OCTOBER 2026



DYSLEXIA
in South Dakota
HANDBOOK

Available online at doe.sd.gov/secretary/dyslexia.aspx

south dakota
DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

This handbook is a resource for educators to learn more about dyslexia. Additional resources at the back support students with dyslexia.

The South Dakota Department of Education (DOE) recognizes dyslexia as a type of specific learning disability that affects students nationwide. Students may demonstrate early reading difficulties characterized by struggles with reading acquisition skills. Even with effective classroom instruction these difficulties may become more apparent as language and learning demands increase. Students with dyslexia demonstrate a unique pattern of characteristics that may explain these reading difficulties.

DOE has published this handbook since 2009, keeping it current through the years as new research and practices emerge. For more information on the DOE's efforts around dyslexia, visit: doe.sd.gov/dyslexia.

This version updates the handbook throughout to reflect the International Dyslexia Association's 2025 definition of dyslexia, incorporates current best practices in structured literacy instruction and assessment, adds new sections on risk factors, frequently asked questions, and ineffective interventions, and aligns all criteria, myths, and intervention guidance with current research.

Thank you to all who have contributed time and expertise to make this handbook possible.

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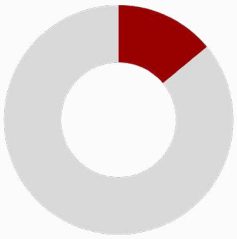
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Definition of Dyslexia

"Dyslexia is a specific learning disability characterized by difficulties in word reading and/or spelling that involve accuracy, speed, or both and vary depending on the orthography. These difficulties occur along a continuum of severity and persist even with instruction that is effective for the individual's peers. The causes of dyslexia are complex and involve combinations of genetic, neurobiological, and environmental influences that interact throughout development. Underlying difficulties with phonological and morphological processing are common but not universal, and early oral language weaknesses often foreshadow literacy challenges. Secondary consequences include reading comprehension problems and reduced reading and writing experience that can impede growth in language, knowledge, written expression, and overall academic achievement. Psychological well-being and employment opportunities also may be affected. Although identification and targeted instruction are important at any age, language and literacy support before and during the early years of education is particularly effective." The International Dyslexia Association (IDA, 2025)

How Widespread is Dyslexia?



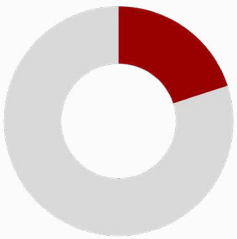
13-14% of the school population

are identified with a condition that qualifies for Special Education services.



85% of students with learning disabilities

have a primary learning disability in reading and language processing.



15-20% of the general population

may show symptoms of dyslexia - most benefit from systematic, explicit reading instruction.

Source: IDA Fact Sheet "Dyslexia Basics", Moats & Dakin (Cowen for IDA)

Characteristics of Students with Dyslexia

Dyslexia is a specific learning disability affecting word-level reading and spelling. The severity of dyslexia exists along a continuum, which can range from mild to severe, and it is identified by persistent difficulties in word reading and/or spelling involving accuracy, speed, or both. Dyslexia is not defined by an IQ-achievement discrepancy. Difficulties with phonological and morphological processing are common but not universal; early oral language weaknesses often foreshadow later literacy challenges. The causes of dyslexia are complex and involve combinations of genetic, neurobiological, and environmental influences. Students with dyslexia may also demonstrate difficulties with rapid automatized naming (RAN), short-term verbal working memory, and processing speed. Secondary consequences may include problems in reading comprehension, reduced reading and writing experience, impeded vocabulary and background knowledge growth, impacts to written expression, and effects on psychological well-being. Conversely, students with dyslexia often show strengths in oral expression, listening comprehension, problem-solving, and math calculation and reasoning. Students with dyslexia frequently show co-occurring conditions (e.g., ADHD, dyscalculia, dysgraphia) that should also be assessed. Below are domains to consider when evaluating a student for characteristics consistent with dyslexia.

Other Possible Related Concerns/Co-occurring Conditions:

Specific learning disabilities, including dyslexia, may occur in conjunction with other disorders or conditions. Within one individual there may be multiple conditions that should be considered in the referral and evaluation process.

Some examples may include but are not limited to:

- Language and communication disorders
- Difficulty with writing abilities (Dysgraphia)
- Difficulty with math (Dyscalculia)
- Difficulty with motor skills/developmental coordination (Dyspraxia)
- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
- Mental disorders (anxiety, depression, etc.)

Areas to Consider for Evaluation

Information from parents and teachers tells us a lot about a student's overall development and pattern of strengths and weaknesses. Because dyslexia is genetically linked, a family history of dyslexia indicates that a student is more likely to have dyslexia. A history of delayed speech or language also puts a child at-risk for reading difficulties. It is important to know the types and length of time of any interventions the student has received at school, home, or through tutoring, as well as the student's response to the intervention. Missed instruction should be taken into account when considering the possibility of any learning disability. This includes days of school missed as well as time spent out of the classroom for behavior issues.

Intellectual/Cognitive Assessment: Dyslexia is identified based on persistent word-level reading and spelling difficulties, not on a gap between IQ and achievement. Most children with dyslexia have average to above-average intellectual abilities, and low IQ scores do not preclude a dyslexia identification. Cognitive or intellectual assessment may still be valuable in certain circumstances: to understand a student's overall learning profile, to identify co-occurring conditions (e.g., ADHD, language disorder), to guide intervention planning, or in cases where eligibility for special education under South Dakota's SLD criteria requires documentation of cognitive processing patterns. When conducted, cognitive assessment should include measures of phonological processing, rapid automatized naming, working memory, and processing speed—areas directly linked to the phonological-core deficit in dyslexia. Many children with dyslexia feel they are not smart, and cognitive assessment can provide meaningful evidence of their strengths and help reframe how they understand themselves as learners.

Oral Language Skills: Oral language is made up of low-level skills, such as recognizing and making the sounds within our speech, and higher-level skills, such as getting meaning by listening to someone speak or creating sentences to express thoughts. Students with dyslexia typically have adequate higher-level language skills. Indicators of higher-level oral language skills include being able to understand an age-appropriate story and spoken directions, to carry on a conversation, and to understand and use words that are age appropriate. If a student has average higher-level oral language skills but much difficulty developing written language (reading and spelling) skills, the need for evaluation for dyslexia is recommended.

Although students with dyslexia usually have strong higher-level language skills, they typically have problems (a deficit) in low-level language skills (see "Phonological processing" section). This deficit limits the ability to learn to read and spell using the sounds of the language. Young children with dyslexia often have delays in language development, but their higher-level language skills are usually age-appropriate by the time they enter school. Difficulties with higher-level language skills suggest a need for a language evaluation by a speech-language pathologist to rule out language impairment.

Word Recognition: Tests of word recognition require that students read individual words printed in a list. The student is not able to use cues, such as the meaning of a sentence, to help them figure out the word. Tests of word recognition that score both accuracy and the time it takes for the student to read the words (fluency) are particularly useful. Students with dyslexia often become accurate but are still very slow when reading words. Both accuracy and the speed of word reading can affect understanding what is read.

Decoding: Decoding is also called "word attack". Decoding tests should use nonsense words (words that look like real words but have no meaning, such as frut or crin) to force the student to rely on these decoding skills rather than on memory for a word already learned.

Spelling: Spelling stresses a child's short and long-term memory and is complicated by the ease or difficulty the child has in writing the letters, legibly and in the proper order. Spelling is usually the most severe weakness among students with dyslexia and can be effectively remedied by teaching morphology and etymology along with phoneme-grapheme relationships.

Phonological Processing: Our spoken language is made up of units of meaning within words (morphemes), and individual speech segments that are distinctive for meaning (phonemes). There are also models for analyzing words than include syllable division. Most methods for teaching reading requires students to think about, remember, and correctly sequence the sounds in words in order to learn to link letters to sounds for reading and spelling. Students with dyslexia can have difficulty with identifying, pronouncing, or recalling sounds.

Automaticity/Fluency Skills: Students with dyslexia often have a slow speed of processing information (visual or auditory). Tasks measure Naming Speed (also called Rapid Automatic Naming). Sets of objects, colors, letters, and numbers are often used. These items are presented in rows on a card, and the student is asked to name each as quickly as possible. Naming speed, particularly letter naming, is one of the best early predictors of reading difficulties. Therefore, it is often used as part of screening measures for young children. Slow naming speed results in problems with developing reading fluency. It also makes it difficult for students to do well on timed tests. Students with both the naming speed deficit and the phonological processing deficit are considered to have a "double deficit." Students with the double deficit have more severe difficulties than those with only one of the two.

