronouncing names of people and places or parts of words
- Difficulty remembering names of people and places
- Difficulty with word retrieval
- Difficulty with spoken vocabulary
- Difficulty completing the reading demands for multiple course requirements
- Difficulty with notetaking
- Difficulty with written production
- Difficulty remembering sequences (e.g., mathematical and/or scientific formulas)

Associated Academic Difficulties and Other Conditions

It is important to note that dyslexia may contribute to problems in written expression, reading comprehension, and mathematics and compound struggles with word based problems. Since dyslexia is considered a hidden disability, many students struggle silently, some students with dyslexia may exhibit other complex conditions and/or behaviors as a result.

Students with dyslexia often have co-occurring conditions, including attention deficit hyperactivity disorder (ADHD), learning disabilities in other areas, and speech and language disabilities.

These additional conditions can have a significant impact on the effectiveness of instruction provided to students with dyslexia. Acknowledging that students with dyslexia must exert extra effort to meet grade-level expectations, all the factors that may affect learning must be considered when identifying and providing instruction for students with dyslexia. Educators and parents should provide students with affirmation and an environment that fosters engagement and success.

Chapter 3: Universal Screening for Dyslexia

Screening Basics and Requirements

For purposes of this chapter, screening is defined as a universal measure administered to **all** students by qualified personnel to determine which students are at risk for dyslexia. Screening is not a formal evaluation.

TEC §38.003 **requires all kindergarten and first-grade public school students to be screened for dyslexia**. Additionally, the law requires that all students be evaluated as appropriate. Universal screening results should identify those students who are potentially at risk for dyslexia.

Another state law that is related to diagnosing reading development and comprehension exists at TEC §28.006, which requires each LEA to administer to students in kindergarten, first grade, and second grade a reading instrument to diagnose student reading development and comprehension. This law also requires LEAs to administer a reading instrument at the beginning of seventh grade to students who did not demonstrate reading proficiency on the sixth-grade state reading assessment. The commissioner must adopt a list of reading instruments that an LEA may use to measure student reading development and comprehension. LEAs are permitted to use reading instruments other than those adopted by the commissioner for first and second grades only when a district-level committee adopts these additional instruments. TEC §28.006(d) requires each LEA to report the results of these reading instruments to the LEA's board, TEA, and – no later than the 60th calendar day after the date on which a reading instrument was administered – report the results in writing to a student's parent or guardian.

In accordance with TEC §28.006(g), an accelerated reading instruction program must be provided to students determined to be at risk for dyslexia or other reading difficulties based on the results of the reading instruments. It is important to note that **TEC §38.003** applies only to the screening of **kindergarten** and **first-grade** students for dyslexia and related disorders, whereas **TEC §28.006** requires each LEA to administer to students in kindergarten, first grade, and second grade (and in some cases seventh grade) a reading instrument to diagnose student reading development and comprehension. Should an LEA wish to use a single instrument to meet the requirements of both TEC §38.003 and TEC §28.006 for students in kindergarten and grade 1, the LEA may, but is not required to do so.

The approved list of reading Instruments required by TEC §28.006 is available on the Texas Education Agency (TEA) website at Data Tool Selection Guidance | Texas Education Agency. The approved reading instruments include the required elements of a dyslexia screener. These instruments will meet the requirements of **both** the early reading diagnosis under **TEC §28.006** and the dyslexia screening under **TEC §38.003**. **Note that if the commissioner of education rules or guidance associated with the implementation of TEC 28.006 is revised, or if the statute itself is revised, LEAs must adjust practices accordingly; the guidance in this handbook focuses on the implementation of TEC 38.003.**

Timing of Screening

TEC §38.003 mandates that **kindergarten students be screened at the end of the school year**. In scheduling the kindergarten screener, LEAs need to consider the questions in the figure below.

Figure . Considerations for Local Scheduling of Dyslexia Screening in Kindergarten

- Has adequate time for instruction been provided during the school year?
- Has adequate time been provided to compile data prior to the end of the school year?
- How will the timing of the administration of the screener fit in with the timing of other required assessments?
- Has sufficient time been provided to inform parents in writing of the results of the reading instrument and whether the student is at risk for dyslexia?
- Has adequate time been provided for educators to offer appropriate interventions to the student?
- Has sufficient time been provided for decision making regarding next steps in the screening process?

TEC §38.003 does not explicitly state when first grade students must be screened. The SBOE, through approval of the rule which requires adherence to this handbook (19 TAC §74.28), has determined that **students in first grade must be screened no later than January 31 of each year.**

The timing of the grade 1 screening is designed to ensure that students are appropriately screened, and if necessary, evaluated further so that reading difficulties can be addressed in a timely manner. Because kindergarten is not mandatory in Texas, some students will not have been enrolled in kindergarten and will therefore not have been screened prior to the first grade. Waiting too long in the first-grade year would delay critical early intervention for students at risk for dyslexia. Screening of first grade students by January 31 will ensure that sufficient time is provided for data gathering, evaluation, early intervention, etc., to meet the needs of students.

Screening Instrument Criteria

While screening instruments can measure the skills and abilities of students at different grade levels, this section is dedicated to a discussion of instruments that will meet the dyslexia screening requirement for kindergarten and first grade students.

It is important that screening instruments be accurate; however, they must **not** be as comprehensive as an extensive individualized evaluation. With this in mind, various types of instruments that meet the criteria below need to be used to screen for dyslexia.

In developing the criteria for the kindergarten and grade 1 screening instruments for dyslexia, it is important to differentiate between the skills and behaviors appropriate at each grade level. Additionally, with a sizable emergent bilingual student (EB) population in Texas, it is essential that Spanish language screening instruments be addressed. Therefore, criteria for both English and Spanish speakers are included. See also Chapter 10 for additional considerations for EB students.

Regardless of the primary language of the student, instruments used to screen for dyslexia must address the skills in the figure below.

Figure . Criteria for English and Spanish Dyslexia Screening Instruments

Kindergarten	First Grade
• Letter Sounds Knowledge or Letter Naming Fluency • Phonological Awareness	• Word Reading Accuracy or Fluency • Phonological Awareness

In addition to the measures of the skills identified in the figure above, other criteria need to be considered when selecting a screening instrument. Approved screening instruments must take only a brief time to administer and be cost effective. They need to have established validity and reliability and standards. They need to also include distinct indicators identifying students as either not at risk or at risk for dyslexia. Screening instruments must also provide standardized directions for administration as well as clear guidance for the administrator regarding scoring and interpretation of indicators/results. Additionally, each screening instrument must include adequate training for educators on how to administer the instrument and interpret results.

Screening instruments must include a measure for each of the skills noted above. In determining which screening instrument to use, an LEA must consider the primary language of the student and other factors as determined by the LEA.

Individuals who administer the screening instrument must also document student behaviors observed during the administration of the instrument. A list of behaviors that might be observed during the administration of the screener and then documented are included in the figure below.

Figure . Student Behaviors That Might Be Observed During Screening

- Lack of automaticity
- Difficulty sounding out words left to right
- Guessing
- Self-correcting
- Inability to focus on reading
- Avoidance behavior

Who Administers Screeners

An LEA must ensure that appropriately trained and qualified individuals administer and interpret the results of the selected screening instrument. **An educational aide is not eligible to administer or interpret the dyslexia screening instrument.** The individual who administers and interprets the screening instrument must have received training specifically for the selected instrument and in recognizing characteristics of dyslexia. An individual who administers the screening instrument must:

1. Be the current teacher of record or a classroom teacher who holds a valid certification for kindergarten and grade 1;
2. Hold a licensed dyslexia therapist (LDT) license under Chapter 403, Occupations Code; or
3. Hold the most advanced dyslexia related certification. See pages 14-15 for who the SBOE considers to be those qualified.

The child's classroom teacher/teacher of record is preferable at this screening stage since he or she would be most familiar with the child's reading development.

Interpreting Screening Results

There are several important factors to consider when interpreting screening results. First, it is important to remember that there is no definitive test score that invariably identifies dyslexia. Dyslexia is a neurobiological disorder that exists along a continuum of severity.

Second, it is important to keep the definition and goals of screening in mind. The purpose of screening is to differentiate a smaller set of individuals who may be at risk for dyslexia. Screening, by definition, must never be the final determination of whether a student has dyslexia. Subsequent consideration of other data and information with the smaller group is then used to determine next steps. However, it is key to remember that "screening" represents the initial step in the process.

It is important to interpret the screening instrument with fidelity. Publishers of screening instruments establish cut points based on certain referenced criteria. Cut points are used to group students into categories (e.g., at risk or not at risk) based on the results of the screening instrument. LEAs cannot modify the publisher's established cut points, as these are used to determine next steps and those coded at-risk based on the publisher's established thresholds will be reported by the LEA through the Public Education Information Management System (PEIMS) for the dyslexia at-risk code.

In general, students scoring below the publisher-determined cut points are considered "at risk" for dyslexia, while those who score above the cut point are considered "not at risk" for dyslexia. However, it is important to realize that risk falls on a continuum and there will always be false positives (students who screen at risk when they are not) and false negatives (students who screen not at risk when they are). Consequently, continual progress monitoring and an ongoing review of data is

important.

Students falling well below the cut point have a much higher probability of being at risk for dyslexia while students scoring well above the cut point have lower probability of being at risk for dyslexia. The decision for what to do next is easiest for students whose scores fall at the extreme ends of the continuum. Students falling well above the cut point can be considered at low risk for dyslexia and are much less likely to need additional intervention or evaluation. Students scoring far below the cut point should be considered at high risk for dyslexia.

Establishing a Screening Team/Committee for Those At-Risk

Intervening early, before difficulties become intractable, offers the best hope for successful outcomes and prevention of long-term deficits. The purpose of screening is to help identify, as early as possible, the students at risk for dyslexia so that targeted intervention can be provided. Screening must lead to effective instruction for it to be useful. Therefore, once the screener has been administered and a child has been determined to be possibly at risk for dyslexia, **a screening team/committee must analyze the results, identify the level of risk for each student, and make informed decisions.**

The screening team/committee must review all data to make informed decisions regarding whether a student exhibits characteristics of dyslexia. This team must consist of individuals who—

- have knowledge of the student;
- are appropriately trained in the administration of the screening instrument;
- are trained to interpret the quantitative and qualitative results from the screening process; and
- have knowledge of the characteristics of dyslexia.

The team/committee might consist of the student's classroom teacher, a provider of dyslexia instruction (PDI), a licensed dyslexia therapist (LDT), the individual who administered the screener, a representative of the Language Proficiency Assessment Committee (LPAC) (as appropriate), special education teacher, and an administrator.

For students who are identified at risk for dyslexia, the school needs to provide intervention targeted to the student's needs provided by the appropriate staff as determined by the LEA. **It is important to note that the use of a tiered intervention process, such as Response to Intervention (RTI) or a Multi-Tiered System of Supports (MTSS), must not be used to delay or deny an evaluation for dyslexia, especially when parent or teacher observations reveal the common characteristics of dyslexia.** Any student may be referred for a full individual and initial evaluation (FIIE) under IDEA, at any time, regardless of the results of the screening instrument, if the student is thought to have a disability that requires the provision of special education and related services.

For students who score close to the cut point but did not meet the at-risk category, more information will be needed to make an informed decision regarding referral for evaluation, implementation of targeted interventions with progress monitoring, or continuation of core instruction only. Data gathering will provide this additional information.

Data Gathering

Both quantitative and qualitative information are critical components when the screening team/committee is gathering data to make its informed decisions. Examples of quantitative and qualitative information used in determining next steps are provided in the figure below.

Figure . Sources and Examples of Data Gathering	
Quantitative Information	Qualitative Information

Results of— • Current screening instruments • Previous screening instruments • Formal and informal classroom reading assessments • Additional brief and targeted skill assessments	• Observations of student during screening • Other observations of student progress • Teacher observations • Parent/guardian input (e.g., family history, early language skills) • Current student work samples • Work samples from earlier grade(s) • Intervention history

For students who fall close to the predetermined cut points, implementation of short-term, tiered intervention with regular progress monitoring is one way to determine if additional data gathering or a formal evaluation is needed. Teachers and administrators need to be mindful that screening for risk is an ongoing process. Decisions made based on a screener at a single-point-in-time need to be reevaluated as necessary and may need to be altered as more information is obtained.

Screening data must be shared with parents. Teachers and school administrators must also use screening data to guide instruction at the classroom level. When large percentages of students are determined to be at risk for dyslexia, it signals a need to review instructional programming and practices and teacher training in effective and explicit reading instruction.

It is important to remember that at any point in the data review process a referral for an FIIE under the IDEA may be initiated. Parents also have the right to request an FIIE at any time. Regardless of the process in place for screening and data review, whenever accumulated data indicates that a student may have dyslexia and may require the provision of special education services, despite the provision of adequate instruction and intervention, the student must be referred for an FIIE under the IDEA.

Chapter 4: Evaluation and Identification of Students with Dyslexia

Child Find

As a reminder, Child Find is a provision in the federal IDEA law that requires the state and each LEA to have policies and procedures in place to ensure that every student in the state who needs special education and related services is located, identified, and evaluated. The purpose of the IDEA is to ensure that students with disabilities are offered a free appropriate public education (FAPE) (20 U.S.C. §1400(d); 34 C.F.R. §300.1). Because a student suspected of having dyslexia may be a student with a disability under the IDEA, and a student identified with dyslexia who needs direct dyslexia instruction would meet eligibility for special education and related services, the Child Find mandate includes these students. Therefore, when referring and evaluating students suspected of having dyslexia, LEAs must follow procedures for conducting a full individual and initial evaluation (FIIE) under the IDEA. For detailed information regarding Child Find visit the Texas Sped Support website, http://spedsupport.tea.texas.gov/. Whether to refer a student for an evaluation under the IDEA must always be made on a case-by-case basis and must be driven by data-based decisions.