Reading Comprehension: Typically, students with dyslexia score lower on tests of reading comprehension than on listening comprehension because they have difficulty with decoding and accurately or fluently reading words. It is important, however, to be aware that students with dyslexia often have strong higher-level oral language skills and are able to get the main idea of a passage despite difficulty with the words. Further, reading comprehension tasks usually require the student to read only a short passage to which they may refer when finding the answers to questions. For these reasons, students with dyslexia may earn an average score on reading comprehension tests but still have much difficulty reading and understanding long reading assignments in their grade-level textbooks.

Primary reading/spelling characteristics of dyslexia:

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

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

- Segmenting, blending, and manipulating sounds in words (phonemic awareness)
- Letter-Sound knowledge (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)

Evaluation Considerations for Comprehensive Dyslexia Assessment

Who Can and Cannot Conduct a Comprehensive Dyslexia Assessment

A comprehensive dyslexia evaluation is a multidisciplinary process. No single job title alone defines who may identify dyslexia; however, the evaluator typically has training in reading development, reading disorders, and the use of standardized psychoeducational assessments. The diagnosis is based on an interpretation of all data collected during the evaluation—not any single test score. Best practice requires that the evaluating professional be able to conduct differential diagnosis and rule out other conditions that may explain the student's difficulties.

Qualified to Conduct or Lead a Comprehensive Dyslexia Assessment

The following professionals are typically qualified to conduct or lead a comprehensive dyslexia assessment, provided they have appropriate training and experience in reading disorders and standardized assessment: (1) School Psychologists—hold a graduate-level credential (typically Ed.S. or doctorate) and training in psychoeducational assessment; they are the most common evaluators in school settings and can diagnose dyslexia as part of a Specific Learning Disability (SLD) evaluation under IDEA. (2) Licensed Clinical Psychologists / Educational Psychologists—hold a doctoral degree and are qualified to diagnose dyslexia in clinical or private practice settings. (3) Neuropsychologists—hold doctoral training with specialized expertise in brain-behavior relationships; appropriate for complex or ambiguous cases.

Not Qualified to Independently Diagnose Dyslexia

The following professionals, while important contributors to a student's support team, are generally not qualified to independently diagnose dyslexia or conduct a comprehensive psychoeducational evaluation: (1) Speech-Language Pathologists (SLPs)—contribute significantly to assessment of phonological processing, oral language, and linguistic processing. (2) Special Education Teachers / Learning Disability Specialists—may administer specific academic and phonological assessments as part of a team evaluation; do not independently diagnose but contribute critical data. (3) General Education Teachers—may observe risk factors, document reading performance, and conduct dyslexia screenings. (4) Reading Coaches / Reading Specialists (without additional licensure)—may administer screening tools and progress monitoring. (5) Tutors and Dyslexia Interventionists—provide valuable intervention but practitioner credentials may vary to conduct formal evaluations. (6) Pediatricians / Family Physicians—can screen for related concerns (vision, hearing, ADHD) and make referrals. (7) Vision Therapists or Optometrists—assess visual function but are not qualified to diagnose dyslexia, which is not a visual disorder. (8) Paraprofessionals and Classroom Aides—are not trained to administer or interpret standardized assessments.

School vs. Independent/Clinical Evaluations

Dyslexia can be identified in either a school or a clinical (private) setting. School-based evaluations are conducted by multidisciplinary teams, are provided at no cost to families under IDEA, and result in eligibility determinations for special education services. Independent clinical evaluations—conducted by licensed psychologists, educational psychologists, or neuropsychologists in private practice—may offer a more detailed profile and use a broader battery of tests. Families have the right to request an Independent Educational Evaluation (IEE) at public expense if they disagree with the school's evaluation. School teams must consider the results of any outside evaluation. Both types of evaluations should use current, standardized assessment tools, follow best-practice protocols, and result in a written report that uses the term "dyslexia" when appropriate.

Typical Cognitive and Linguistic Processing Deficits for Students with Dyslexia (IDA 2025)

The IDA 2025 definition identifies the causes of dyslexia as "combinations of genetic, neurobiological, and environmental influences that interact throughout development." Critically, it states that "underlying difficulties with phonological and morphological processing are common but not universal," and that "early oral language weaknesses often foreshadow literacy challenges." This reflects a shift from the 2002 definition's exclusive focus on phonological processing to a broader, multifactorial causal model. No single processing deficit is required for dyslexia identification; deficits vary in pattern, severity, and combination across individuals. The following processing areas represent the most common cognitive correlates of dyslexia. Not all students will show deficits in all areas.

- *Phonological Processing:* The ability to perceive, remember, and manipulate the sound structure of spoken language. Per IDA 2025, phonological processing deficits are "common but not universal" in dyslexia. Phonological processing encompasses three distinct but related components: (1) Phonological Awareness — the conscious ability to identify and manipulate sounds within words (e.g., blending, segmenting, deleting, and substituting phonemes). This is the most robust predictor of early word reading difficulty across orthographies (IDA 2025; Snowling & Hulme, 2025). Students with dyslexia typically show poor phoneme blending, segmentation, and manipulation. (2) Phonological Memory (Phonological Short-term Memory) the ability to temporarily hold speech-based information in working memory for immediate use (e.g., repeating a nonword or a sequence of digits). Deficits interfere with sounding out unfamiliar words and following multi-step verbal directions. Students may demonstrate poor to below-average phonological short-term memory. (3) Phonological Retrieval (Lexical Access) — the speed and ease of retrieving phonological codes from long-term memory. Closely related to Rapid Automatized Naming (RAN). Difficulty with retrieval contributes to slow, halting reading and word-finding problems in speech. (Wagner & Torgesen, 1987; IDA, 2025)

- *Morphological Processing:* The ability to perceive, analyze, and use meaningful word parts — including roots, prefixes, suffixes, and inflectional endings — to read, spell, and understand words. Morphological processing is explicitly named in the IDA 2025 definition as a distinct processing area: "Underlying difficulties with phonological and morphological processing are common but not universal." This is new to the 2025 definition. Research indicates that morphological processing deficits become increasingly important as students progress into higher grade levels, where multisyllabic, morphologically complex words dominate content-area texts (Annals of Dyslexia, 2025). Students with dyslexia may show difficulty recognizing word parts (e.g., not perceiving that "unhappiness" contains un + happy + ness), inconsistent spelling of morphemes (e.g., past-tense -ed), and limited ability to use word structure to infer meaning. Morphological instruction is a key component of Structured Literacy for grades 3 and above. Students may demonstrate poor to below-average morphological awareness skills.

- *Orthographic Processing:* The ability to form, store, and access precise visual-orthographic representations of words — that is, the exact sequence of letters that make up a specific word. Orthographic processing underlies the development of automatic sight-word recognition and fluent reading through the process of orthographic mapping (Ehri, 2014), in which letter-sound knowledge is used to bond a word's pronunciation and meaning to its spelling in long-term memory. Students with dyslexia frequently show poor orthographic processing, which results in slow and inconsistent sight-word recognition, difficulty retaining correct spellings, and labored reading fluency even after decoding skills have partially improved. Orthographic processing difficulties are a major contributor to the reading fluency and spelling difficulties that persist into adulthood for many individuals with dyslexia. Students may demonstrate poor to below-average orthographic processing.

- *Verbal Working Memory:* The ability to temporarily hold and manipulate verbal (language-based) information in mind while simultaneously performing a cognitive task — such as reading a sentence while retaining its earlier parts to construct meaning. Previously labeled "Auditory Short-term Working Memory," this term is updated to reflect current cognitive neuroscience terminology. Verbal working memory draws on both phonological storage and executive processing (Baddeley, 2003). Deficits in verbal working memory make it harder to follow multi-step directions, hold decoded words in mind long enough to construct sentence meaning, and complete writing tasks that require holding ideas in mind while spelling and transcribing. Co-occurring ADHD — which is common in students with dyslexia — can compound working memory difficulties. Students may demonstrate poor to below-average verbal working memory.

- *Rapid Automatized Naming (RAN):* Measures the speed and automaticity with which a person can rapidly name a series of familiar visual symbols — most commonly letters, numbers, colors, or objects — presented in a repeated array. RAN is a strong and independent predictor of reading fluency beyond phonological awareness (Wolf & Bowers, 1999). The Double-Deficit Hypothesis (Wolf & Bowers, 1999) proposes that students with deficits in both phonological awareness and RAN (double-deficit) show the most severe and persistent reading difficulties, while those with only one deficit have more moderate profiles. Letter and number RAN are the most predictive of reading outcomes and should be prioritized in screening. RAN deficits are linked to slow reading fluency even when decoding accuracy has improved, difficulty on timed tests, and persistence of reading difficulty into adulthood. Per IDA 2025's multifactorial model, RAN reflects the speed of phonological code retrieval from long-term memory and is considered part of the broader phonological processing system. Students may demonstrate below-average RAN, particularly on letter and digit naming tasks.