In most cases, an FIIE under the IDEA must be completed within 45-school days from the time a LEA receives parental consent. The student must continue to receive grade level, systematic explicit core reading instruction (Tier 1) and any other appropriate tiered interventions while the FIIE is being conducted.

Dyslexia is a Specific Learning Disability (SLD)

In IDEA, dyslexia is considered one of a variety of etiological foundations for specific learning disability (SLD). 34 CFR, §300.8(c)(10) states the following:

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.

State law (TEC §29.0031) also states dyslexia is an example of and meets the definition of a SLD under IDEA.

Referring for an Evaluation

At any time if dyslexia and need for special education services, including dyslexia instruction, is suspected, the student must be referred for an FIIE. In the case of a screening team/committee, if in the data gathering stage the data leads to a suspicion of dyslexia and a possible need for special education services, the team/committee must refer the student for an FIIE. Additionally, parents/guardians always have the right to request an FIIE at any time. Once a parent makes a written request for an FIIE, the LEA is obligated to review the student's data history (both formal and informal data) to determine whether there is reason to suspect the student has dyslexia. If dyslexia is suspected, the student needs to be evaluated following the guidelines outlined in this chapter, under IDEA and its corresponding regulations, and state law and corresponding regulations. If the school refuses the request to evaluate, it must give parents prior written notice within 15 school days of refusal to evaluate, including an explanation of why the school refuses to conduct an FIIE, the information that was used as the basis for the decision, a copy of the *Notice of Procedural Safeguards,* and *Overview of Special Education for Parents*. Overview of Special Education for Parents (texas.gov) Should the parent disagree with the school's refusal to conduct an evaluation, the parent has the right to initiate dispute resolution options including; mediation, state complaints, and due process hearings.

What is the FIIE?

The FIIE that is conducted for any suspected disability, including dyslexia, assists in determining:

- Whether the student is a student with a disability in need of special education and related services;
- The impact of the disability on the student's access to and progress in the general education curriculum; and
- If identified and determined eligible by an admission, review and dismissal (ARD) committee, the content of the student's individualized education program (IEP), including information related to enabling the child to be involved in and progress in the general education curriculum.

It is a comprehensive evaluation that uses a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the student, including information provided by the parent. No one single measure or assessment is used, and the evaluation must assess a student in all areas of a suspected disability or disabilities.

Members of the Multidisciplinary Team (MDT)

Once consent to evaluate the student is received from the parent, a multidisciplinary team (MDT) is formed, and this team assumes the responsibility of following all evaluation procedures for the FIIE.

The MDT is a group of members that will be responsible for evaluating a student in **all** areas of suspected disability. The composition will vary based on the suspected disability or disabilities. All members of the MDT bring their specific skill sets to the evaluation process. The members work together to gather, analyze, and interpret evaluation data so that no one member makes unilateral decisions.

State law requires that, when dyslexia is suspected, a person with specific knowledge of dyslexia and related disorders, the reading process, and dyslexia instruction must be a part of the LEA's MDT. This person must:

1. Hold a licensed dyslexia therapist (LDT) license under Chapter 403, Occupations Code;
2. Hold the most advanced dyslexia-related certification issued by an association recognized by the SBOE, and identified in, or substantially similar to an association identified in, the program and rules adopted under Sections 7.102 and 38.003; or
3. If a person qualified under Subdivision (1) and (2) is not available, meet the applicable training requirements adopted by the SBOE pursuant to Sections 7.102 and 38.003.

LEAs must prioritize the individuals who meet the credentials of items (1) and (2) above when designating an individual to fill this role, as those are the statutorily required professionals. To meet the credentials of the most advanced dyslexia-related certification, the individual must have received certification or training from the following programs or providers: Academic Language Therapy Association, the International Dyslexia Association, the Orton Gillingham Academy, Wilson Language Training, or have received training through an International Multisensory Structured Language Education Council-(IMSLEC)-accredited course at the teaching or therapy level.

Understanding the limitations of availability of the individuals who meet the credentials of items (1) and (2) above, an LEA may identify another individual to serve in this role who, within the school year of being designated as such member, must:

- register and complete the Texas Education Agency's (TEA's) Texas Dyslexia Academies (TDAs);
- register and complete the TEA's Guidance for the Comprehensive Evaluation of a Specific Learning Disability training; and
- must document that the member has training in current research- and evidence-based assessments that are used to identify the most common characteristics of dyslexia.

When TEA updates the required trainings above, the member must complete those updated trainings within one calendar year from the date the revised training was made available.

MDT Duty #1: Review of Existing Evaluation Data (REED)

One of the responsibilities of the MDT is to gather and review data to determine if, when provided learning experiences and instruction appropriate for their age or grade-level standards, a student is not achieving adequately. As part of a FIIE, the MDT conducts a REED, often through a planning meeting, to identify existing data and additional data that needs to be collected. This helps to focus the evaluation and determine which reading areas will require additional data to determine if the student is achieving adequately or not.

Areas to Assess in a Dyslexia Evaluation

When the MDT assesses for dyslexia, they are assessing for a specific type of SLD. Dyslexia and SLD are not separate evaluations. Dyslexia is an example of and meets the criteria of an SLD. As a reminder, basic reading skills include letter knowledge, reading words in isolation, decoding unfamiliar words accurately. Reading fluency skills include reading rate, accuracy, and prosody. Basic reading skills and reading fluency are two of the eight areas of underachievement for SLD. As research demonstrates that the other areas of underachievement are sometimes common in those with dyslexia, or sometimes show student strengths in those areas, a comprehensive evaluation will likely not be limited to just basic reading and reading fluency.

The MDT should determine through the REED process what existing data exists and what additional data is necessary in order to comply with the evaluation requirements described in this handbook, as well as in federal and state law and rules. An evaluation for dyslexia must ultimately show evidence of the following, using new or existing assessment data:

Areas to Assess in a Dyslexia Evaluation	
Areas that Must be Assessed	**Additional Areas that May Warrant Assessment**
Letter knowledge (name and associated sound)	Verbal working memory
Reading words in isolation (phonological memory)	Processing speed
Decoding unfamiliar words accurately	Vocabulary
Reading fluency (rate, accuracy, and prosody)	Listening comprehension
Reading comprehension	Verbal expression
Spelling of written words (orthographic processing)	Written Expression
Phonological/phonemic awareness	Other academic areas
Rapid naming of symbols or objects	

Areas that Must Be Assessed

Areas that must be assessed include letter knowledge, word decoding, fluency (rate, accuracy, and prosody) and spelling, as these difficulties would be evident in a student with dyslexia. Additionally, many students with dyslexia have difficulty with reading comprehension. Sometimes students demonstrate difficulties with memory for letter patterns, letter sequences, and letters in whole words (orthographic processing), which may be selectively impaired or may coexist with phonological awareness deficits.

Phonological and phonemic awareness are necessary skills to address in an evaluation as difficulties in phonological and phonemic awareness may be seen in students with dyslexia that impact a student's ability to learn letters and the sounds associated with the letters, learn the alphabetic principle, decode words, and spell accurately. Rapid naming of symbols or objects is also a necessary area to address, as rapid naming might or might not be weak in a student with dyslexia, but, if a student does demonstrate difficulty with rapid naming, this difficulty is often associated with difficulties in automatically naming letters, reading words fluently, and reading connected text at an appropriate rate.

Additional Areas that May Warrant Assessment

Various language processes, such as morpheme and syntax awareness, memory and retrieval of verbal labels, and the ability

to formulate these ideas into grammatical sentences might also be factors affecting reading. Reading development also impacts written expression, which is the ability to communicate thoughts and ideas through writing. Written expression includes the generation of ideas, the production of writing, including handwriting and spelling, application of grammar, text fluency, sentence construction and planning, and overall execution of the writing process. Therefore, these may be areas that need to be addressed based on the individual student and the MDT's consideration of data.

Identifying Strengths

A critical part of any evaluation and determining a student's achievement is identifying a student's strengths. When considering whether a student has dyslexia, an important question will be whether the student's data shows inadequate achievement in reading – despite having adequate instruction and as compared with the student's other abilities. For example, a student with word-level reading deficits may have strengths in other areas such as reasoning, problem-solving, understanding concepts, critical thinking, and/or vocabulary. Other areas will be important in the consideration of whether a student may have dyslexia. Strengths and weaknesses may exist within a student's reading skills. Note that determining strengths of a student often comes from informal and existing data rather than formal assessments. Strengths can be documented or gathered utilizing data sources within the context of the student's performance in academic and nonacademic areas such as sources found in Figure ___, below.

Multiple Sources of Data is Critical

The academic history of each student will provide the school with the cumulative data needed to ensure that underachievement in a student suspected of having dyslexia is not due to lack of appropriate instruction in reading. This information must include data that demonstrate that the student was provided appropriate instruction and include data-based documentation of repeated evaluations of achievement at reasonable intervals (progress monitoring). These cumulative data also include information from parents/guardians. Sources and examples of cumulative data are provided in Figure ___ below.

Figure . Sources and Examples of Cumulative Data

- Vision screening
- Hearing screening
- Teacher observations and reports
- Classroom assessments and work samples
- Accommodations provided
- Academic progress reports (report cards)
- Gifted/talented assessments
- Parent conference notes
- Results of kindergarten-grade 1 universal screening as required in TEC §38.003
- K–2 reading instrument results as required in TEC §28.006 (English and native language, if possible)
- 7th-grade reading instrument results as required in TEC §28.006
- State student assessment program results as described in TEC §39.022
- Previous school and outside evaluations
- School attendance and discipline records
- Curriculum-based assessments and measures
- Instructional interventions provided and student's progress monitoring data
- Parent observations and reports, including whether a family history of dyslexia exists

MDT Duty #2: Determine What Additional Data is Necessary and Complete the Comprehensive Evaluation Report

Once the MDT has reviewed existing data, they begin collecting any needed new data to help identify if the student is not

achieving adequately and demonstrates the characteristics of dyslexia despite adequate reading instruction. If there is sufficient existing data from sources such as informal, criterion-referenced, curriculum-based measures, and norm-referenced assessments, additional testing may not be needed for all areas above. When the MDT determines that additional testing is needed, the MDT must comply with all state and federal requirements in its evaluation.

MDTs may choose to administer standardized, norm-referenced, cognitive assessments as part of the data used to determine the presence of dyslexia. **However, the presence or absence of specific scores or thresholds on standardized, norm-referenced cognitive assessments cannot be used as the sole measure in ruling in or out the presence of dyslexia.** There does not need to be a cognitive weakness that matches an academic weakness based on standardized assessments. **Dyslexia identification is based on multiple measures demonstrating inadequate word-level reading and spelling skills in light of the student's educational history, linguistic background, environmental or socioeconomic factors, and any other pertinent factors that affect learning.**

It is important to gather information and data from multiple sources to ensure the evaluation is comprehensive and to provide evidence to support conclusions. Multiple sources of data may be found in informal data, curriculum-based measurements, criterion-referenced assessments, and norm-referenced tests.

MDTs collect data that will be used by the admission, review, and dismissal (ARD) committee, which is the committee that will be formed to determine eligibility for special education and related services, and, if determined eligible, to write a student's individualized education program (IEP) to include present levels of reading achievement and reading intervention goals. The student's intellectual functioning should not be the primary focus of an MDT, but rather the student's reading skills in relation to high quality instruction and the student's skills in the absence of print would be the primary considerations.

Identifying if the student is underachieving in one or more areas is based on **multiple sources of data,** rather than a single score or piece of information. **Evaluators must not rely on interpretative models or processes that exclude evidence of a disability based on predetermined score profiles or cut-off scores. Requiring a student to have a cognitive weakness that correlates with an academic weakness may result in a student not receiving special education and related services that they are entitled to receive.**

In Texas, a student must either demonstrate an insufficient response to scientific, research-based intervention, commonly referred to as response to intervention (RTI), or exhibit a pattern of strengths and weaknesses (PSW) as to determine whether the child meets the eligibility criteria of dyslexia or another SLD. An MDT may use either method as part of evaluating and identifying dyslexia or another SLD. The use of a severe discrepancy between intelligence quotient (IQ) and achievement method cannot be used to determine the presence of dyslexia or other SLDs in Texas. Dyslexia or other SLDs can be determined by analyzing a PSW in performance, achievement, or both relative to enrolled grade level standards or by determining that sufficient progress has not been made in meeting enrolled grade level standards based on a student's RTI. See 34 CFR 300.309 and 19 TAC 89.1040 for more information.

With either method, the evaluation and identification of SLD will utilize data sources within the context of the student's performance in the classroom, which could include parent observations of homework or work done at home to supplement instruction; be based on multiple reliable and valid data sources that provide information about the student and the learning environment across settings and over time; and assist in understanding why the student is having difficulties and how the school can intervene, which could include the consideration of previous or outside evaluations.

If a student has participated in research-based interventions implemented with fidelity, student data demonstrating a lack of progress to those interventions would be part of the RTI evidence that an MDT analyzes for purposes of a possible identification of dyslexia or another SLD. However, it's important to note that participation in interventions cannot be used to delay or deny an FIIE.

A PSW method for identifying dyslexia or another SLD will consider whether a pattern of strengths and weaknesses is demonstrated in multiple sources of data whereby performance, achievement, or both is atypical compared to the student's age, grade-level standards, or intellectual development and that pattern is relevant to identification of dyslexia or another

SLD and appears to be attributable to a disability. Additionally, if assessing cognitive processes and academic skills, this method may look at whether there are deficits in academic areas that correlate with processing deficits. However, this cannot be used exclusively to rule in or rule out the identification of dyslexia. This method is NOT the same as determining significant variances (i.e., discrepancies) among cognitive function areas or between cognitive function areas and academic achievement. This method also does NOT require a specific number of strengths and weaknesses within the data but rather a pattern across multiple data sources.