- *Processing Speed:* The speed and efficiency with which a student performs simple cognitive or perceptual tasks that are well-practiced and require little higher-order reasoning — such as scanning rows of symbols and marking targets or rapidly copying simple patterns. Slow processing speed amplifies the impact of dyslexia on academic performance: even when a student has adequate decoding skills, slow processing speed makes timed reading and writing tasks disproportionately difficult. Processing speed interacts with RAN, phonological retrieval, and working memory to affect reading fluency and writing production. Students with co-occurring ADHD or dysgraphia often show compounded processing speed difficulties. Slow processing speed does not indicate low intelligence. Students may demonstrate poor to below-average processing speed, particularly on timed tasks (Mather & Wendling, 2012; IDA, 2025).

Special Education and Dyslexia

Do all children who have dyslexia need special education?

- Not necessarily, but it is possible to meet eligibility requirements.
- Students who have a disability must meet the following requirements to be eligible for Special Education:

  ARSD 24:05:25:04.02. Determination of needed evaluation data. Based on the above review and input from the student's parents, identify what additional data, if any, are needed to determine:

  (a) Whether the student has a particular category of disability as described in this article;
  (b) The present levels of academic achievement and related developmental needs of the student; and (c) Whether the student needs special education and related services.

Dear Colleague Letter

(OSERS 10-23-15):

"The purpose of this letter is to clarify that there is nothing in the IDEA that would prohibit the use of the terms dyslexia, dyscalculia, and dysgraphia in IDEA evaluation, eligibility determinations, or IEP documents."

"Stakeholders requested that OSERS provide SEAs and LEAs with a comprehensive guide to commonly used accommodations in the classroom for students with specific learning disabilities, including dyslexia, dyscalculia, and dysgraphia."

"The IDEA does not dictate the services or accommodations to be provided to individuals based solely on the disability category in which the child has been classified, or the specific condition underlying the child's disability classification."

Effective Intervention Strategies for Children with Dyslexia

Effective intervention for students with dyslexia is grounded in the Science of Reading and the Structured Literacy framework. Research spanning more than four decades consistently shows that explicit, systematic, cumulative, multisensory, and diagnostic instruction in the language-based components of reading produces the strongest outcomes for students with dyslexia (Hall et al., 2023; IDA, 2019; Spear-Swerling, 2019). Intervention must directly address the phonological, morphological, and orthographic processing deficits that underlie word-reading and spelling difficulties. The effectiveness of any program depends not only on its design but on the fidelity and skill with which it is delivered — a well-designed Structured Literacy program delivered with low fidelity will not produce the expected outcomes.

What the Research Shows

A landmark meta-analysis by Hall et al. (2023, Reading Research Quarterly) reviewed 40 years of reading intervention research (1980–2020) for students with or at risk for dyslexia in kindergarten through grade 5.

Key findings directly inform current best practice:

- Interventions that combined phonological awareness instruction with phonics produced significantly greater gains in word reading and spelling than phonics alone — confirming that phonological awareness instruction should not be dropped once phonics begins.
- Spelling instruction as a component of intervention produced meaningfully better outcomes in word reading — spelling and reading are reciprocal skills that should always be taught together, not in isolation.
- Morphological awareness instruction contributed independently to word reading outcomes even after controlling for phonological processing — supporting IDA 2025's expanded focus on morphological processing as a core intervention target.
- Intervention delivered in small groups (2–3 students) produced outcomes comparable to one-to-one instruction and significantly better than whole-class instruction, making small-group Structured Literacy intervention a cost-effective best practice.
- Interventions of greater intensity (more sessions per week, longer duration) produced larger gains — students with more severe dyslexia profiles require more intensive and sustained intervention, not just brief supplemental support.
- Effect sizes for phonics-based interventions were strong but declined at follow-up in some studies, highlighting the importance of maintaining and consolidating skills before advancing.

Critical Principles of Effective Intervention

Effective intervention for students with dyslexia must incorporate the following five interconnected principles, derived from the IDA's Knowledge and Practice Standards and the Science of Reading
(IDA, 2019; Moats, 2020):

Target the Right Skills — Address Both Phonological and Morphological Processing: Intervention must directly target the specific processing deficits identified in each student's evaluation. For most students with dyslexia, this means intensive phonological awareness work at the phoneme level (segmenting, blending, deleting, substituting) followed by systematic phonics and decoding, expanding to morphological awareness in grades 3 and above. Per IDA 2025, phonological and morphological processing difficulties are "common but not universal" — the intervention program should be informed by the individual student's assessment profile, not applied uniformly to all students.

Use Decodable Texts for Decoding Practice: Students with dyslexia benefit significantly from reading connected text composed primarily of words that can be decoded using previously taught phonics patterns (decodable texts). Decodable text practice reinforces the phonics-to-reading transfer required for orthographic mapping — the process by which words become permanently stored as sight words (Ehri, 2014). Leveled or "just right" books are not appropriate as the primary decoding practice vehicle because they contain unpredictable word patterns that incentivize guessing. Decodable texts for decoding practice are paired with read-alouds of rich, authentic literature for vocabulary and comprehension development (IDA, 2019; Cheatham & Allor, 2012).

Teach Spelling Alongside Reading: Spelling and reading share the same underlying orthographic knowledge base. Explicit, systematic spelling instruction should always accompany decoding instruction. Spelling demands complete, precise retrieval of every letter in a word and directly strengthens the orthographic representations that support automatic sight-word reading. Research consistently shows that students who receive combined reading and spelling instruction outperform students who receive reading instruction alone (Hall et al., 2023). Spelling should not be treated as a separate or optional component of intervention.

Build Reading Fluency Explicitly: Fluency — the ability to read accurately, automatically, and with appropriate expression — is a core feature of dyslexia per IDA 2025 ("accuracy, speed, or both"). Fluency does not develop automatically once decoding is accurate; it requires targeted instruction and repeated practice. Evidence-based fluency strategies include repeated oral reading, partner reading, reader's theater, and timed readings with corrective feedback. Students should also practice rapid word recognition at the word list level. Fluency progress monitoring should be ongoing (IDA, 2024).

Ensure Adequate Intensity, Duration, and Fidelity: Students with moderate to severe dyslexia typically require intervention that is more frequent (4–5 sessions per week), longer per session (45–60 minutes), and sustained over a longer period (one to multiple years) than brief supplemental support programs provide. Intervention must be delivered with fidelity to the program's design. Practitioners should hold appropriate credentials and training in the specific program being used.

Evidence-Based Structured Literacy Programs

The following programs have a strong evidence base and are grounded in Structured Literacy principles. Program selection should be based on the student's profile, grade level, severity of need, and the qualifications of the practitioner. The What Works Clearinghouse (WWC), the Florida Center for Reading Research (FCRR), the Texas Education Agency (TEA) Dyslexia Handbook, and the IDA's accredited program list are authoritative resources for program selection and evidence reviews.

Orton-Gillingham (OG) Approach: The foundational Structured Literacy approach developed by Samuel Orton and Anna Gillingham. OG is individualized, multisensory, sequential, and cumulative — designed specifically for students with dyslexia. It is the basis for many widely-used programs. OG is a framework applied by credentialed practitioners who assess student needs continuously and adjust instruction accordingly. Not a scripted program.

Wilson Reading System (WRS): A comprehensive, highly structured OG-based program with strong research support, including for students who have not responded to prior interventions. WRS teaches the structure of the English language in a 12-step sequence covering phoneme awareness, phonics, fluency, vocabulary, and comprehension. Designed for Tier 3 intervention and special education settings. Requires Wilson Certification; not for untrained practitioners.

Barton Reading and Spelling System: An OG-based program that can be delivered by trained parents, paraprofessionals, and educators. Scripted and step-by-step. Widely used for private tutoring and supplemental school intervention. Well-suited for families who seek to provide additional structured instruction at home alongside school services.

SPIRE (Specialized Program Individualizing Reading Excellence): A comprehensive Structured Literacy intervention for students in grades K–12 with significant reading difficulties. Provides a complete sequence of phonological awareness, phonics, fluency, vocabulary, and comprehension instruction aligned with OG principles. Has WWC evidence reviews. Widely used in Title I and special education settings.