The MDT will look for evidence reflective of the primary characteristics of dyslexia, i.e., inadequate achievement in some or all of the following areas:

- reading words in isolation,
- decoding unfamiliar words accurately and automatically,
- reading fluency for connected text (rate and/or accuracy and/or prosody), and
- spelling (an isolated difficulty in spelling would not be sufficient to identify dyslexia).

The following figure also represents questions that the MDT must address in the evaluation report to assist the ARD committee when determining whether dyslexia is present.

Figure . Questions to Determine the Identification of Dyslexia

- Does the data show difficulty with accurate and/or fluent word reading?
- Does the data show poor spelling skills?
- Does the data indicate poor decoding ability?
- Do these difficulties (typically) result from a deficit in the phonological component of language? (Please be mindful that average phonological scores alone do not rule out dyslexia.)
- Do multiple sources of data show inadequate word level reading and spelling skills despite the provision of high quality instruction for the student's age or enrolled grade level?
- For students who have participated in evidence-based tiered interventions, have the student's word level and spelling difficulties persisted despite those interventions?

If the MDT determines the student demonstrates the characteristics of dyslexia, then the MDT explains the impact of dyslexia on the student's access and progress in the enrolled grade-level general curriculum.

- Baseline data describes in detail the student's needs in reading as well as any other academic and/or functional needs.
- Barriers in the general curriculum resulting from dyslexia will be described.
- This information will lead to recommendations about needed specially designed instruction, including evidence-based dyslexia instruction.
- Remember that the MDT member who has specific knowledge about the reading process, dyslexia and related disorders, and dyslexia instruction must be a part of, and sign off on, the evaluation report.

The next step to determine if a student has dyslexia and the need for special education and related services will be decided by the ARD committee. Only the ARD committee has authority to make eligibility decisions for special education and related services. Eligibility is determined by federal and state law and regulations.

Eligibility Determination Made by the Admission, Review, and Dismissal (ARD) Committee

The ARD committee will review the MDT's evaluation report and consider all available data to determine eligibility for special education and related services. When a student is determined to have dyslexia by the ARD committee and the data shows a need for evidence-based dyslexia instruction, as this is identified in Chapter 6, the student meets the two prongs of special education eligibility in that the student has a qualifying disability – as dyslexia is an SLD under the IDEA and state law – and

demonstrates a need for specially designed instruction.

A member with specific knowledge of dyslexia and related disorders, dyslexia instruction, and the reading process, as this person is defined on pages 14-15 must also be a part of any student's ARD committee at which special education eligibility based on identification of dyslexia will be discussed.

An ARD committee must keep in mind that the presence of a sensory impairment, such as visual impairment, deaf-blindness, or being deaf or hard of hearing does not rule out the possibility of the presence of dyslexia and the need for specially designed instruction for dyslexia. A common misconception is that the mere presence of a sensory impairment automatically rules out dyslexia. This is not true. A sensory impairment can coexist with dyslexia. The ARD committee needs to consider this possibility, particularly when a student's academic skills are not progressing as expected despite receiving adequate instruction and appropriate supports and services to meet the needs of the student's sensory impairment. It may be that the sensory impairment does not fully explain the student's current academic underachievement. For some students, the sensory impairment may be a contributing factor but is not what is primarily causing the observed academic underachievement. For these students, dyslexia may also be present.

If an ARD committee does not find a student eligible for special education and related services, the student may still have an impairment that requires accommodations under Section 504. A Section 504 committee should be convened to determine eligibility based on the FIIE.

Chapter 5: Dyslexia Instruction

Evidence-Based Dyslexia Instruction

Effective literacy instruction is essential for all students and is especially critical for students identified with dyslexia. High-quality core classroom reading instruction can give students identified with or at-risk for dyslexia a foundation upon which intervention instruction can have a more significant impact.

While the components of instruction for students with dyslexia include good teaching principles for all teachers, the explicitness and intensity of the instruction, fidelity to program descriptors, grouping formats, and training and skill of the teachers are wholly different from core classroom instruction and must be considered when making individual placement decisions.

Evidence-based dyslexia instruction provides multisensory structured literacy instruction for students with dyslexia. Evidence-based dyslexia instruction must be explicit, systematic, and intentional in its approach. This instruction is designed to likely take place in a small group setting. Evidence-based dyslexia instruction must be—

- evidence-based and effective for students with dyslexia;
- taught by an appropriately trained instructor; and
- implemented with fidelity.

Evidence-based dyslexia programs and instruction are considered specially designed instruction (SDI) and therefore special education services, so the provision of those services must follow the IDEA requirements. This means that evidence-based dyslexia instruction is only available to students who are served under IDEA, which prescribes the legal requirements for special education and related services. LEAs must ensure that the provision of evidence-based dyslexia instruction addresses the critical, evidence-based components and methods of delivery described in this chapter.

An LEA's first consideration for every student who requires dyslexia instruction should be an evidence-based dyslexia program taught with fidelity and in accordance with all SBOE dyslexia program requirements included in this handbook. An ARD committee must only consider deviations from the program's fidelity requirements when data collection, a student's present levels of academic achievement and functional performance (PLAAFP), and other areas of the student's IEP clearly indicate the need for individualized modifications.

The ARD committee, when discussing how a student will access an LEA's evidence-based dyslexia program, must address the following:

- How the program addresses the required components of dyslexia instruction described in this handbook, and whether the student's PLAAFP or other areas of the IEP show evidence that the program must be supplemented with a focus on one or more components;
- How the program addresses the required instructional delivery methods described the handbook, and whether the student's PLAAFP or other areas of the IEP show evidence that the program must be supplemented or modified to meet the student's needs;
- The fidelity statements/requirements that are included with the program, and how those will be delivered and/or intensified for the student; and
- Confirm that the provider of dyslexia instruction (PDI) is fully trained in the instructional materials to implement the program and any modifications to it, as determined by the ARD committee.

Evidence-based dyslexia instruction is not considered to be "regular" education aids and services. Regular aids and services are things like accommodations provided to a student to assist in classroom instruction and access to instruction, such as giving extra time for assignments and allowing speech-to-text capabilities when given a writing assignment. While a Section

504 plan could be appropriate for those needs, the need for evidence-based dyslexia instruction crosses over into a special education need.

Critical Components of Evidence-Based Dyslexia Instruction

- **Phonological awareness**—Phonological awareness is the understanding of the internal sound structure of words. A phoneme is the smallest unit of sound in a given language that can be recognized as being distinct from other sounds. An important aspect of phonological awareness is the ability to segment spoken words into their component phonemes [phonemic awareness].
- **Sound-symbol association**—Sound-symbol association is the knowledge of the various speech sounds in any language to the corresponding letter or letter combinations that represent those speech sounds. The mastery of sound-symbol association (alphabetic principle) is the foundation for the ability to read (decode) and spell (encode).
- **Syllabication**—A syllable is a unit of oral or written language with one vowel sound. Instruction must include the six basic types of syllables in the English language; closed, open, vowel-consonant- e, r-controlled, vowel pair (or vowel team), and final stable syllable. Syllable division rules must be directly taught in relation to the word structure.
- **Orthography**—Orthography is the written spelling patterns and rules in a given language. Students must be taught the regularity and irregularity of the orthographic patterns of a language in an explicit and systematic manner. The instruction should be integrated with phonology and sound-symbol knowledge.
- **Morphology**—Morphology is the study of how morphemes are combined to form words. A morpheme is the smallest unit of meaning in the language.
- **Syntax**—Syntax is the set of principles that dictate sequence and function of words in a sentence in order to convey meaning. This includes grammar, sentence variation, and the mechanics of language.
- **Reading comprehension**—Reading comprehension is the process of extracting and constructing meaning through the interaction of the reader with the text to be comprehended and the specific purpose for reading. The reader's skill in reading comprehension depends upon the development of accurate and fluent word recognition, oral language development (especially vocabulary and listening comprehension), background knowledge, use of appropriate strategies to enhance comprehension and repair it if it breaks down, and the reader's interest in what he or she is reading and motivation to comprehend its meaning.
- **Reading fluency**—Reading fluency is the ability to read text with sufficient speed and accuracy to support comprehension. Fluency also includes prosody. Teachers can help promote fluency with several interventions that have proven successful in helping students with fluency (e.g., repeated readings, word lists, and choral reading of passages).

Both the provider of dyslexia instruction and the regular classroom teacher should provide multiple opportunities to strengthen these skills; therefore, responsibility for teaching reading must be shared by classroom teachers, reading specialists, interventionists, special education teachers, and providers of dyslexia instruction.

Delivery of Dyslexia Instruction

While it is necessary that students are provided instruction in the above content, it is also critical that the way in which the content is delivered be consistent with research-based practices.

Dyslexia instruction must be delivered in a **multimodal and multisensory** way, while making adjustments for the individual student based on any sensory impairments or other needs. To the extent possible based on the student's needs, visual, auditory, kinesthetic, and tactile (VAKT) methods must be used.

Delivery of effective instruction for students with dyslexia must also include **all** of the following:

- **Systematic and cumulative**—Multisensory language instruction requires that the organization of material follow order of the language. The sequence must begin with the easiest concepts and most basic elements and progress methodically to more difficult material. Each step must also be based on elements already learned. Concepts taught must be systematically reviewed to strengthen memory.

- **Explicit instruction**—Explicit instruction is explained and demonstrated by the teacher one language and print concept at a time, rather than left to discovery through incidental encounters with information. Poor readers do not learn that print represents speech simply from exposure to books or print. It is an approach that involves direct instruction: The teacher demonstrates the task and provides guided practice with immediate corrective feedback before the student attempts the task independently.
- **Diagnostic teaching to automaticity**—The teacher must be adept at prescriptive or individualized teaching. The teaching plan is based on careful and continual assessment of the individual's needs. The content presented must be mastered to the degree of automaticity. This teacher knowledge is essential for guiding the content and emphasis of instruction for the individual student. When a reading skill becomes automatic (direct access without conscious awareness), it is performed quickly in an efficient manner.
- **Synthetic instruction**—Synthetic instruction presents the parts of the language and then teaches how the parts work together to form a whole.
- **Analytic instruction**—Analytic instruction presents the whole and teaches how this can be broken into its component parts.

Providers of Dyslexia Instruction (PDIs)

The most highly trained and qualified individuals need to be the ones providing dyslexia instruction, including evidence-based dyslexia instruction. A PDI must be trained fully in the LEA's instructional materials for dyslexia. LEAs should strive to have the most highly trained and qualified individuals providing instruction. These individuals might be licensed dyslexia therapists or may have received certification from the Academic Language Therapy Association (ALTA), the International Dyslexia Association (IDA), the Orton Gillingham Academy, Wilson Language Training, or may have received training through an IMSLEC-accredited course at the teaching or therapy level. A PDI does not have to be certified as a special educator when serving a student who also receives special education and related services if that provider is the most appropriate person to offer dyslexia instruction and is not employed in a position that requires the certification. If the PDI is not also the special education teacher who works with the student, the PDI and special education teacher need to collaborate on all areas of the student's IEP and progress monitoring. Requiring the most highly trained and qualified individual to become a certified special educator may significantly reduce the applicant pool of well qualified PDI candidates.

Because paraprofessionals must work under the supervision of teachers, a paraprofessional cannot be the person providing evidence-based dyslexia instruction to students.

Remember that PDIs must be fully trained in the LEA's instructional materials for dyslexia, and such materials must contain the critical evidence-based components for dyslexia instruction and the required methods of delivery for dyslexia instruction. Completion of a literacy achievement academy does not meet these requirements.

Although Texas does not have a certification or licensure requirement specific to PDIs, opportunities for those who provide dyslexia instruction to pursue a certification and/or license are available through several professional organizations as well as through the Texas Department of Licensing and Regulation. Certification and licensing options are outlined in Appendix ___.

Please note that certification and licensing requirements may change with time. For more complete and up-to-date information, contact the specific licensing body.

Chapter 6: Definition and Characteristics of Dysgraphia

Definition

Difficulty with handwriting frequently occurs in children with dyslexia. When Texas passed dyslexia legislation, the co-existence of poor handwriting with dyslexia was one reason why dysgraphia was called a related disorder. Subsequently, dyslexia and dysgraphia have been found to have diverse co-morbidities, including phonological awareness (Döhla and Heim, 2016). However, dyslexia and dysgraphia are recognized to be distinct disorders that can exist concurrently or separately.

Dysgraphia is a specific learning disability (SLD).

As mentioned in the Introduction and Purpose chapter, dysgraphia and dyslexia are both language-based disorders. Dysgraphia is best defined as a neurodevelopmental disorder manifested by illegible and/or inefficient handwriting due to difficulty with letter formation. This difficulty is the result of deficits in graphomotor function (hand movements used for writing) and/or storing and retrieving orthographic codes (letter forms) (Berninger, 2015). Dysgraphia is a written language disorder in serial production of strokes to form a handwritten letter. This involves not only motor skills but also language skills—finding, retrieving and producing letters, which is a subword-level language skill. The impaired handwriting may interfere with spelling and/or composing, but individuals with only dysgraphia do not have difficulty with reading (Berninger, Richards, & Abbott, 2015).

Despite the widespread beliefs that handwriting is purely a motor skill or that only multisensory methods are needed to teach handwriting, multiple language processes are also involved in handwriting. Handwriting draws on language by hand (letter production), language by ear (listening to letter names when writing dictated letters), language by mouth (saying letter names), and language by eye (viewing the letters to be copied or reviewing for accuracy the letters that are produced from memory) (Berninger & Wolf, 2016).