RAVE-O (Retrieval, Automaticity, Vocabulary, Engagement with Language, Orthography): A research-based intervention integrating phonological awareness, phonics, fluency, vocabulary, and comprehension within a motivating narrative framework. Developed at Tufts University. Particularly effective for students who need fluency and vocabulary development alongside foundational decoding skills.
95 Percent Group (95 RAP — Reading Acceleration Program): A Structured Literacy program aligned with IDA's Knowledge and Practice Standards, designed for Tier 2 and Tier 3 MTSS intervention. Provides diagnostic-driven, systematic phonics and phonological awareness instruction.

LETRS (Language Essentials for Teachers of Reading and Spelling): A professional development curriculum (not a student-facing program) that builds deep Science of Reading knowledge in teachers, interventionists, and administrators. Covers phonology, phonics, fluency, vocabulary, comprehension, and writing. Grounded in the IDA's Knowledge and Practice Standards.

Morphological Awareness Instruction: Current research — and IDA 2025's explicit addition of morphological processing as a core deficit area — strongly supports explicit instruction in morphology (prefixes, roots, suffixes, and inflectional endings) as a complement to phonics, particularly for students in grades 3 and above. Hall et al. (2023) found that morphological awareness instruction contributed independently to word reading outcomes. Students with dyslexia often struggle to recognize and apply morpheme boundaries in multisyllabic words, which limits both decoding and spelling of academic vocabulary. Programs such as Morpheme Magic, MegaWords, Vocabulary Through Morphemes, and word study approaches grounded in Latin and Greek roots all support this instruction.

Screening and Early Identification: Best practice calls for screening of all students in kindergarten through third grade. Per IDA 2025, "language and literacy support before and during the early years of education is particularly effective." Early screening allows intervention to begin before reading failure becomes entrenched, significantly improving long-term outcomes (Shaywitz, 2003; IDA, 2025). Validated screening tools include DIBELS 8th Edition, ACADIENCE Reading, mCLASS, FAST (Formative Assessment System for Teachers), and the PAST (Phonological Awareness Screening Test). Tools should assess phonological awareness, letter-sound knowledge, and rapid automatized naming (RAN) — the three strongest early predictors of dyslexia risk.

Risk Factors of Dyslexia

Risk factors are characteristics that increase the likelihood a student may have dyslexia. They are not a diagnosis—no single indicator confirms dyslexia, and many children with several risk factors develop typical reading skills. However, the presence of multiple risk factors, especially in combination with a family history, warrants careful monitoring and early screening. Per the IDA 2025 definition, dyslexia "can often affect learning across the developmental continuum," from oral language in preschool through content-area reading in high school and literacy-dependent job skills in adulthood. Risk factors must be understood in context, including environmental factors, language of instruction, and opportunities to learn.

Research indicates that children with a family history of dyslexia carry approximately a 35–45% risk of developing dyslexia themselves (Hulme, IDA Conference, 2025; Snowling & Melby-Lervåg, 2016). Children with both a family history and early language delays face even higher risk. Screening in kindergarten and first grade is the most effective tool for identifying at-risk students before reading failure develops. If parents or teachers identify several of the following risk factors, they should speak with the school-based team about screening or a referral for a comprehensive evaluation.

Family History and Genetic Risk Factors

- Parent, sibling, or close relative with a history of dyslexia, reading difficulty, or spelling problems
- Family history of late talking, speech-language therapy, or reading disability
- Family members who struggled in school, avoided reading, or were poor spellers throughout life

Preschool (Ages 3–5)

Per IDA 2025, early oral language weaknesses "often foreshadow literacy challenges." The preschool period is the critical window for early identification. Phonological awareness risk can be detected with 85–91% accuracy by age 4. This is the ideal time to discuss family history and oral language concerns with a pediatrician or speech-language pathologist.

- Delayed speech or language development (late talker; fewer than 50 words by age 2)
- Difficulty with rhyming and recognizing words that rhyme
- Poor auditory memory for nursery rhymes, songs, and repeated phrases
- Difficulty learning and retaining new vocabulary words
- Trouble learning letter names, numbers, shapes, and colors; difficulty remembering letters in their own name
- Word-finding difficulties (uses filler words or descriptions instead of specific words)
- Mispronunciation of multisyllabic words (e.g., "aminal" for "animal")
- Difficulty clapping syllables in words or segmenting spoken words into parts

Kindergarten and First Grade

This is the optimal window for dyslexia screening and early intervention. Students are developing foundational skills for reading; persistent difficulties despite quality instruction are the clearest early signal of dyslexia risk. IDA 2025 emphasizes that "language and literacy support before and during the early years of education is particularly effective."

- Difficulty breaking words into syllables or blending syllables into words
- Difficulty identifying and manipulating individual sounds (phonemes) in spoken words
- Difficulty learning letter names and their corresponding sounds; inconsistent or slow letter-sound retrieval
- Slow or inaccurate decoding of simple words (reading single words in isolation)
- Difficulty spelling words phonetically or recalling letter sequences in common words (e.g., "rite" for "right")
- Slow, labored, or inaccurate reading aloud even with simple decodable text
- Difficulty with rapid automatized naming (RAN): slow or hesitant when rapidly naming colors, objects, letters, or numbers

Typical Strengths for Students with Dyslexia

Students with dyslexia develop and demonstrate a wide range of strengths. While the academic and processing challenges of dyslexia are real and require explicit instruction and support, the same neurological differences that create those challenges are associated with distinctive cognitive abilities that should be recognized, nurtured, and built upon. The graphic above reflects the MIND (Material, Interconnected, Narrative, and Dynamic Reasoning) framework (Eide & Eide, 2011), which organizes commonly observed dyslexia-associated strengths into four reasoning categories plus oral language skills. Important note: not every strength will be present in every individual with dyslexia, and the research base on dyslexia strengths is still developing. The goal is to see the whole child — both their challenges and their abilities — and to use strengths to build confidence, motivation, and resilience alongside evidence-based literacy instruction.

- *Material Reasoning (3D Spatial Thinking)*: One of the four MIND strengths (Eide & Eide, 2011), material reasoning is the ability to think about and mentally manipulate three-dimensional objects, spatial relationships, and the physical properties of the material world. Research has found that dyslexic students are consistently more accurate at processing multi-perspective 3D information than non-dyslexic peers in several studies (Juniper Publishers, 2017). This strength is associated with success in fields such as architecture, engineering, surgery, art, industrial design, filmmaking, and skilled trades. Educators can leverage this strength through hands-on, project-based, and visual learning activities. Students with high material reasoning often excel when abstract concepts are grounded in concrete, spatial, or visual representations.

- *Interconnected Reasoning (Big-Picture Thinking):* The ability to perceive connections, relationships, and patterns across seemingly unrelated domains — including systems thinking, interdisciplinary reasoning, empathy (seeing things from multiple perspectives), and synthesizing information into a cohesive big picture. Students with high interconnected reasoning strengths tend to excel at understanding how systems work, identifying analogies, and recognizing patterns others miss. This strength is associated with careers in science, medicine, entrepreneurship, psychology, environmental science, and leadership. The trade-off is that students with high interconnected reasoning may struggle with fine-detail organization, sequential paperwork, and tasks requiring fast access to isolated facts. Educators can support this strength by framing learning around broader themes and patterns before zooming into details.

- *Narrative Reasoning (Storytelling and Episodic Memory)*: The preference for and ability to understand and remember information when it is embedded in stories, episodes, and personally meaningful contexts. Students with dyslexia often show strong episodic memory — vivid recollection of events and experiences — and naturally organize their thinking in narrative form. This underpins strengths in creative writing (despite spelling challenges), storytelling, acting, public speaking, and making abstract content memorable through anecdote and analogy. The trade-off is relative difficulty with semantic memory — recalling dry, decontextualized facts (such as math facts, vocabulary definitions, or spelling rules) in isolation. Educators can leverage this strength by connecting new content to stories, real-world exam-

ples, and episodic contexts.

- *Dynamic Reasoning (Pattern Recognition and Predictive Thinking)*: The ability to recognize patterns in incomplete or ambiguous information, make insightful predictions, and think creatively when standard approaches do not work. Students with strong dynamic reasoning excel at tasks that require insight-based problem solving, entrepreneurial thinking, and navigating novel or confusing situations. Research indicates that dyslexic individuals may outperform non-dyslexic peers on tasks involving peripheral vision, blurry image recognition, and detection of patterns in noisy data (Juniper Publishers, 2017). This strength is associated with entrepreneurship, scientific discovery, legal reasoning, and creative arts. The trade-off is difficulty with rule-based, sequential, predictable tasks that require rote application of procedures.