Characteristics and Consequences

The characteristics of dysgraphia include the following:

- Variably shaped and poorly formed letters
- Excessive erasures and cross-outs
- Poor spacing between letters and words
- Letter and number reversals beyond early stages of writing
- Awkward, inconsistent pencil grip
- Heavy pressure and hand fatigue
- Slow writing and copying with legible or illegible handwriting (Andrews & Lombardino, 2014)

Secondary consequences may include problems with spelling and written expression. **The difficulty is not solely due to lack of instruction and is not associated with other developmental or neurological conditions that involve motor impairment**.

Additional consequences of dysgraphia may also include:

- Difficulty with unedited written spelling
- Low volume of written output as well as problems with other aspects of written expression

Dysgraphia is not:

- Evidence of a damaged motor nervous system
- Part of a developmental disability that has fine motor deficits (e.g., intellectual disability, autism, cerebral palsy)
- Secondary to a medical condition (e.g., meningitis, significant head trauma, brain trauma)

- Associated with generalized developmental motor or coordination difficulties (Developmental Coordination Disorder)
- Impaired spelling or written expression with typical handwriting (legibility and rate) (Berninger, 2004)

Dysgraphia can be due to:

- Impaired feedback the brain is receiving from the fingers
- Weaknesses using visual processing to coordinate hand movement and organize the use of space
- Problems with motor planning and sequencing
- Difficulty with storage and retrieval of letter forms (Levine, 1999)

Associated Academic Difficulties and Other Conditions

Students with dysgraphia may have problems in reading, reading comprehension, and mathematics. Besides academic struggles, some students with dysgraphia may exhibit other complex conditions and/or behaviors. Students with dysgraphia often have co-occurring conditions, including attention deficit hyperactivity disorder (ADHD), learning disabilities in other areas, and speech and language disabilities.

These additional conditions can have a significant impact on the effectiveness of instruction provided to students with dysgraphia. Acknowledging that students with dysgraphia must exert extra effort to meet grade-level expectations, all the factors that may affect learning must be considered when identifying and providing instruction for students with dysgraphia. Educators and parents should provide students with affirmation and an environment that fosters engagement and success.

Chapter 7: Universal Screening for Dysgraphia

Screening Basics and Requirements

For purposes of this chapter, screening is defined as a universal measure administered to **all** students by qualified personnel to determine which students are at risk for dysgraphia. Screening is not a formal evaluation.

Like universally screening for dyslexia in kindergarten and grade 1, TEC 38.003 requires that all kindergarten and first-grade public school students be screened for related disorders [of dyslexia]. Dysgraphia is a related disorder as both dyslexia and dysgraphia are language-based disorders. Since commercial dysgraphia universal screening instruments may not be available, LEAs must develop procedures to screen kindergarten and first-grade students for dysgraphia based on a collection of student writing samples and teacher observation. Universal screening results should identify those students who are potentially at risk for dysgraphia.

Timing of Screening

TEC §38.003 mandates that **kindergarten students be screened at the end of the school year**. In scheduling the kindergarten screener, LEAs needs to consider the questions in the figure below.

Figure . Considerations for Local Scheduling of Dysgraphia Screening in Kindergarten

- Has adequate time for instruction been provided during the school year?
- Has adequate time been provided to compile data prior to the end of the school year?
- How will the timing of the administration/compilation of the screener fit in with the timing of other required assessments?
- Has sufficient time been provided to inform parents in writing of the results of the screener?
- Has adequate time been provided for educators to offer appropriate interventions to the student?
- Has sufficient time been provided for decision making regarding next steps in the screening process?

Texas Education Code §38.003 does not explicitly state when first grade students must be screened. The SBOE, through approval of the rule which requires adherence to this handbook (19 TAC §74.28), has determined that **students in first grade must be screened no later than January 31 of each year.**

The timing of the grade 1 screening is designed to ensure that students are appropriately screened, and if necessary, evaluated further so that writing difficulties can be addressed in a timely manner. Because kindergarten is not mandatory in Texas, some students will not have been enrolled in kindergarten and will therefore not have been screened prior to the first grade. Waiting too long in the first grade year would delay critical early intervention for students at risk for dysgraphia. Screening of first grade students by January 31 will ensure that sufficient time is provided for data gathering, evaluation, early intervention, etc., to meet the needs of students.

Keep in mind that, even though the screening deadlines are at the end of the year for kindergarten and January 31 for first grade, the procedures for dysgraphia screening will likely include collections of writing samples collected throughout the course of the year and will not be a one point-in-time screener.

Screening Criteria

Screening for dysgraphia must, at minimum, consist of analyzing 3 (preferably at least 5) writing samples and demonstrations of handwriting to observe whether a student demonstrates the following characteristics of dysgraphia:

- Slow or labored written work
- Poor formation of letters
- Poor pencil grip

- Inadequate pressure during handwriting (too hard or too soft)
- Excessive erasures
- Poor spacing between words
- Poor spacing inside words
- Inability to recall accurate orthographic patterns for words
- Inability to copy words accurately
- Inability of student to read what was previously written
- Avoidance of written tasks

Who Administers Dysgraphia Screeners

An LEA must ensure that a student's classroom teacher of record is trained on the LEA's procedures related to how to compile and interpret the dysgraphia screener.

Individuals who collect the samples must also document student behaviors observed while compiling the samples.

An example checklist to assist with screening for dysgraphia is located at Appendix ___.

Interpreting Results of Screening

There are several important factors to consider when interpreting screening results. First, it is important to remember that there is no definitive test score that invariably identifies dysgraphia. Dysgraphia is a neurobiological disorder that exists along a continuum of severity.

Second, it is important to keep the definition and goals of screening in mind. The purpose of screening is to differentiate a smaller set of individuals who may be at risk for dysgraphia. Screening, by definition, must never be the final determination of whether a student has dysgraphia. Subsequent consideration of other data and information with the smaller group is then used to determine next steps. However, it is key to remember that "screening" represents the initial step in the process.

Third, considering the length of time in school will be a consideration, as students enter kindergarten and grade 1 at different readiness levels and some with and without formal or informal prior handwriting instruction.

Risk will fall on a continuum and there will always be false positives (students who screen at risk when they are not) and false negatives (students who screen not at risk when they are). Consequently, continual progress monitoring and an ongoing review of data is important.

For students who are identified at risk for dysgraphia, the school needs to provide intervention targeted to the student's needs provided by the appropriate staff as determined by the LEA. **It is important to note that the use of a tiered intervention process, such as Response to Intervention (RTI) or a Multi-Tiered System of Supports (MTSS), must not be used to delay or deny an evaluation for dysgraphia, especially when parent or teacher observations reveal the common characteristics of dysgraphia.** Any student may be referred for a FIIE under IDEA, at any time, regardless of the results of the screening, if the student is thought to have a disability that requires the provision of special education and related services.

Establishing a Screening Team/Committee for Those At-Risk

Intervening early, before difficulties become intractable, offers the best hope for successful outcomes and prevention of long-term deficits. The purpose of screening is to help identify, as early as possible, the students at risk for dysgraphia so that targeted intervention can be provided. Screening must lead to effective instruction for it to be useful. Therefore, once the screener has been administered and a student has been determined to be possibly at risk for dysgraphia, **a screening team/committee must analyze the results, identify the level of risk for each student, and make informed decisions.**

The screening team/committee must review all data to make informed decisions regarding whether a student exhibits characteristics of dysgraphia. This team must consist of individuals who—

- have knowledge of the student;
- are trained to interpret the quantitative and qualitative results from the screening process; and
- have knowledge of the characteristics of dysgraphia.

The team/committee might consist of the student's classroom teacher, a provider of dyslexia instruction (PDI), a licensed dyslexia therapist (LDT), the individual who administered the screener, a representative of the Language Proficiency Assessment Committee (LPAC) (as appropriate), special education teacher, and an administrator.

More information will likely be needed to make an informed decision regarding referral for evaluation, implementation of targeted interventions with progress monitoring, or continuation of handwriting instruction only. Data gathering will provide this additional information.

Data Gathering

Both quantitative and qualitative information are critical components when the screening team/committee is gathering data to make its informed decisions. Teachers and administrators need to be mindful that screening for risk is an ongoing process.

Screening data must be shared with parents. Screening data must also be used by teachers and school administrators to guide instruction at the classroom level. When large percentages of students are considered at-risk for dysgraphia, it signals a need to review instructional programming and practices and teacher training in effective and explicit handwriting instruction. Information from the student's parents regarding additional background for hand dominance, fine motor activities such as holding crayons to color, scissors to cut, or a fork to eat is helpful when making decisions for targeted intervention.

It is important to remember that at any point in the data review process a referral for an FIIE under the IDEA may be initiated. Parents also have the right to request an FIIE at any time. Regardless of the process in place for screening and data review, whenever accumulated data indicates that a student may have dysgraphia and may require the provision of special education services, despite the provision of adequate instruction and intervention, the student must be referred for an FIIE under the IDEA.

Chapter 8: Evaluation and Identification of Students with Dysgraphia

Child Find

As a reminder, Child Find is a provision in the federal IDEA law that requires the state and each LEA to have policies and procedures in place to ensure that every student in the state who needs special education and related services is located, identified, and evaluated. The purpose of the IDEA is to ensure that students with disabilities are offered a free appropriate public education (FAPE) (20 U.S.C. §1400(d); 34 C.F.R. §300.1). Because a student suspected of having dysgraphia may be a student with a disability under the IDEA, and a student identified with dysgraphia who needs specially designed instruction would meet eligibility for special education and related services, the Child Find mandate includes these students. Therefore, when referring and evaluating students suspected of having dysgraphia, LEAs must follow procedures for conducting an FIIE under the IDEA. For detailed information regarding Child Find visit the Texas Sped Support website, http://spedsupport.tea.texas.gov/. Whether to refer a student for an evaluation under IDEA must always be made on a case-by-case basis and must be driven by data-based decisions.

In most cases, an FIIE under the IDEA must be completed within 45-school days from the time a LEA receives parental consent. The student must continue to receive grade level, systematic explicit core instruction (Tier 1) and any other appropriate tiered interventions while the FIIE is being conducted.

Dysgraphia is a Specific Learning Disability (SLD)

In IDEA, dysgraphia is considered one of a variety of etiological foundations for specific learning disability (SLD). Section 34 C.F.R. §300.8(c)(10) states the following:

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.

Additionally, state law, TEC 38.003, states that dysgraphia is a related disorder to dyslexia.

Referring for an FIIE

At any time if dysgraphia and need for special education services is suspected, the student must be referred for an FIIE. In the case of a screening team/committee, if in the data gathering stage the data leads to a suspicion of dysgraphia and a possible need for special education services, the team/committee must refer the student for an FIIE. Additionally, parents/guardians always have the right to request an FIIE at any time. Once a parent makes a written request for an FIIE, the LEA is obligated to review the student's data history (both formal and informal data) to determine whether there is reason to suspect the student has dysgraphia. If dysgraphia is suspected, the student needs to be evaluated following the guidelines outlined in this chapter, under IDEA and its corresponding regulations, and state law and corresponding regulations. If the school refuses the request to evaluate, it must give parents prior written notice within 15 school days of refusal to evaluate, including an explanation of why the school refuses to conduct an FIIE, the information that was used as the basis for the decision, a copy of the *Notice of Procedural Safeguards,* and *Overview of Special Education for Parents*. Overview of Special Education for Parents (texas.gov) Should the parent disagree with the school's refusal to conduct an evaluation, the parent has the right to initiate dispute resolution options including; mediation, state complaints, and due process hearings.

What is the FIIE?

The FIIE that is conducted for any suspected disability, including dysgraphia, assists in determining:

- Whether the student is a student with a disability in need of special education and related services;
- The impact of the disability on the student's access to and progress in the general education curriculum; and
- If identified and determined eligible by an admission, review and dismissal (ARD) committee, the content of the student's individualized education program (IEP), including information related to enabling the child to be involved in and progress in the general education curriculum.

It is a comprehensive evaluation that uses a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the student, including information provided by the parent. No one single measure or assessment is used, and the evaluation must assess a student in all areas of a suspected disability or disabilities.

Members of the Multidisciplinary Team (MDT)

Once consent to evaluate the student is received from the parent, a multidisciplinary team (MDT) is formed, and this team assumes the responsibility of following all evaluation procedures for the FIIE.

The MDT is a group of members that will be responsible for evaluating a student in **all** areas of suspected disability. The composition will vary based on the suspected disability or disabilities. All members of the MDT bring their specific skill sets to the evaluation process. The members work together to gather, analyze, and interpret evaluation data so that no one member makes unilateral decisions. When dysgraphia is suspected, an occupational therapist may be a necessary member of the MDT.

MDT Duty #1: Review of Existing Evaluation Data (REED)

One of the responsibilities of the MDT is to gather and review data to determine if, when provided learning experiences and instruction appropriate for their age or grade-level standards, a student is not achieving adequately. As part of an FIIE, the MDT conducts a REED, often through a planning meeting, to identify existing data and additional data that needs to be collected. This helps to focus the evaluation and determine which writing areas will require additional data to determine if the student is achieving adequately or not.

Areas to Assess in a Dysgraphia Evaluation

The MDT should determine through the REED process what existing data exists, including parent concerns with writing and writing samples, and what additional data is necessary to comply with the evaluation requirements described in this handbook, as well as in federal and state law and rules. An evaluation for dysgraphia must ultimately show evidence of the following, using new or existing assessment data:

Areas to Assess in a Dysgraphia Evaluation	
Areas that Must be Assessed	**Areas that May Warrant Assessment**
Letter formation (legibility)	Phonological awareness
Spelling of written words	Phonological memory
Written Expression (communicating in writing)	Working memory
Word/sentence copying (timed and untimed)	Verbal expression
Word/sentence dictation (timed and untimed)	Other academic areas
Writing fluency (both accuracy and rate)	

Areas that Must Be Assessed

Difficulties in the areas of letter formation needed for legibility and general handwriting skills would be evident in a student with dysgraphia. Additionally, many students with dysgraphia have difficulty with spelling and written expression. Written expression is the ability to communicate thoughts and ideas through writing. Written expression includes the generation of ideas, the production of writing, including handwriting and spelling, application of grammar, text fluency, sentence construction and planning, and overall execution of the writing process.

Being able to recall accurate orthographic patterns for letters and words is a necessary process to address in an evaluation for dysgraphia as this is a necessary act of handwriting. These difficulties are demonstrated when a student writes a letter, word, or sentence. A student's handwriting speed and legibility are the two cornerstones of functional handwriting. Therefore, when analyzing the student's written output as demonstrated through tasks such as copying of text (timed and untimed), word/sentence dictation (timed and untimed) and writing fluency (both accuracy and rate) the evaluator can examine both the process and product of the assessment since the product may suggest specific difficulties.

Additional Areas that May Warrant Assessment

When a student is asked to spell a dictated word, the student must utilize phonological awareness to access phonological long-term memory and the associated lexical-sematic representations. This in turn activates the orthographic long-term memory to create abstract letter representation that requires motor planning and coordination to execute the task of writing, all maintained in working memory (Chung, Patel, and Nizami, 2019). The important point is that handwriting is language by hand, which uses the graphomotor system to produce visible language which relies greatly on internal representations of letter forms and written words that must be retrieved from memory during the writing process. Therefore, these may be areas that need to be assessed based on the individual student and the MDT's consideration of data.

Dysgraphia is a specific dissociation in the functional writing system of individuals whose overall motor, sensory, language, cognitive, and social-emotional development are typical for the person's age, but their transcription skills (handwriting and spelling) are significantly underdeveloped compared to their verbal reasoning and ability to generate ideas. The deficient transcription skills comprise the higher level processes in written composition. Although overall motor development may be appropriate for the student's age, developmental level, or grade level, subtle motor inefficiencies may compromise writing development.

Identifying Strengths

A critical part of any evaluation is identifying a student's strengths. When considering whether a student has dysgraphia, an important question will be whether the student's data shows inadequate achievement in writing – despite receiving adequate instruction and as compared with the student's other abilities. Other areas will be important in the consideration of whether a student may have dysgraphia. Strengths and weaknesses may exist within a student's writing skills. Note that determining strengths of a student often comes from informal and existing data rather than formal assessments. Strengths can be documented or gathered utilizing data sources within the context of the student's performance in academic and nonacademic areas such as sources found in Figure___, below.

Multiple Sources of Data is Critical

The academic history of each student will provide the school with the cumulative data needed to ensure that underachievement in a student suspected of having dysgraphia is not due to lack of appropriate instruction in handwriting, spelling, and written expression. This information must include data that demonstrate that the student was provided appropriate instruction and include data-based documentation of repeated evaluations of achievement at reasonable intervals (progress monitoring). These cumulative data also include information from parents/guardians. Sources and examples of cumulative data are provided in Figure___.

Figure . Sources and Examples of Cumulative Data

• Vision screening • Hearing screening • Teacher observations and reports • Parent reports of concerns about handwriting, spelling, or written expression • Classroom handwriting assessments • Classroom spelling assessments • Samples of written work (e.g., journal, story responses, writing samples, etc.) • Accommodations provided • Academic progress reports (report cards) • Gifted/talented assessments • Samples of written schoolwork (both timed and untimed) • Parent conference notes	• State student assessment program results as described in TEC §39.022 • Previous school and outside evaluations • School attendance and discipline records • Curriculum-based assessments and measures • Instructional interventions provided and student's progress monitoring data • Screening data • Parent observations and reports, including whether a family history exists • Results of kindergarten-grade 1 universal screening as required in TEC §38.003

MDT Duty #2: Determine What Additional Data is Necessary and Complete the Comprehensive Evaluation Report

Once the MDT has reviewed existing data, they begin collecting any needed new data to help identify if the student is not achieving adequately and demonstrates the characteristics of dysgraphia despite adequate handwriting instruction. If there is sufficient existing data from sources such as informal, criterion-referenced, curriculum-based measures, and norm-referenced assessments, additional testing may not be needed for all areas above. When the MDT determines that additional testing is needed, the MDT must comply with all state and federal requirements in its evaluation.

MDTs may choose to administer standardized, norm-referenced, cognitive assessments as part of the data used to determine the presence of dysgraphia. **However, the presence or absence of specific scores or thresholds on standardized, norm-referenced cognitive assessments cannot be used as the sole measure in ruling in or out the presence of dysgraphia.** There does not need to be a cognitive weakness that matches an academic weakness based on standardized assessments. **Dysgraphia identification is based on multiple measures demonstrating inadequate achievement in light of the student's educational history, linguistic background, environmental or socioeconomic factors, and any other pertinent factors that affect learning.**

It is important to gather information and data from multiple sources to ensure the evaluation is comprehensive and to provide evidence to support conclusions. Multiple sources of data may be found in informal data, curriculum-based measurements, criterion-referenced assessments, and norm-referenced tests.

MDTs collect data that will be used by the admission, review, and dismissal (ARD) committee, which is the committee that will be formed to determine eligibility for special education and related services, and, if determined eligible, to write a student's individualized education program (IEP) to include present skill levels and intervention goals.

Identifying if the student is underachieving in one or more areas is based on the **multiple sources of data** rather than a single score or piece of information. **Evaluators must not rely on interpretative models or processes that exclude evidence of a disability based on predetermined score profiles or cut-off scores. Requiring a student to have a cognitive weakness that correlates with an academic weakness may result in a student not receiving special education and related services that**

they are entitled to receive.

In Texas, a student must either demonstrate an insufficient response to scientific, research-based intervention, commonly referred to as response to intervention (RTI), or exhibit a pattern of strengths and weaknesses (PSW) as to determine whether the child meets the eligibility criteria of dysgraphia or another SLD. An MDT may use either method as part of evaluating and identifying dysgraphia or another SLD. The use of a severe discrepancy between intelligence quotient (IQ) and achievement method cannot be used to determine the presence of dysgraphia or other SLDs in Texas. Dysgraphia or other SLDs can be determined by analyzing a PSW in performance, achievement, or both relative to enrolled grade level standards or by determining that sufficient progress has not been made in meeting enrolled grade level standards based on a student's RTI. See 34 CFR 300.309 and 19 TAC 89.1040 for more information.

With either method, the evaluation and identification of SLD will utilize data sources within the context of the student's performance in the classroom, which could include parent observations of homework or work done at home to supplement instruction; be based on multiple reliable and valid data sources that provide information about the student and the learning environment across settings and over time; and assist in understanding why the student is having difficulties and how the school can intervene, which could include the consideration of previous or outside evaluations.

If a student has participated in research-based interventions implemented with fidelity, student data demonstrating a lack of progress to those interventions would be part of the RTI evidence that an MDT analyzes for purposes of a possible identification of dysgraphia or another SLD. However, it's important to note that participation in interventions cannot be used to delay or deny an FIIE.

A PSW method for identifying dysgraphia or another SLD will consider whether a pattern of strengths and weaknesses is demonstrated in multiple sources of data whereby performance, achievement, or both is atypical compared to the student's age, grade-level standards, or intellectual development and that pattern is relevant to identification of dysgraphia or another SLD and appears to be attributable to a disability. Additionally, if assessing cognitive processes and academic skills, this method may look at whether there are deficits in academic areas that correlate with processing deficits. However, this cannot be used exclusively to rule in or rule out the identification of dysgraphia. This method is NOT the same as determining significant variances (i.e., discrepancies) among cognitive function areas or between cognitive function areas and academic achievement. This method also does NOT require a specific number of strengths and weaknesses within the data but rather a pattern across multiple data sources.

The MDT will look for evidence reflective of the primary characteristics of dysgraphia, such as:

- Handwriting;
- Writing fluency (accuracy and rate, e.g., slow or labored written work) and/or
- Written expression; and/or
- Spelling.

The following figure also represents questions that the MDT must address in the evaluation report to assist the ARD committee when determining whether dysgraphia is present.

Figure . Questions to Determine the Identification of Dysgraphia

- Does the data show Illegible and/or inefficient handwriting with variably shaped and poorly formed letters?
- Does the data show difficulty with unedited written spelling?
- Does the data show low volume of written output as well as problems with other aspects of written expression?
- Do these difficulties (typically) result from a deficit in graphomotor function (hand movements used for writing) and/or storing and retrieving orthographic codes (letter forms)?
- Do multiple sources of data show inadequate handwriting and writing fluency despite the provision of high quality instruction for the student's age or enrolled grade level?
- For students who have participated in evidence-based tiered interventions, have the student's handwriting and writing fluency difficulties persisted despite those interventions?

If the MDT determines the student demonstrates the characteristics of dysgraphia, then the MDT explains the impact of dysgraphia on the student's access and progress in the enrolled grade-level general curriculum.

- Baseline data describes in detail the student's needs in writing as well as any other academic and/or functional needs.
- Barriers in the general curriculum resulting from dysgraphia will be described.
- This information will lead to recommendations about needed specially designed instruction.

The next step to determine if a student has dysgraphia and the need for special education and related services will be decided by the ARD committee. Only the ARD committee has authority to make eligibility decisions for special education and related services. Eligibility is determined by federal and state law and regulations.

Eligibility Determination Made by the Admission, Review, and Dismissal (ARD) Committee

The ARD committee will review the MDT's evaluation report and consider all available data to determine eligibility for special education and related services. When a student is determined to have dysgraphia by the ARD committee and the data shows a need for specially designed dysgraphia intervention/instruction, as this is identified in Chapter 9, the student meets the two prongs of special education eligibility in that the student has a qualifying disability – as dysgraphia is an SLD under IDEA – and demonstrates a need for specially designed instruction.

An ARD committee must keep in mind that the presence of a sensory impairment, such as visual impairment, deaf-blindness, or being deaf or hard of hearing does not rule out the possibility of the presence of dysgraphia and the need for specially designed instruction for dysgraphia. A common misconception is that the mere presence of a sensory impairment automatically rules out dysgraphia. This is not true. A sensory impairment can coexist with dysgraphia. The ARD committee needs to consider this possibility, particularly when a student's academic skills are not progressing as expected despite receiving adequate instruction and appropriate supports and services to meet the needs of the student's sensory impairment. It may be that the sensory impairment does not fully explain the student's current academic underachievement. For some students, the sensory impairment may be a contributing factor but is not what is primarily causing the observed academic underachievement. For these students, dysgraphia may also be present.

If an ARD committee does not find a student eligible for special education and related services, the student may still have an impairment that requires accommodations under Section 504. A Section 504 committee should be convened to determine eligibility based on the FIIE.

Chapter 9: Dysgraphia Intervention/Instruction

Critical Considerations for Dysgraphia Intervention/Instruction

Between 10% and 30% of students struggle with handwriting. Early difficulties in this area are significantly correlated with poorer performance on composition tasks. The following are research-based elements of effective handwriting instruction. These elements, which apply to both manuscript and cursive handwriting, may not necessarily apply to an entire class but instead may be used to support instructional methods delivered in small groups with students whose penmanship is illegible or dysfluent.

- Show students how to hold a pencil.
- Model efficient and legible letter formation.
- Provide multiple opportunities for students to practice effective letter formation.
- Use scaffolds, such as letters with numbered arrows showing the order and direction of strokes.
- Have students practice writing letters from memory.
- Provide handwriting fluency practice to build students' automaticity.
- Practice handwriting in short sessions.

—Adapted from Berninger et al., 1997; Berninger et al., 2006; Denton, Cope, & Moser, 2006; Graham et al., 2012; Graham, Harris, & Fink, 2000; Graham & Weintrub, 1996.

Some students who struggle with handwriting may actually have dysgraphia. Dysgraphia may occur alone, or with dyslexia. An assessment for dysgraphia, as it relates to dyslexia, is important in order to determine whether children need additional explicit, systematic instruction in handwriting only; handwriting and spelling; or handwriting, spelling, and written expression along with word reading and decoding (IDA, 2012).

While it is important for students with dysgraphia to receive the research-based elements of handwriting, spelling, and written language instruction as part of the core curriculum, for those students who require additional supports and services for dysgraphia, instructional decisions must be made by an ARD committee that is knowledgeable about the instructional elements and delivery of instruction that is consistent with research-based practice.

Handwriting

The research-based elements for effective instruction of handwriting as stated above for all students are the same for students with dysgraphia. However, the intensity, frequency, and delivery of instruction must be aligned to meet the student's specific needs as determined by ARD committee. The figure below provides a hierarchy of instruction for handwriting as a reference to best practice:

Figure . Handwriting Hierarchy of Instruction	
Posture	Also known as "Watch Our Writing" (W.O.W) • Feet are flat on the floor • Back is straight • Paper slanted so that the edge of the paper is parallel to the writing arm • Paper anchored with non-writing hand • Pencil grip and position correct
Grip	Normal tripod grip with pencil resting on first joint of middle finger with the thumb and index fingers holding the pencil in place at a 45° angle.

Letter Formation	Emphasis placed in the following order: • Shape • Proportion • Size • Rhythm/fluency • Slant
Sequence	• Lower case letters first; Capitals as needed beginning with first letters of student name • Manuscript – group by stroke formation • Cursive – group by beginning approach stroke • Letters • Syllables • Words • Phrases • Sentences • Paragraphs

Spelling

Handwriting supports spelling, a complex process of translating a phoneme (spoken sound) to the corresponding grapheme (orthographic representation) in order to generate written text to express an idea. Orthography is the written spelling patterns and rules in a given language. Students must be taught the regularity and irregularity of the orthographic patterns of a language in an explicit and systematic manner. The instruction should be integrated with phonology and sound-symbol knowledge. Because spelling is meaning driven and draws upon the phonological, orthographic, and morphological aspects of words, students will benefit from systematic, explicit instruction based on the following guiding principles:

- Phoneme-grapheme correspondence
- Letter order and sequence patterns, or orthographic conventions:
- Syllable types
- Orthographic rules
- Irregular words
- Position of a phoneme or grapheme in a word
- Meaning (morphology) and part of speech
- Language of origin (Moats, 2005)

Written Expression

A potential secondary consequence of dysgraphia is difficulty with students expressing themselves in written text. This difficulty may be attributed to deficits in handwriting, spelling, language processing, or the integration of each of those skills.