Oral Language & Expression:

- *Oral Expression:* The ability to communicate wants, thoughts, and ideas meaningfully through spoken language, using appropriate vocabulary, grammar, and pragmatics. Oral expression is typically average to above average for students with dyslexia, reflecting their intact higher-level language system. This strength is diagnostically significant: a large gap between strong oral expression and weak written/reading performance is one of the hallmark profiles of dyslexia. Oral expression is also a foundation for classroom participation, discussion-based learning, and content demonstration when print-based barriers are removed. Educators should actively create opportunities for students with dyslexia to demonstrate knowledge orally — through presentations, discussions, and oral assessments — to accurately reflect their true understanding and capability. Per IDA 2025, early oral language strengths are often present even before literacy challenges emerge.

- Listening Comprehension: The ability to understand and make meaning from spoken language, including following multi-step directions, understanding spoken narratives, and extracting information from verbal instruction. Listening comprehension is typically average to above average for students with dyslexia, reflecting their intact language comprehension system. The discrepancy between strong listening comprehension and weak reading comprehension is one of the most diagnostically useful patterns in a dyslexia evaluation, confirming that the comprehension difficulty is driven by word-level decoding — not by a language understanding deficit. Educators should leverage this strength through audiobooks, read-alouds, podcasts, and verbal instruction, allowing students to access grade-level content while their reading skills are developing.

- *Oral Vocabulary:* Knowledge of word meanings conveyed through spoken language. Oral vocabulary is typically average to above average for students with dyslexia, particularly in the early years, because it is built through conversation and listening — not reading. Students who are verbally engaged and curious often accumulate strong spoken vocabularies despite their reading difficulties. However, per IDA 2025, reduced reading experience over time can impede growth in academic vocabulary, which is primarily acquired through print exposure. By middle and high school, there may be a gap between oral vocabulary and the academic/technical vocabulary needed for content-area success. Morphological awareness instruction helps bridge this gap by enabling students to derive word meanings from word

structure.

- *Math Calculation and Reasoning:* Math calculation — basic arithmetic and automaticity with number facts — is often average for students with dyslexia, reflecting their intact spatial and logical reasoning abilities. However, math reasoning tasks that involve reading word problems may show lower performance due to decoding demands rather than mathematical reasoning deficits. When word problems are read aloud or the reading barrier is removed, true mathematical reasoning ability is often revealed to be stronger than test scores suggest. Students with dyslexia who have co-occurring dyscalculia (difficulty with number sense and arithmetic) may show weaknesses in both calculation and reasoning; the two conditions should be distinguished in evaluation.

- *Resilience, Perseverance, and Creative Problem-Solving:* Students with dyslexia who receive appropriate support often develop exceptional resilience and perseverance from navigating the challenges of a print-centered educational system. Many develop highly creative compensatory strategies, strong self-advocacy skills, and the ability to approach problems from unexpected angles. These are not inherent traits of dyslexia — they develop in response to experience and supportive environments. The IDA 2025 definition's emphasis on psychological well-being as a secondary consequence underscores the importance of identifying and nurturing these strengths early, so that students build confidence rather than accumulating the anxiety and low self-esteem that too often result from unidentified or unsupported dyslexia.

Typical Academic Deficits for Students with Dyslexia

The IDA 2025 definition frames the academic profile of dyslexia around persistent difficulties in word reading and/or spelling "that involve accuracy, speed, or both and vary depending on the orthography." Academic deficits arise directly from the underlying cognitive and linguistic processing weaknesses described above. They are not a reflection of intelligence or effort. The areas below represent the most consistent academic difficulties seen in students with dyslexia across research and clinical settings. IDA 2025 explicitly names secondary consequences that extend beyond decoding, including "reduced reading and writing experience that can impede growth in language, knowledge, written expression, and overall academic achievement," as well as impacts on "psychological well-being and employment opportunities."

- *Phonological Awareness:* The ability to notice and consciously manipulate the sound structure of spoken words. This is the most direct academic expression of the phonological processing deficit central to dyslexia. Basic skills (blending and segmenting phonemes) are typically impaired in early readers with dyslexia. Advanced skills — manipulating phonemes by deletion, substitution, and transposition — are often more severely impaired and persist longer. Unlike typical developing readers who master phoneme manipulation by the end of first grade, many students with dyslexia continue to show phoneme-level weaknesses into the upper grades and adulthood. Per IDA 2025, phonological awareness difficulties are "common but not universal" in dyslexia; some students show primarily morphological or naming-speed deficits instead. Assessment should cover both basic and advanced phoneme manipulation tasks.

- *Morphological Awareness:* The ability to recognize, analyze, and apply meaningful word parts — including roots, prefixes, suffixes, and inflectional endings — to read and spell unfamiliar words and derive word meaning. Per the IDA 2025 definition, morphological processing difficulties are now explicitly recognized alongside phonological deficits as a common underlying cause of dyslexia. Students with dyslexia frequently show difficulty segmenting multisyllabic words into their meaningful parts (e.g., un + break + able), inconsistent spelling of grammatical morphemes (e.g., -ed for past tense, -s for plurals), and limited use of word structure strategies to decode or spell content-area vocabulary. Morphological awareness deficits become increasingly prominent in grades 3 and above, where academic vocabulary is heavily morphologically complex (Annals of Dyslexia, 2025). Structured Literacy instruction in morphology is a key best-practice intervention target for students in upper elementary through high school.

- *Letter-Sound Knowledge (Grapheme-Phoneme Correspondence):* The automatic knowledge of the correspondence between written letters or letter combinations (graphemes) and their associated speech sounds (phonemes). This is the foundation of the alphabetic principle and is required for phonological decoding. Students with dyslexia in kindergarten and first grade typically demonstrate slow, inaccurate, or inconsistent grapheme-phoneme knowledge. Performance may appear more variable at higher grade levels as students learn some correspondence through repeated exposure, but gaps in less-common patterns (e.g., vowel digraphs, consonant blends, multi-letter graphemes) persist. Letter-sound knowledge interacts directly with phonological awareness to support orthographic mapping — the process by which words become stored as sight words in long-term memory (Ehri, 2014). Delays in letter-sound knowledge therefore compound difficulties with both decoding and sight-word reading.

- *Word Identification (Reading Words in Isolation):* The ability to accurately and fluently recognize real words in a list, without sentence context. Word identification taps both decoding (applying letter-sound knowledge to unfamiliar words) and sight-word reading (instantaneous recognition of familiar words stored in memory through orthographic mapping). Students with dyslexia show difficulty on both components: decoding is slow and error-prone, particularly on timed measures, and orthographic mapping is inefficient, resulting in inconsistent or absent automatic recognition of words encountered repeatedly. Per IDA 2025, difficulties involve "accuracy, speed, or both" — some students become accurate but remain significantly slow, which is itself a meaningful deficit. Word identification in isolation (without context clues) is a more sensitive measure of the core deficit than connected text reading, where contextual guessing can mask the problem.

- *Decoding (Phonics and Structural Analysis):* The ability to apply knowledge of grapheme-phoneme correspondences, syllable patterns, and morphological structure to pronounce unfamiliar printed words. Decoding is best assessed using nonsense words (pseudowords such as frut or blatic) that cannot be recognized from memory, forcing the student to rely purely on decoding strategies. Students with dyslexia demonstrate slow, effortful, and error-prone decoding, particularly on multisyllabic and phonetically irregular words. Nonsense word decoding is one of the most diagnostically sensitive measures for dyslexia and should always be included in evaluation. Per IDA 2025, decoding difficulties persist even with adequate instruction for peers, distinguishing dyslexia from general reading delay due to insufficient instruction. Students with stronger phonological skills may develop adequate decoding accuracy but continue to read slowly, which still constitutes a significant decoding fluency deficit.
- *Reading Fluency:* The accuracy, rate, and prosody (expression and phrasing) of oral reading. Per the IDA 2025 definition, dyslexia involves difficulties with word reading that involve "accuracy, speed, or both." Reading fluency is therefore a core, not secondary, feature of dyslexia. Students with dyslexia typically read slowly and laboriously even when accuracy improves with intervention, because the underlying processing of each word requires conscious effort rather than happening automatically. Reading fluency is distinct from comprehension: a student can read laboriously and still understand the text, but the cognitive load of effortful decoding drains working memory resources that would otherwise support comprehension. Reading fluency difficulties are linked to slow processing speed and RAN deficits. Fluency is best assessed with timed oral reading measures at the word, sentence, and passage level. Students with dyslexia demonstrate significantly slow, inaccurate, and/or effortful reading, often lacking natural prosody even at familiar text levels. (IDA, 2025; Kilpatrick, 2015)

- *Reading Comprehension:* The ability to extract, construct, and integrate meaning from written text. Reading comprehension is a secondary consequence of dyslexia, not the core deficit. Per IDA 2025, "reduced reading and writing experience can impede growth in language, knowledge, written expression, and overall academic achievement" — describing comprehension difficulties as secondary to word-level deficits and reduced reading exposure. Students with dyslexia may demonstrate average or even strong reading comprehension when passages are read aloud or when they have adequate time, because their oral language and reasoning skills are often intact. However, on silent reading tasks requiring sustained reading of grade-level texts, comprehension is frequently impaired by slow decoding, limited vocabulary from reduced reading exposure, and

working memory demands. Reading comprehension should be assessed in both listening and reading modalities to distinguish between word-level and language-comprehension contributions to performance. Students with dyslexia often score higher on listening comprehension than reading comprehension, reflecting their intact oral language abilities.