Students with written expression difficulties because of dysgraphia benefit from being taught explicit strategies for composing including planning, generating, reviewing/evaluating, and revising different genre including narrative, informational, compare and contrast, and persuasive compositions (IDA, 2012).

Delivery of Dysgraphia Intervention/Instruction

While it is necessary that students are provided instruction in the above content, it is also critical that the way in which the content is delivered be consistent with research-based practices.

Dysgraphia intervention/instruction must be delivered in a **multimodal and multisensory** way, while making adjustments for the individual student based on any sensory impairments or other needs. To the extent possible based on the student's

needs, visual, auditory, kinesthetic, and tactile (VAKT) methods must be used.

Delivery of effective intervention/instruction for students with dysgraphia must also include **all** of the following:

- **Systematic and cumulative**—Multisensory language instruction requires that the organization of material follow order of the language. The sequence must begin with the easiest concepts and most basic elements and progress methodically to more difficult material. Each step must also be based on elements already learned. Concepts taught must be systematically reviewed to strengthen memory.
- **Explicit instruction**—Explicit instruction is explained and demonstrated by the teacher one language and print concept at a time, rather than left to discovery through incidental encounters with information. It is an approach that involves direct instruction: The teacher demonstrates the task and provides guided practice with immediate corrective feedback before the student attempts the task independently.
- **Diagnostic teaching to automaticity**—The teacher must be adept at prescriptive or individualized teaching. The teaching plan is based on careful and continual assessment of the individual's needs. The content presented must be mastered to the degree of automaticity. This teacher knowledge is essential for guiding the content and emphasis of instruction for the individual student. When a reading skill becomes automatic (direct access without conscious awareness), it is performed quickly in an efficient manner.

Providers of Dysgraphia Instruction

An ARD committee will need to determine, based on a student's evaluation report, present levels of academic achievement and functional performance, annual goals, and other data the professionals best suited to instruct the student who has been identified with dysgraphia. The professional must be trained in the research-based elements for effective instruction for handwriting and the delivery of the principles of effective instruction. More than one professional, such as the provider of dyslexia instruction and an occupational therapist, may be necessary to serve the student appropriately.

Chapter 10: Considerations for Emergent Bilingual Students (EBs)

Much diversity exists among emergent bilingual students (EBs). A student's language proficiency may be impacted by any of the following: native language, English exposure, parent education, socioeconomic status of the family, amount of time in the United States, experience with formal schooling, immigration status, community demographics, and ethnic heritage. (Walqui, 2000). EBs may be students served in bilingual and English as a second language (ESL) programs as well as students designated as an emergent bilingual student whose parents have denied services. In addition to the information discussed in the previous section of this chapter, the Language Proficiency Assessment Committee (LPAC) maintains documentation (TAC §89.1220(g)-(i)) that is necessary to consider when identifying EBs with dyslexia. The LPAC is required to meet annually to review student placement and progress and consider instructional accommodations and interventions to address the student's linguistic needs. Since the identification and service delivery process for dyslexia must be aligned to the student's linguistic environment and educational background, involvement of the LPAC is required.

Screening Information to Consider when Screening EBs for Dyslexia and Dysgraphia

Some English learners receive language instruction in their native language. Screening measures should therefore be conducted in that same language to ensure alignment with the language of instruction. Other English learners may participate in English as a Second Language classrooms. They will be screened in English, but it is important to keep in mind that these students will be developing their proficiency in spoken English at the same time they are developing English literacy skills. If proficiency in spoken English is impeded, it will affect the student's ability to progress with reading and writing. (IDA Fact Sheet, 2023.)

For these reasons and more, it is important to pay particular attention to English learners' progress in English as well as their native language and to compare their progress to their peers who are also English learners. If a student is not making expected progress in English, compare the development of those same skills in the native language and evaluate the results based upon the language of instruction (which is often English). If skills are below the expected level in both the native language and English, further testing should be conducted to determine if the student is exhibiting a reading disability such as dyslexia. The need for further testing should be determined based upon the factors discussed above, including the type of language instruction the student is receiving and the recommendations of teachers, parents, and others involved in the education of the student. For more information please see IDA's fact sheet, English Learners and Dyslexia and TEAs Emergent Bilingual Students with Multi-Needs Cross Reference Checklist. The TEA resource was created to help teachers who are instructing emergent bilingual students who may also be at risk for dyslexia.

Information to Consider When Evaluating Emergent Bilingual Students

Reviewing Language Proficiency

A Language Proficiency Assessment Committee (LPAC) is required to meet annually to review EB student placement and progress and consider instructional accommodations and interventions to address the student's linguistic needs. Since the identification and service delivery process for dyslexia must be aligned to the student's linguistic environment and educational background, involvement of the LPAC is required. Additional data sources for EB students are provided below in Figure __..

Figure . Additional Data Sources for Emergent Bilingual Students
• Home Language Survey • Assessment related to identification for limited English proficiency (oral language proficiency test) • Texas English Language Proficiency Assessment System (TELPAS) information for four language domains (listening, speaking, reading, and writing) • Instructional interventions provided to address language needs • Information regarding previous schooling inside and/or outside the United States • Type of language program model provided and language of instruction

Additional Considerations When Evaluating Emergent Bilingual (EB) Students

A professional involved in the evaluation, interpretation of evaluation results, and identification of EB students with dyslexia must have the following training/knowledge:

- Knowledge of first and second language acquisition theory
- Knowledge of the written system of the first language: transparent (e.g., Spanish, Italian, German), syllabic (e.g., Japanese-kana), Semitic (e.g., Arabic, Hebrew), and morpho syllabic (e.g., Chinese-Kanji)
- Knowledge of the student's literacy skills in native and second languages
- Knowledge of how to interpret results from a cross-linguistic perspective
- Knowledge of how to interpret TELPAS (Texas English Language Proficiency Assessment System) results
- Knowledge of how to interpret the results of the student's oral language proficiency in two or more languages in relation to the results of the tests measuring academic achievement and cognitive processes as well as academic data gathered and economic and socioeconomic factors
- Knowledge of cultural bias in standardized assessments
- Knowledge of behaviors associated with language acquisition
- Knowledge of sociocultural influences on learning

Bilingualism itself is not a risk factor for dyslexia, but it is associated with reading difficulties in some learners. Identifying reading difficulties accurately and timely in children learning English as a second or an additional language is challenging because difficulties with acquiring a new language can mask signs indicating the risk of dyslexia (Zhang, & Wang, 2023)). It is important that appropriate assessment tools are used to ensure that EB students are fairly represented in the population of students who are identified as having dyslexia.
IDEA 2004 allows the use of subjective, qualitative measures in the evaluation of EB students as long as a team approach is used, and the measures are equitable, valid, and nondiscriminatory. It is best to use a combination of formal and informal measures in a bilingual assessment. Another way to support the assessment of different language skills, if there is not a test in the native language of the student, is to use informal measures of evaluation such as reading a list of words and listening comprehension in the native language.

The nature of the writing system of a language impacts the reading process. Thus, the identification guideposts of dyslexia in languages other than English may differ. For example, decoding in a language with a transparent written language (e.g., Spanish, German) may not be as decisive an indicator of dyslexia as reading rate. Students with dyslexia who have or who are being taught to read and write a transparent language may be able to decode real and nonwords adequately but demonstrate serious difficulties in reading rate with concurrent deficiencies in phonological awareness and rapid automatized naming (RAN).

Figure . Dyslexia in Transparent and Opaque Orthographies	
Opaque	Transparent

Early and marked difficulty with word-level reading Fluency and comprehension often improve once decoding is mastered	Less difficulty with word-level reading More difficulty with fluency and comprehension

Figure . Characteristics of Dyslexia in English and Spanish	
English	**Spanish**
Phonological awareness	Phonological awareness—may be less pronounced
Rapid naming	Rapid naming
Regular/irregular decoding	Decoding—fewer "irregular words" in Spanish
Fluency	Fluency—often a key indicator
Spelling	Spelling—may show fewer errors than in English, but still more than students that do not have dyslexia
Reading comprehension may be a weakness in both English and Spanish.	

Instructional Considerations for EB Students with Dyslexia

EB students receiving dyslexia instruction will have unique needs. Provision of dyslexia instruction should be in accordance with the program model the student is currently receiving (e.g., dual language, transitional bilingual, ESL). PDIs working with EBs must have additional training on the specialized needs of EBs.

Learning to read, write, and spell in two languages can be facilitated by building on a student's native language knowledge and helping to transfer that knowledge to a second language. While direct, systematic instruction is still required for all aspects of reading, additional explicit instruction will be needed to address the similarities and differences in sounds, syllable structure, morphology, orthography, and syntax between the first and second languages.

For example, instructional considerations may include capitalizing on familiar sound-symbol correspondences. Direct and systematic instruction of the cross-linguistic correlations is beneficial for EB students. Instruction can subsequently include those sound-symbol correlations that partially overlap or present a slight variation from the native language to the second language. Unfamiliar phonemes and graphemes then can be presented to EB students. A systematic approach will enhance instruction and assist the EB student in transferring native language and literacy knowledge to second language and literacy acquisition. Bilingualism is not a barrier to acquiring good literacy skills.

For EB students learning to read in English and not in their native language, progress in reading may be hindered due to limited vocabulary in English. Teachers often do not speak the same home language as their students. However, it is important to understand the linguistic components of the various home languages and thus utilize the commonalities across languages to enhance second language, literacy, and content instruction (Cardenas-Hagan, 2018). Therefore, in addition to all the components of effective instruction previously discussed, intervention for EB students also must emphasize oral language development (Cardenas- Hagan, 2018). Because the English language is derived from Anglo-Saxon, Latin, Greek, French, and other languages, EB students can expand their oral language and vocabulary knowledge by understanding the cognates (baseball/béisbol or leader/lider) that exist in their native language and English. The similarities of words in the native language and English must be explicitly taught.

It is also necessary to incorporate ESL strategies during the instruction and in all content areas. In Texas, LEAs are required to implement the English Language Proficiency Standards (ELPS) as an integral part of each subject area in the required curriculum (TAC §74.4(a)). Dyslexia instruction for EB students must incorporate the ELPS. A few strategies to consider include the following:

- Establish routines so that EB students understand what is expected of them
- Provide native language support when giving directions or when students do not understand the task
- Provide opportunities for repetition and rehearsal so that the new information can be learned to mastery
- Adjust the rate of speech and the complexity of the language used according to the second language proficiency level of each student
- Provide extra time for the EB student to process the English language. This is especially necessary during the early stages of second language development.
- Provide extra time for the EB student to formulate oral and written responses
- Emphasize text that includes familiar content and explain the structure of the text

Chapter 11: Considerations for Gifted and Twice Exceptional Learners

Twice exceptional or 2e is a term used to describe students who are both intellectually gifted (as determined by an accepted standardized assessment) and learning disabled, which includes students with dyslexia. The NAGC (National Association for Gifted Children) recognizes three types of students who could be identified as 2e:

- Identified gifted students who have a learning disability
- Students with a learning disability whose giftedness has not been identified
- Unidentified students whose gifts and disabilities may be masked by average school achievement

International Dyslexia Association (n.d.). *Gifted and Dyslexic: Identifying and Instructing the Twice Exceptional Student*. https://app.box.com/s/7b1pme4nshtqe2uh1cll9mv9bmbf4pxz

Due to the diversity of twice-exceptional students, the identification of twice-exceptional learners can be challenging. Evaluation and identification require those vested in the education of these learners to be knowledgeable of the unique characteristics and behaviors demonstrated by twice-exceptional learners. Often the disability masks the giftedness, emphasizing barriers to learning instead of the potential that the learner has as a result of the gifted attributes. Conversely, the giftedness may mask the disability, which may result in the student experiencing gaps in learning compounded by the disability, thus affecting how the learner perceives his or her abilities.

Twice-exceptional students make up a highly diverse group of learners. While they do not form a simple, homogenous group, there are indicators that tend to be typical of many children who are both gifted and who also have a disability. Cognitive and affective indicators may include strengths such as extreme curiosity and questioning, high levels of problem-solving and reasoning skills, and advanced ideas/opinions which they are uninhibited about expressing. Cognitive and affective challenges twice-exceptional learners may exhibit include discrepant verbal and performance abilities, deficient or extremely uneven academic skills, and auditory and/or visual processing problems which may cause them to respond or work slowly or appear to think slowly. For more information regarding general characteristics of twice-exceptional learners, please see https://gtequity.tea.texas.gov/twice-exceptional-learners-2e on TEA's Equity in G/T Education website.