- *Spelling:* The ability to accurately encode spoken words into their correct written form using knowledge of phoneme-grapheme correspondences, orthographic patterns, morphological structure, and word-specific memory. Spelling is consistently identified as the most persistent academic deficit in dyslexia — more so than reading, which often improves substantially with intervention (Mather & Wendling, 2012; IDA, 2025). This is because spelling requires complete, precise retrieval of every letter in a word, with no tolerance for partial knowledge, whereas reading can tolerate partial or approximate processing. Per IDA 2025, spelling difficulties reflect underlying deficits in both phonological processing (mapping sounds to letters) and morphological processing (applying consistent spelling of word parts such as -tion, -ed, -ment). Students with dyslexia show phonetically plausible but incorrect spellings (e.g., "becus" for "because"), failure to apply orthographic conventions (e.g., doubling rules, silent-e patterns), and inconsistency in spelling even common words they have seen repeatedly. Spelling difficulties often persist into adulthood even after reading improves. Spelling should always be assessed and targeted in intervention, not treated as a cosmetic concern.

- *Written Expression:* The ability to communicate ideas in writing with accuracy, fluency, and clarity, including the transcription skills of spelling and handwriting/typing and the composition skills of organizing, generating, and revising ideas. Written expression is a secondary area of impact for students with dyslexia, driven primarily by the high cognitive cost of transcription (spelling and mechanics), which consumes working memory resources needed for composition. Per IDA 2025, secondary consequences of dyslexia include "reduced reading and writing experience that can impede growth in language, knowledge, written expression, and overall academic achievement." Students with dyslexia typically produce written work that is significantly shorter, contains simpler vocabulary, and shows more organizational difficulty than their verbal output would predict. Co-occurring dysgraphia (difficulty with handwriting and motor aspects of writing) is common and compounds written expression deficits further. Written expression should be assessed as both a transcription and a composition task, using both timed and untimed conditions to fully capture the student's profile. (Berninger & Wolf, 2009; IDA, 2025)

- *Vocabulary:* Knowledge of word meanings and the ability to use words accurately in context. Although vocabulary is often listed as a strength in students with dyslexia because their oral vocabulary is typically average or above, IDA 2025 identifies reduced reading experience as a key secondary consequence that "impedes growth in language" and knowledge. Students who read significantly less than their peers accumulate a vocabulary gap over time, even if their starting oral vocabulary is strong. By middle and high school, academic and content-area vocabulary — which is primarily acquired through reading, not conversation — may be meaningfully below grade-level expectations. Morphological awareness instruction supports vocabulary growth by enabling students to derive word meanings from roots, prefixes, and suffixes rather than relying solely on direct exposure.

The Phonological-Core Deficit of Dyslexia

The phonological-core deficit refers to the widely recognized universal primary cause of dyslexia. The hypothesis states that dyslexia is fundamentally a neurobiological impairment in the brain's language processing network. With this, individuals with dyslexia have difficulty processing, storing, and retrieving phonemes, which are the individual sounds that make up spoken words. Below is a breakdown of what each impairment entails. Typically, we do not find poor word readers without at least one of these characteristics. Children who are average or better in all of these areas do not meet the criteria for having dyslexia.

Typically, people with dyslexia exhibit weakness in more than one of the following characteristics:

- Phonemic awareness/analysis
- Phonemic blending/synthesis
- Rapid automatized naming
- Phonological working memory
- Nonsense word reading, letter-sound knowledge acquisition

Questions to determine the identification of dyslexia

- Do data show the following characteristics of dyslexia?
    - o Difficulty with accurate and/or fluent word reading
    - o Poor spelling skills (phoneme to grapheme)
    - o Poor decoding ability (grapheme to phoneme)
- Do these difficulties result from a deficit in the phonological component of language?
  (*Average phonological scores alone do *not* rule out dyslexia)
- Do these difficulties *persist* even with instruction that is effective for the student's peers?
  (Note: Per IDA 2025, dyslexia identification no longer requires an IQ-achievement discrepancy.
  The key criterion is that word-level difficulties persist relative to classmates despite adequate instruction.)

Intervention Considerations

General Education Instruction

Current best practice uses a Multi-Tiered System of Support (MTSS) framework—also called a Response to Intervention (RTI) model—to identify and serve students at risk for reading difficulties, including dyslexia. Under MTSS, all students receive high-quality, evidence-based core reading instruction (Tier 1). Students who do not make adequate progress are provided increasingly intensive supplemental intervention (Tiers 2 and 3), with progress monitored frequently. Screening in kindergarten through third grade allows schools to identify students at risk early, before reading failure becomes entrenched. If a student does not respond to Tier 2 or Tier 3 intervention, a referral for comprehensive evaluation should be considered.

The classroom teacher and intervention providers play an essential role in documenting student performance. Effective documentation includes the student's baseline reading levels, the intervention program used, the frequency and duration of instruction, and data showing the student's rate of growth compared to expected benchmarks. This data is critical for determining whether a student's reading difficulties are responsive to instruction or whether a comprehensive evaluation is warranted. Progress monitoring should use validated tools that measure the specific skills being targeted, administered at regular intervals (typically every two to four weeks for students receiving Tier 2 or Tier 3 support).

The current gold standard for teaching reading to students with dyslexia is Structured Literacy (SL)—a term coined by the International Dyslexia Association (IDA) to describe comprehensive, evidence-based literacy instruction grounded in the Science of Reading. Structured Literacy is not just phonics; it encompasses six interconnected elements: (1) Phonology—awareness and manipulation of the sound structure of language; (2) Sound-Symbol Association (phonics)—the relationship between written symbols and the speech sounds they represent; (3) Syllable Instruction—the six syllable types and rules for dividing words; (4) Morphology—meaningful word parts including roots, prefixes, and suffixes; (5) Syntax—sentence structure and grammar; and (6) Semantics—meaning at the word, sentence, and text level. Structured Literacy instruction must be explicit, systematic, cumulative, diagnostic, and multisensory. Research consistently shows that Structured Literacy is the most effective approach for students with dyslexia, and is beneficial for virtually all readers (IDA, 2019; Spear-Swerling, 2019). Evidence-based Structured Literacy programs include, but are not limited to, Orton-Gillingham-based approaches, Wilson Reading System, RAVE-O, and programs based on IDA's Knowledge and Practice Standards. By contrast, approaches such as Balanced Literacy, Whole Language, and the Three-Cueing System (which instructs students to guess words from context, pictures, or sentence structure) are not supported by current research and are not effective for students with dyslexia.

When providing **Structured Literacy intervention**, instruction must be:

- Explicit – directly teaches each language and print concept clearly.
- Systematic – has a definite, logical sequence of concept introduction.
- Cumulative – continual review of skills as they build on one another.
- Sequential and incremental – step-by-step procedures for introducing, reviewing, and practicing concepts. Immediate, corrective feedback is necessary to develop automatic word recognition skills.
- Data-driven – decisions are made based on data that is collected and reviewed, along with the student's instructional response over time. Progress monitoring data guides adjustments to instruction in real time.
- Diagnostic – instruction is continuously tailored to each student's assessed needs. Content is introduced, reviewed, and practiced until mastered to automaticity before new skills are added.

Accommodations

Each student with a specific learning disability/dyslexia is unique and will therefore have unique needs. Based on the detailed information learned through the evaluation a discussion including the teachers, evaluators, and parents should occur to decide what accommodations are best for each individual student. Below is a list of some of the available accommodations that may benefit a student with dyslexia. This is not an exhaustive list, nor is every accommodation listed effective for every student. For more information on accommodations, refer to the South Dakota Accommodations Documentation Guide.

READING	
Provide access to audio books	Provide access to text-to-speech
Provide extra time for reading assignments	Provide a quiet environment for reading
Allow students to preview reading materials	Only ask student to read aloud if he/she volunteers

SPELLING/WRITING	
Design spelling tests to focus on one skill at a time	Provide written copies of notes
Allow corrections for spelling errors on written work	Reduce written work
Offer alternative projects instead of written reports	Allow students to tape record lectures
Allow students to use a keyboard to take notes	Provide a letter formation strip
Provide graphic organizers or guided notes	If necessary, provide a scribe
Minimize the amount of copying from the board	Provide access to speech-to-text, spell check, and/or word prediction software

HOMEWORK	
Reduce number of assignments	Allow students to dictate answers
Allow typewritten homework	Email list of assignments to student and parents
Providing guidance on specific study skill strategies to employ for homework assignments	

TESTING	
Clarify or simplify written directions	Allow students to take tests orally
Provide for extra time	Read directions aloud
Read test questions aloud	Allow students to tape record lectures
Allow students to use a keyboard to take notes	Provide alternatives to testing (oral projects or videos)
Provide a quiet testing area with minimal distractions	

DIRECTIONS / INSTRUCTIONS	
Repeat directions	Use step-by-step instructions
Check for understanding	Clarify or simplify written directions

Common Myths Regarding Dyslexia

Myth 1: ***If you just give them enough time, children will outgrow dyslexia.***
Fact: There is evidence to suggest that children with developmental dyslexia show a persistent deficit in reading and continue to experience reading problems into adolescence and adulthood (Fletcher, 2009; Shaywitz & Shaywitz, 2003). Evidence suggests that intensive Structured Literacy instruction, grounded in the the Science of Reading—which addresses phonological and morphological processing, decoding, fluency, and spelling in an explicit, systematic way—can significantly improve reading outcomes at any age (IDA, 2025). The IDA 2025 definition confirms that "identification and targeted instruction are important at any age," and that "language and literacy support before and during the early years of education is particularly effective." Early identification and intervention produce the best outcomes.

Myth 2: ***Writing letters and words backwards are the only symptoms of dyslexia.***
Fact: Writing letters and words backwards are common in the early stages of learning to read and write among all children (before the age of nine). It is a sign that orthographic representations (i.e., letter forms and spellings of words) have not been firmly established, not that a child necessarily has a reading disability (Proctor et al., 2017). Consistent with the IDA 2025 definition, dyslexia is characterized by difficulties with word reading and/or spelling involving accuracy and speed—not by reversals alone. The core difficulties reflect underlying weaknesses in phonological and/or morphological processing, not visual perception. Reversals that persist well beyond age nine, combined with other reading and spelling difficulties, may warrant evaluation.

Myth 3: ***More boys than girls have dyslexia.***
Fact: There is a higher identification of dyslexia for boys relative to girls, with a ratio of about 1.5:1 (Pennington, 2009, p. 45; Rutter et al., 2004). However, it is hypothesized that the reason identification rates are higher for boys is that boys are more often flagged for assessment through school identification methods, while girls with dyslexia tend to internalize their struggles and may go unidentified for longer (Shaywitz, 2003). The IDA 2025 definition explicitly recognizes that "psychological well-being... may be affected" by dyslexia. Girls with unidentified dyslexia are at particular risk for anxiety, low self-esteem, and depression. Practitioners should be alert to the possibility of dyslexia in girls who are quiet, hardworking, and struggling academically, even if they are not disruptive in class.

Myth 4: ***Dyslexia only affects people who speak English.***
Fact: Dyslexia appears in all cultures and languages in the world with written language, including those that do not use an alphabetic script such as Korean and Hebrew. This is directly reflected in the IDA 2025 definition, which states that dyslexia involves difficulties that "vary depending on the orthography." In English, the primary difficulty is accurate decoding of unknown words due to the language's complex and inconsistent spelling system. In consistent orthographies such as German or Italian, dyslexia appears more often as a problem with fluent reading – readers may be accurate, but very slow (Kilpatrick, 2015; Ziegler & Goswami, 2005).

Myth 5: *A person with dyslexia can never learn to read.*

Fact: This is simply not true. Evidence suggests that when children who struggle with reading are provided explicit, direct instruction using a Structured Literacy approach—which addresses phonological awareness, phonics, morphology, fluency, and spelling in an explicit, systematic, cumulative, and multisensory way—they show significantly greater improvement in reading than those who do not receive this type of instruction (IDA, 2019; Kilpatrick, 2015; Fletcher, 2009). The IDA 2025 definition reinforces that "identification and targeted instruction are important at any age," meaning it is never too late to benefit from appropriate intervention. With proper support, individuals with dyslexia can become capable, independent readers.

Myth 6: *Dyslexia is a visual problem and vision therapy or colored overlays will help.*

Fact: Individuals with dyslexia demonstrate the same ocular health as those without reading difficulties (Handler et al., 2011). The IDA 2025 definition is explicit that dyslexia is neurobiological in origin, involving "combinations of genetic, neurobiological, and environmental influences"—not visual processing deficits. There is no adequate scientific evidence supporting colored overlays, tinted lenses, or vision therapy as interventions for dyslexia. According to the American Academy of Ophthalmology (2014), "there is no adequate scientific evidence to support the view that subtle eye or visual problems cause learning disabilities. Furthermore, these strategies may be effective for vision related disabilities, but the evidence does not support the concept that vision therapy or tinted lenses or filters are effective, directly or indirectly, in the treatment of learning disabilities. Thus, the claim that vision therapy improves visual efficiency cannot be substantiated." Families and educators should direct resources toward evidence-based Structured Literacy instruction rather than visual interventions.

Myth 7: *Dyslexia is purely a phonological problem.*

Fact: While phonological processing deficits are the most well-documented underlying cause of dyslexia, the IDA 2025 definition explicitly broadens this view: "Underlying difficulties with phonological and morphological processing are common but not universal." Morphological processing—the ability to recognize and use meaningful word parts (roots, prefixes, suffixes)—is now recognized as a distinct and important area of difficulty for many students with dyslexia. Additionally, IDA 2025 acknowledges that early oral language weaknesses often foreshadow literacy challenges, and that the causes of dyslexia involve complex combinations of genetic, neurobiological, and environmental factors. Effective assessment and instruction must address both phonological and morphological dimensions of word reading and spelling.

Myth 8: *Dyslexia only affects reading and spelling — it has no other impact on a person's life.*

Fact: The IDA 2025 definition for the first time formally names "psychological well-being and employment opportunities" as secondary consequences that may be affected by dyslexia. Without identification and support, students with dyslexia frequently experience anxiety, depression, low self-esteem, school avoidance, and social difficulties. Reduced reading experience limits vocabulary growth, academic knowledge, and written expression—compounding the impact far beyond word-level reading. Adults with unidentified dyslexia may face barriers in higher education and employment. Critically, these impacts are preventable: early identification, evidence-based instruction, and appropriate accommodations dramatically reduce the social, emotional, and academic consequences of dyslexia.

Frequently Asked Questions

Questions from Educators

Q: A student is struggling with reading. How do I know if it is dyslexia or just a lack of instruction?

A: Distinguishing between inadequate instruction and dyslexia requires considering both the quality of instruction the student has received and the student's response to targeted intervention. A student who does not respond as expected to high-quality, evidence-based Tier 2 or Tier 3 intervention—especially in phonological awareness, decoding, and spelling—may warrant a comprehensive evaluation. Screening data, progress monitoring graphs, and a pattern of strengths and weaknesses consistent with dyslexia all inform this decision. Importantly, missed instruction (absences, disruptions, EL status) must be carefully considered before concluding a student has a disability.

Q: Can I use the word "dyslexia" in an IEP or evaluation report?

A: Yes. The 2015 OSERS Dear Colleague Letter explicitly clarified that IDEA does not prohibit the use of the terms dyslexia, dyscalculia, and dysgraphia in IDEA evaluations, eligibility determinations, or IEP documents. Best practice encourages using specific, accurate terminology so that families understand their child's needs and services are matched appropriately. Schools should not avoid using the word "dyslexia" in documentation when the evidence supports it.

Q: What is the difference between an IEP and a 504 Plan for a student with dyslexia?

A: An IEP under IDEA provides specially designed instruction and related services for students who have both a disability and an educational need for specially designed instruction. It is a legally binding document and carries full procedural protections. A Section 504 Plan under the Rehabilitation Act provides accommodations for students with a disability that substantially limits a major life activity (including reading) but does not require specially designed instruction. Many students with dyslexia receive interventions and accommodations through an IEP.