Enrollment in Gifted/Talented and Advanced Academic Programs

A student who has been identified with dyslexia can also be a gifted learner, or a twice-exceptional learner. A twice-exceptional learner is a child or youth who performs at or shows the potential for performing at a remarkably high level of accomplishment when compared to others of the same age, experience, or environment and who exhibits high-performance capability in an intellectual, creative, or artistic area; possesses an unusual capacity for leadership; or excels in a specific academic field and who also gives evidence of one or more disabilities as defined by federal or state eligibility criteria. Disability criteria may include the following:

- Learning disabilities
- Speech and language disorders
- Emotional/behavioral disorders
- Physical disabilities
- Traumatic brain injury
- Autism spectrum disorder
- Sensory disabilities (hearing impaired, visually impaired, blind-deaf)
- Other health impairments that limit strength, vitality, or alertness (such as ADHD)

Twice-exceptional students must be provided access to all service and course options available to other students. Section 504 and Title II of the Americans with Disabilities Act (ADA), require that qualified students with disabilities be given the same opportunities to compete for and benefit from accelerated programs and classes as are given to students without disabilities [34 C.F.R. §104.4(b)(1)(ii) and 28 C.F.R. §35.130(b)(1)(ii)]. **A student with a disability such as dyslexia or a related disorder may not be denied admission to an accelerated or advanced class or program solely because of the student's need for special education or related aids or services or because the student has an IEP or Section 504 Plan.**
Additionally, a student with a disability may not be prohibited from using special education or related aids as a condition of participating in an accelerated or advanced class or program. Participation by a student with a disability in an accelerated or advanced class or program generally would be considered part of the regular education referenced in IDEA and Section 504 regulations. Thus, if a qualified student with a disability requires related aids and services to participate in a regular education class or program, the school cannot deny that student the needed related aids and services in an accelerated or advanced class or program.

Accommodations or Modifications in an Accelerated or Advanced Course

In determining the appropriate courses and programs, the following questions should be considered by a twice-exceptional learner's ARD or Section 504 committee:

- Does the student meet the basic eligibility or admission requirements applied to ALL students?
- Does the student need special education or related aids and services to receive FAPE?
- Do the academic accommodations or related aids and services constitute a fundamental alteration of the program?

The U.S. Department of Education's Office for Civil Rights offers information for addressing students with disabilities seeking enrollment in advanced academic programs such as Advanced Placement and International Baccalaureate courses. For more information, see the Dear Colleague Letter regarding Access by Students with Disabilities to Accelerated Programs at https://www2.ed.gov/about/offices/list/ocr/letters/colleague-20071226.html.

Additional support, information, and resources are available through the Equity in Gifted/Talented (G/T) Education website at www.gtequity.org/index.php. The *Texas State Plan for the Education of Gifted/Talented Students*, available at www.tea.state.tx.us/index2.aspx?id=6420, mandates that once any student is identified as gifted, he/she must be provided gifted/talented services that are commensurate with his/her abilities (1.4C, 1.6C, 2.1C, and 3.3C). Additionally, due to the disability, twice-exceptional learners should have an IEP through special education services or a Section 504 Plan through general education. Additional support for LEAs serving twice-exceptional students is available at www.gtequity.org/twice.php.

Appendix A: Questions and Answers:

Still being developed

Appendix B: Certifications/Licenses Available for Providers of Dyslexia Instruction (taken from current handbook and moved to appendix B)

Figure 5.1. Training Requirements for Educators Providing Dyslexia Services

Dyslexia Certification/License	Licensing Body	Degree Required	Training Program	Course Contact Hours	Practicum Hours	Direct Observations	Certification Exam	Continuing Education Requirement
Educator certification* as appropriate	State Board for Educator Certification (SBEC)	Bachelors	Training which meets components of instruction and delivery	Varies with program	Varies with program	Varies with program	None	None
*Teachers, such as reading specialists, master reading teachers, general education classroom teachers, or special education teachers are not required to hold a specific license or certification to provide dyslexia intervention for students; however, they must at a minimum have additional documented dyslexia training aligned to 19 TAC §74.28(c) and must deliver the instruction with fidelity.								
Licensed Dyslexia Therapist (LDT)	Texas Department of Licensing and Regulation (TDLR)	Masters	IMSLEC Accredited or other MSLE Program	200	700	10	yes	20 hrs/2 yrs
Licensed Dyslexia Practitioner (LDP)	Texas Department of Licensing and Regulation (TDLR)	Bachelors	IMSLEC Accredited or other MSLE	45	60	5	yes	20 hrs/2 yrs
Certified Academic Language Therapist (CALT)	Academic Language Therapy Association (ALTA)	Bachelors	IMSLEC Accredited or other MSLE	200	700	10	yes	10 hrs/1 yr
Certified Academic Language Practitioner (CALP)	Academic Language Therapy Association (ALTA)	Bachelors	IMSLEC Accredited or other MSLE Program	45	60	5	yes	10 hrs/1 yr
Certified Structured Literacy/Dyslexia Specialist	Center for Effective Reading Instruction (CERI)	Bachelors	IDA Accredited	135	30	3	yes	10 hrs/1 yr
Certified Structured Literacy/Dyslexia Interventionist	Center for Effective Reading Instruction (CERI)	Bachelors	IDA Accredited	90	30	3	yes	10 hrs/1 yr
Wilson Level II Certification/Therapist	Wilson Language Training	Bachelors	IDA Accredited	2000	215	11+	yes	50 hrs/5 yrs
Wilson Level I Certification/Practitioner	Wilson Language Training	Bachelors	IDA Accredited	105	65	5+	yes	50 hrs/5 yrs

AOGPE Fellow Level	Academy of Orton-Gillingham Practitioners and Educators (AOGPE)	Masters	AOGPE	250	600	13	no	none
AOGPE Certified Level	Academy of Orton-Gillingham Practitioners and Educators (AOGPE)	Bachelors	AOGPE	160	300	10	no	none
AOGPE Associate Level	Academy of Orton-Gillingham Practitioners and Educators (AOGPE)	Bachelors	AOGPE	Option A - 60 Option B - 70	Option A - 100 1 to 1 hours Option B - 50 1 to 1 hours; & 50 group hours	10	no	none

Appendix C: Checklist for Dysgraphia Screening – still being developed but including in first reading

Student Name:
Date:
Step One:
The following characteristics were reviewed by analyzing a collection of 3 to 5 writing samples (different times of the day, different lengths, copying vs. composing) and observations in the classroom:

Characteristics:	**Yes**	**No**
Direct and explicit instruction in letter formation with guided practice to become proficient in the task of handwriting has been provided		
Slow or labored written work		
Poor formation of letters (letters are not recognizable out of context)		
Poor pencil grip		
Inadequate pressure during handwriting (too hard or too soft)		
Excessive erasures and/or retracing of letters		
Poor spacing between words		
Poor spacing inside words		
Inability to recall accurate orthographic patterns for words		
difficulty copying words from a book or board accurately		
Student experiences difficulty reading what was previously written		
Avoidance of written tasks		

Please note that legible handwriting includes the following characteristics:

– **Letter formation** – recognizable out of context; consistent formations
– **Size**- of the letters and proportional size between upper and lowercase letters
– **Spacing** – between letters and words
– **Line quality** – steadiness and thickness of line
– **Alignment** – uniformity of size and consistency on the writing line

Step Two:
Compare to a writing sample demonstrating grade-appropriate handwriting skills. The purpose is to obtain an overall impression of the quality of the written product (not the content of the writing), to establish the extent to which the handwriting allows for effective communication.

Overall Impression of the writing	**Yes**	**No**
Only few words are legible		
Script is extremely effortful to read		
Very poor layout on the page		
Most words contain additional elements, re-tracing or over-writing of letters		

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Appendix E: Additional research citations on essential components of dyslexia instruction: (taken from current handbook and moved)

The following research reflects the essential components of dyslexia instruction discussed above and may serve as additional sources of information for those working with students identified with dyslexia. The similarities between the state's approach and the research are noted in bold. Unless otherwise indicated, the following pages contain excerpts from the resources cited.

1. August and Shanahan (2006, pp. 3–5) state the following:
    - **Instruction that provides substantial coverage in the key components of reading—identified by the National Reading Panel (NICHD, 2000) as phonemic awareness, phonics, fluency, vocabulary, and text comprehension**—has clear benefits for language-minority students.
    - **Instruction in the key components of reading** is necessary—but not sufficient—for teaching language-minority students to read and write proficiently in English. Oral proficiency in English is critical as well, but student performance suggests that it is often overlooked in instruction.
    - Oral proficiency and literacy in the first language can be used to facilitate literacy development in English.

August, D., & Shanahan, T. (Eds.). (2006). *Executive summary: Developing literacy in second-language learners: Report of the National Literacy Panel on language-minority children and youth.* Mahwah, NJ: Lawrence Erlbaum.

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2. Berninger and Wolf (2009, p. 49–50) state the following:

    Until children are reading without effort, each reading lesson should consist of **teacher-directed, explicit, systematic instruction** in 1) phonological awareness; 2) applying phonics (alphabetic principle) and morphology to decoding; 3) applying background knowledge already learned to unfamiliar words or concepts in material to be read (activating prior knowledge); 4) both oral reading and silent reading, with appropriate instructional materials; 5) activities to develop oral reading fluency; and 6) reading comprehension.

Berninger, V. W., & Wolf, B. J. (2009). *Teaching students with dyslexia and dysgraphia: Lessons from teaching and science.* Baltimore, MD: Paul H. Brookes Publishing.

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3. Birsh (2018, p. 3) states the following:

    Teachers need to undergo extensive **preparation in the disciplines inherent in literacy**, which include the following:
    - Language development
    - **Phonology** and **phonemic awareness**
    - Alphabetic knowledge
    - Handwriting

- **Decoding (reading)**
- **Spelling (encoding)**
- **Fluency**
- **Vocabulary**
- **Comprehension**
- Composition
- Testing and assessment
- Lesson planning
- Behavior management
- Study skills
- History of the English language
- Technology
- Needs of older struggling students

Birsh, J. R. (2018). Connecting research and practice. In J. R. Birsh, *Multisensory teaching of basic language skills* (4th ed., pp. 2–34). Baltimore, MD: Paul H. Brookes Publishing.

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4. Clark and Uhry (2004, pp. 89–92) state the following:
    - Children with dyslexia need the following:
        - **Direct, intensive, and systematic** input from and interaction with the teacher
        - Immediate feedback from the teacher
        - Careful pacing of instruction
        - **Systematic** structured progression from the simple to the complex
    - Other components of instruction include the following:
        - Learning to mastery
        - Multisensory instruction

Clark, D., & Uhry, J. (Eds.). (2004). Dyslexia: Theory and practice of instruction (3rd ed.). Austin, TX: Pro-Ed.

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5. Henry (2010, p. 21) states the following:

> By teaching the concepts inherent in the word origin and word structure model across a decoding-spelling continuum from the early grades through at least eighth grade, and by using technology when it serves to reinforce these concepts, teachers ensure that students have strategies to decode and spell most words in the English language. This framework and continuum readily organize a large body of information for teachers and their students. Not only do students gain a better understanding of English word structure, but they also become better readers and spellers.

Henry, M. K. (2010). *Unlocking literacy: Effective decoding and spelling instruction* (2nd ed.). Baltimore, MD: Paul H. Brookes Publishing.

6. Mather and Wendling (2012, p. 171) state the

following: Individuals with dyslexia need to

- understand how phonemes (sounds) are represented with graphemes (letters);
- learn how to blend and segment phonemes to pronounce and spell words;
- learn how to break words into smaller units, such as syllables, to make them easier to pronounce;
- learn to recognize and spell common orthographic graphic patterns (e.g., -tion);
- learn how to read and spell words with irregular elements (e.g., ocean); and
- spend time engaged in meaningful reading and writing activities.

Mather, N. M., & Wendling, B. J. (2012). *Essentials of dyslexia assessment and intervention*. Hoboken, NJ: John Wiley & Sons.

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7. Moats (1999, pp. 7–8) states that

Well designed, controlled comparisons of instructional approaches have consistently supported these components and practices in reading instruction:

- **direct teaching** of decoding, comprehension, and literature appreciation;
- **phoneme awareness** instruction;
- **systematic and explicit instruction** in the code system of written English;
- daily exposure to a variety of texts, as well as incentives for children to read independently and with others;
- **vocabulary** instruction that includes a variety of complementary methods designed to explore the relationships among words and the relationships among word structure, origin, and meaning;
- **comprehension** strategies that include prediction of outcomes, summarizing, clarification, questioning, and visualization; and
- frequent **writing** of prose to enable a deeper understanding of what is read.

Moats, L. C. (1999). *Teaching reading is rocket science: What expert teachers of reading should know and be able to do* (Item No. 39-0372). Washington, DC: American Federation of Teachers.

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8. Moats (1999, pp. 7– 20) states the following:

The **knowledge and skills needed to teach reading** include the following:

- The psychology of reading and reading development
    - Basic facts about reading
    - Characteristics of poor and novice readers

    - Environmental and physiological factors in reading development
    - How reading and spelling develop
- Knowledge of the language structure
    - **Phonology**
    - **Phonetics**
    - **Morphology**
    - **Orthography**
    - **Semantics**
    - **Syntax and text structure**
- Practical skills of instruction—use of validated instructional practices
- Assessment of classroom reading and writing skills

Moats, L. C. (1999). *Teaching reading is rocket science: What expert teachers of reading should know and be able to do* (Item No. 39-0372). Washington, DC: American Federation of Teachers.

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9. The National Reading Panel's (2000) *Report of the National Reading Panel* highlights the following:

   Emphasis is placed on the importance of **identifying early** which children are at risk for reading failure and **intervening quickly** to help them.

   How reading is taught matters—reading instruction is most effective when it is taught **comprehensively, systematically, and explicitly**.

National Reading Panel. (2000). *Report of the National Reading Panel: Teaching children to read: An evidence-based assessment of the scientific research literature on reading and its implications for reading instruction.* Washington, DC: National Institute of Child Health and Human Development.

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10. Shaywitz (2020, pp. 281-284) outlines the following essentials for a successful reading intervention and effective early intervention program:

    Essentials of a successful reading intervention include the following:

    - **Early intervention**—The best intervention begins in kindergarten with remediation beginning in first grade.
    - **Intense instruction**—Reading instruction must be delivered with great intensity. Optimally, a child who is struggling to read should be given instruction in a group of three and no larger than four students, and the child should receive this focused reading instruction at least four, and preferably five, days a week.
    - **High-quality instruction**—High-quality instruction is provided by a highly qualified teacher. Recent studies highlight the difference that a teacher can make in the overall success or failure of a reading program.
    - **Sufficient duration**—One of the most common errors in teaching a student with dyslexia to read is to withdraw prematurely the instruction that seems to be working. A child who is

reading accurately but not fluently at grade level still requires intensive reading instruction. Essentials of an effective **early intervention** program include the following:

- Systematic and direct instruction in the following:
  - **Phonemic awareness**—noticing, identifying, and manipulating the sounds of spoken language
  - **Phonics**—how letters and letter groups represent the sounds [of] spoken language
  - Sounding out words (decoding)
  - Spelling
  - Reading sight words
  - **Vocabulary** and concepts
  - **Reading comprehension** strategies
- Practice in applying the above skills in reading and in writing
- **Fluency** training
- Enriched language experiences: listening to, talking about, and telling stories

Shaywitz, S. & Shaywitz, J. (2020). *Overcoming dyslexia: A new and complete science-based program for reading problems at any level*. (2nd ed.). New York, NY: Alfred A. Knopf.

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11. Torgesen (2004, p. 376) states the following:

> The first implication for practice and educational policy is that schools must work to provide **preventive interventions** to eliminate the enormous reading practice deficits that result from prolonged reading failure. The second implication is that schools must find a way to provide interventions for older children with reading disabilities that are appropriately focused and sufficiently intensive.

Torgesen, J. K. (2004). Lessons learned from research on interventions for students who have difficulty learning to read. In P. McCardle, & V. Chhabra (Eds.), *The voice of evidence in reading research* (pp. 355–382). Baltimore, MD: Paul H. Brookes Publishing.

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12. Vaughn and Linan-Thompson (2003, pp. 299–320) state the following:

- Mounting evidence suggests that most students with reading problems can make significant gains in reading if provided **systematic, explicit, and intensive** reading instruction based on critical elements associated with improved reading such as **phonemic awareness, phonics, fluency in word recognition and text reading, and comprehension.**

- There were no statistically significant differences between students receiving intervention instruction in a teacher-to-student ratio of 1:1 or 1:3 though both groups outperformed students in a 1:10 teacher to student ratio.

- Student progress determined the length of intervention.

Vaughn, S., & Linan-Thompson, S. (2003). Group size and time allotted to intervention. In B. Foorman

(Ed.), *Preventing and remediating reading difficulties* (pp. 275–320). Parkton, MD: York Press.

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13. The International Dyslexia Association (2009, pp. 1–2) states the following:

    Professional practitioners, including **teachers or therapists, should have had specific preparation in the prevention and remediation of language-based reading and writing difficulties**. Teachers and therapists should be able to state and provide documentation of their credentials in the prevention and remediation of language-based reading and writing difficulties, including program-specific training recommended for the use of specific programs.

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14. The International Dyslexia Association's *Knowledge and Practice Standards for Teachers of Reading* provides **standards for teachers** of students with dyslexia.

The International Dyslexia Association. (2010). *Knowledge and practice standards for teachers of reading*.

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15. The International Multisensory Structured Language Education Council (IMSLEC) provides accreditation in quality training courses for the professional preparation of multisensory **structured language education specialists**.

International Multisensory Structured Language Education Council (IMSLEC): http://www.imslec.org

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Appendix E: Ineffective Treatments for Dyslexia (from current handbook and moved)

Ineffective Treatment for Dyslexia

Interventions that claim to treat dyslexia in the absence of print are generally ineffective. Claims of ineffective treatments for dyslexia may use terms or techniques described as "brain training," "crossing the midline," "balance therapy," and others. While some treatments may ameliorate conditions other than dyslexia, their use for students with dyslexia has not demonstrated effectiveness. Figure 4.2 addresses some commonly advertised interventions that may be purported to treat dyslexia, but scientific, peer-reviewed research has demonstrated ineffective results for students with dyslexia.

Figure 5.2. Treatments Ineffective for Dyslexia

Examples	What Research Has Found	Citation
Colored Overlays and Colored Lenses	"Consistent with previous reviews and advice from several professional bodies, we conclude that the use of colored overlays to ameliorate reading difficulties cannot be endorsed and that any benefits reported in clinical settings are likely to be the result of placebo, practice, or Hawthorne effects."	**Griffiths, P.G., Taylor, R.H., Henderson, L.M., & Barrett, B.T. (2016). The effect of coloured overlays and lenses on reading: a systematic review of the literature. *Ophthalmic & Physiological Optics, 36,* 519–544. https://doi.org/ 10.1111/opo.12316**
Specialized fonts designed for people with dyslexia	"Dyslexie font did not lead to improved reading compared to normal 'Arial' font, nor was it preferred by most students."	**Kuster, S. M., van Weerdenburg, M., Gompel, M., & Bosman, A. M. (2018). Dyslexie font does not benefit reading in children with or without dyslexia. *Annals of Dyslexia*, *68*, 25-42. https://doi.org/10.1007/s11881-017-0154-6**
Vision Therapy	"Scientific evidence does not support the claims that visual training, muscle exercises, ocular pursuit-and-tracking exercises, behavioral/ perceptual vision therapy, 'training' glasses, prisms, and colored lenses and filters are effective direct or indirect treatments for learning disabilities. There is no valid evidence that children who participate in vision therapy are more responsive to educational instruction than children who do not participate."	**Handler, S.M., Fierson, W.M., et al. (2011). Joint technical report - learning disabilities, dyslexia, and vision. *Pediatrics*, 127, e818-56. https://doi.org/10.1542/peds.2010-3670**
Specific Working Memory Training Programs	**"The authors conclude that working memory training programs appear to produce short-term, specific training effects that do not generalize to measures of 'real-world' cognitive skills. These results seriously question the practical and theoretical importance of current computerized working memory programs as methods of training working memory skills."**	**Melby-Lervåg, M., Redick, T. & Hulme, C. (2016). Working memory training does not improve performance on measures of intelligence or other measures of "far transfer": Evidence from a meta-analytic review. *Perspectives on Psychological Science, 11*, 512-534. https://DOI: 10.1177/1745691616635612**

Appendix : Instructional Accommodations for Students with Disabilities (from current handbook and moved)

Students with dyslexia who receive an evidence-based dyslexia program that contains the components described in this chapter will be better equipped to meet the demands of grade-level or course instruction. In addition to dyslexia instruction, accommodations provide the student with dyslexia effective and equitable access to grade-level or course instruction in the general education classroom. **Accommodations are not one size fits all; rather, the impact of dyslexia on each individual student determines the necessary accommodation.** Listed below are **examples** of reasonable classroom accommodations:

- Copies of notes (e.g., teacher- or peer-provided)
- Note-taking assistance
- Additional time on class assignments and tests
- Reduced/shortened assignments (e.g., chunking assignments into manageable units, fewer items given on a classroom test or homework assignment without eliminating concepts, or student planner to assist with assignments)
- Alternative test location that provides a quiet environment and reduces distractions
- Priority seating assignment
- Oral reading of directions or written material
- Word banks
- Audiobooks
- Text to speech
- Speech to text
- Electronic spellers
- Electronic dictionaries
- Formula charts
- Adaptive learning tools and features in software programs

Accommodations are changes to materials, actions, or techniques, including the use of technology, that enable students with disabilities to participate meaningfully in grade-level or course instruction. The use of accommodations occurs primarily during classroom instruction as educators use various instructional strategies to meet the needs of each student. A student may need an accommodation only temporarily while learning a new skill, or a student might require the accommodation throughout the school year and over several years including beyond graduation.

Decisions about which accommodations to use are very individualized and must be made for each student by that student's ARD or Section 504 committee, as appropriate. Students can, and should, play a significant role in choosing and using accommodations. Students need to know what accommodations are possible, and then, based on knowledge of their personal strengths and limitations, they select and try accommodations that might be useful for them. The more input students have in their own accommodation choices, the more likely it is that they will use and benefit from the accommodations.

When making decisions about accommodations, instruction is always the foremost priority. Not all accommodations used in the classroom are allowed during a state assessment. However, an educator's ability to meet the individual needs of a student with dyslexia or provide support for the use of an accommodation must not be limited by whether an accommodation is allowable on a state assessment.

In order to make accommodation decisions for students, educators must have knowledge of the Texas Essential Knowledge and Skills (TEKS) and how a student performs in relation to them. Educators must also collect and analyze data pertaining to the use and effectiveness of accommodations (e.g., assignment/test scores with and without the accommodation, observational reports from parents and teachers) so that informed educational decisions can be made for each student. By analyzing data, an educator can determine if the accommodation becomes inappropriate or unnecessary over time due to the student's changing needs. Likewise, data can confirm for the educator that the student still struggles in certain areas and should continue to use the accommodation.

For more information about accommodations, see Accommodations for students with Disabilities available at https://dyslexiaida.org/accommodations-for-students-with-dyslexia/.

Access to Instructional Materials for Students with Disabilities

Accessible instructional materials (AIM) are textbooks and related core instructional materials that have been converted into specialized formats (e.g., Braille, audio, digital text, or large print) for students who are blind or have low vision, have a physical disability, or have a reading disability such as dyslexia. Digital books or text-to-speech functions on computers and mobile devices provide access to general education curriculum for students with dyslexia. **Bookshare** and **Learning Ally** provide electronic access to digitally recorded materials for students with print disabilities. TEA provides links to these resources as well as other accessible instructional materials for students with disabilities at http://www.tea.state.tx.us/index2.aspx?id=2147487109.

Texas State Student Assessment Program Accommodations for Students with Disabilities

Educators, parents, and students must understand that accommodations provided during classroom instruction and testing might differ from accommodations allowed for use on state assessments. The state assessment is a standardized tool for measuring every student's learning in a reliable, valid, and secure manner. An accommodation used in the classroom for learning may invalidate or compromise the security and integrity of the state assessment; therefore, not all accommodations suitable for instruction are allowed during the state assessments. It is important to keep in mind that the policies for accommodation use on state assessments **should not** limit an educator's ability to develop individualized materials and techniques to facilitate student learning. **Instruction comes first** and can be customized to meet the needs of each student. For the purposes of the statewide assessments, students needing accommodations due to a disability include the following:

- Students with an identified disability who receive special education services and meet established eligibility criteria for certain accommodations
- Students with an identified disability who receive Section 504 services and meet established eligibility criteria for certain accommodations
- Students with a disabling condition who do not receive special education or Section 504 services but meet established eligibility criteria for certain accommodations

For students who receive special education or Section 504 services, the decision for student use of accommodations during the statewide assessments is made by the ARD or Section 504 committee. In those rare instances where a student does not receive services but meets the eligibility criteria due to a disabling condition, the decision about using accommodations on the statewide assessments is made by the appropriate team of people at the campus level, such as the RTI team or student assistance team. For more information about accommodations on statewide assessments, visit https://tea.texas.gov/accommodations/.

Appendix __: Instructional Accommodations for Students with Dysgraphia (from current handbook and moved)

By receiving instruction based on the elements described in this chapter, a student with dysgraphia is better equipped to meet the demands of grade-level or course instruction. In addition to targeted instruction, accommodations provide the student with dysgraphia effective and equitable access to grade-level or course instruction in the general education classroom.
Accommodations are not a one size fits all; rather, the impact of dysgraphia on each individual student determines the accommodation. When considering accommodations for the student with dysgraphia, consider the following:

- The rate of producing written work
- The volume of the work to be produced
- The complexity of the writing task
- The tools used to produce the written product

Listed below are **examples** of reasonable classroom accommodations for a student with dysgraphia based on the above considerations:

- Allow more time for written tasks including note taking, copying, and tests
- Reduce the length requirements of written assignments
- Provide copies of notes or assign a note taking buddy to assist with filling in missing information
- Allow the student to audio record important assignments and/or take oral tests
- Assist student with developing logical steps to complete a writing assignment instead of all at once
- Allow the use of technology (e.g., speech to text software, etc.)
- Allow the student to use cursive or manuscript, whichever is most legible and efficient
- Allow the student to use graph paper for math, or to turn lined paper sideways, to help with lining up columns of numbers
- Offer an alternative to a written project such as an oral report, dramatic presentation, or visual media project

Accommodations are changes to materials, actions, or techniques, including the use of technology, that enable students with disabilities to participate meaningfully in grade-level or course instruction. The use of accommodations occurs primarily during classroom instruction as educators use various instructional strategies to meet the needs of each student. A student may need an accommodation only temporarily
while learning a new skill, or a student might require the accommodation throughout the school year or over several years including beyond graduation.

Decisions about which accommodations to use are very individualized and must be made for each student by that student's ARD or Section 504 committee, as appropriate. Students can, and should, play a significant role in choosing and using accommodations. Students need to know what accommodations are possible, and then, based on knowledge of their personal strengths and limitations, they select and try accommodations that might be useful for them. The more input students have in their own accommodation choices, the more likely it is that they will use and benefit from the accommodations.
When making decisions about accommodations, instruction is always the foremost priority. Not all accommodations used in the classroom are allowed during a state assessment. However, an educator's ability to meet the individual needs of a student with dysgraphia or provide support for the use of an accommodation must not be limited by whether an accommodation is allowable on a state assessment.

In order to make accommodation decisions for students, educators must have knowledge of the Texas Essential Knowledge and Skills (TEKS) and how a student performs in relation to them. Educators must also collect and analyze data pertaining to the use and effectiveness of accommodations (e.g., assignment/test scores with and without the accommodation, observational reports from parents and teachers) so that informed educational decisions can be made for each student. By analyzing data, an educator can determine if the accommodation becomes inappropriate or unnecessary over time due to the student's changing needs. Likewise, data can confirm for the educator that the student still struggles in certain areas and should continue to use the accommodation.

For more information about accommodations, see At a Glance: Classroom Accommodations for Dysgraphia, available at https://www.understood.org/en/school-learning/partnering- with-childs-school/instructional- strategies/at-a-glance-classroom-accommodations-for- dysgraphia