Q. What is the process for qualifying for a Specific Learning Disability (SLD) in South Dakota?

A. In South Dakota, qualifying for SLD requires a multi-step evaluation process governed by South Dakota Administrative Rule (ARSD) 24:05:24.01:19. The process evaluates whether a student has a diagnosed disability, if it adversely impacts educational performance, and if they require specialized instruction. A comprehensive evaluation is conducted by a group of qualified professionals including input from parents. The team cannot rely on a single measure or test to make its determination. It must look at data across specific areas. South Dakota recognizes both Response to Intervention (RtI) and the discrepancy model to identify a student as qualifying for special education with SLD.
RTI Model: Measures if the child does not make sufficient progress when using a process based on their response to scientific, research-based interventions.
Discrepancy Model: Examines the gap between the student's intellectual ability (IQ) and their actual academic achievement.

Q: How is dyslexia different from a general reading delay?

A: A general reading delay may reflect inadequate instruction, limited exposure to literacy, attendance issues, or English language acquisition. Dyslexia is a neurobiological condition that persists even with high-quality instruction. Students with dyslexia typically show a specific pattern of difficulty: word-level decoding and spelling weakness that is disproportionate relative to their oral language and reasoning abilities. Differential diagnosis involves ruling out other causes (poor instruction, sensory impairments, EL status, attendance) before attributing reading difficulties to dyslexia.

Q: How should accommodations for dyslexia be chosen?

A: Accommodations should be based on the individual student's documented needs and should be tested to confirm they actually help the student. Common effective accommodations include extended time, text-to-speech technology, speech-to-text, access to audiobooks, and reduced written output.

Questions from Families

Q: What is dyslexia and is it a disease?
A: Dyslexia is not a disease. It is a specific learning disability that is neurobiological in origin, meaning it involves differences in how the brain processes language. It is not caused by laziness, lack of intelligence, poor parenting, or insufficient reading at home. Per the IDA's 2025 definition, dyslexia involves persistent difficulties with word reading and/or spelling and is influenced by a complex interaction of genetic, neurobiological, and environmental factors. Dyslexia occurs across all cultures, languages, and levels of intelligence.

Q: Will my child outgrow dyslexia?
A: Dyslexia is a lifelong condition, but it does not have to be a barrier to success. Research shows that with early identification and evidence-based Structured Literacy instruction, most children with dyslexia can become proficient readers. The earlier intervention begins, the better the outcomes. Without appropriate instruction, reading difficulties tend to persist into adulthood. However, many adults with dyslexia who receive proper support become highly successful in a wide range of careers.

Q: How do I know if my child has dyslexia? When should I be concerned?
A: Warning signs can appear before a child starts school and include difficulty rhyming, delayed speech, and trouble learning letter names and sounds. In the early grades, persistent struggles with reading single words accurately, sounding out new words, and spelling are key indicators. If your child is in kindergarten or first grade and is not making expected progress with reading despite quality classroom instruction, ask the school about screening for dyslexia. Waiting until third grade or later to act significantly reduces the effectiveness of intervention. See the Risk Factors section of this handbook for age-by-age warning signs.

Q: How do I request an evaluation through the school? Does the school have to test my child?
A: Yes. Parents have the right under IDEA to request a comprehensive evaluation for a specific learning disability, including dyslexia. Submit your request in writing to the school principal or special education director. The school must respond within a reasonable time (typically two weeks) and either agree to evaluate or provide written notice explaining why they will not. You do not need a prior diagnosis from a doctor. If you disagree with the school's evaluation, you have the right to request an Independent Educational Evaluation (IEE) at public expense.

Q: My child was diagnosed with dyslexia privately. Does that automatically mean they qualify for special education services?
A: Not automatically. Special education eligibility under IDEA requires both a disability and a demonstrated need for specially designed instruction to make educational progress. A private diagnosis of dyslexia is valuable and the school team must consider it, but the school must conduct its own evaluation to determine eligibility. That said, a strong private evaluation can provide the school team with important data and should be shared with the school. A child with dyslexia who does not qualify for an IEP may still be eligible for accommodations under Section 504 of the Rehabilitation Act.

Q: Can dyslexia be cured?
A: Dyslexia cannot be cured, but its impact can be significantly reduced through early identification and appropriate instruction and accommodations. Many individuals with dyslexia become highly capable readers and go on to succeed in demanding careers. Dyslexia does not define a person's intelligence, creativity, or potential.

Ineffective Intervention Strategies

The following approaches lack adequate scientific evidence for improving reading outcomes in students with dyslexia or have been actively contraindicated by current research.

Colored Overlays and Tinted Lenses (Irlen Syndrome Treatment): Colored overlays, tinted glasses, and Irlen lenses are marketed on the claim that dyslexia is caused by a visual processing disorder called "Irlen Syndrome" or "Scotopic Sensitivity Syndrome." This claim is not supported by peer-reviewed research. Multiple systematic reviews and controlled trials have found that any reading improvements observed with overlays reflect placebo, practice, or Hawthorne effects rather than genuine remediation of underlying reading difficulties (Griffiths, Taylor, Henderson, & Barrett, 2016; Evans & Allen, 2016). Dyslexia is a language-based, neurobiological condition — not a visual disorder. The American Academy of Ophthalmology, the American Academy of Pediatrics, and the American Association for Pediatric Ophthalmology and Strabismus have all issued joint statements concluding there is no scientific evidence that tinted lenses or overlays benefit students with dyslexia or other reading disabilities. Resources spent on overlay systems are better directed toward evidence-based Structured Literacy instruction.

Specialized Dyslexia Fonts (OpenDyslexic, Dyslexie, Arial as Reading Intervention): Specialized typefaces such as OpenDyslexic and Dyslexie are marketed as aids that reduce letter confusion in readers with dyslexia by weighting letters so they are harder to rotate or flip. Research consistently shows these fonts do not improve reading speed, accuracy, or comprehension for students with dyslexia compared to standard fonts. A controlled study by Kuster, van Weerdenburg, Gompel, & Bosman (2018) found that the Dyslexie font did not benefit reading in children with or without dyslexia. A 2023 study by Broadbent found that while some students preferred OpenDyslexic aesthetically, there was no difference in test performance between font conditions. These findings are consistent with the understanding that dyslexia is a phonological and orthographic processing disorder — not a visual letter-discrimination problem. Accessible font size, spacing, and line length adjustments are reasonable readability supports, but no specific font has been shown to remediate dyslexia.

Vision Therapy for Dyslexia: Vision therapy — including eye-tracking exercises, ocular motor training, binocular vision therapy, and convergence training — is sometimes recommended for students with dyslexia by vision therapists or optometrists. Children with dyslexia demonstrate the same ocular health and visual function as children without reading disabilities (Handler et al., 2011). A joint statement from the American Academy of Ophthalmology, American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, and the American Association of Certified Orthoptists (2009, reaffirmed 2014) concluded: "There is no adequate scientific evidence to support the view that subtle eye or visual problems cause learning disabilities. Furthermore, the evidence does not support the concept that vision therapy or tinted lenses or filters are effective, directly or indirectly, in the treatment of learning disabilities." Note: this does not mean that students with dyslexia cannot also have co-occurring vision problems that should be addressed.

Working Memory Training Programs (Cogmed, Jungle Memory, BrainHQ): Computerized working memory training programs claim to improve reading, attention, and academic performance by directly exercising verbal working memory capacity. A landmark meta-analysis by Melby-Lervåg, Redick, & Hulme (2016) found that working memory training produces short-term near-transfer gains on trained tasks but does not generalize to real-world cognitive skills, reading, or academic outcomes. A 2024 randomized controlled trial specifically in students with dyslexia (Walda, van Weerdenburg, & Bosman, Research in Developmental Disabilities, 2024) found that Cogmed working memory training did not contribute to literacy development in children with dyslexia. Working memory is a correlate of reading difficulty in dyslexia, not its primary cause. Training working memory in isolation does not address the phonological or morphological processing deficits that underlie word-reading difficulties.

Fast ForWord and Auditory Processing Training Programs: Fast ForWord is a computerized program that claims to remediate dyslexia by training auditory temporal processing — the ability to rapidly distinguish between speech sounds. It is based on the auditory temporal processing deficit theory of dyslexia, which proposes that dyslexia arises from a fundamental deficit in processing rapidly changing sounds. A systematic review and meta-analysis of high-quality randomized controlled trials (Strong, Torgerson, Torgerson, & Hulme, 2011, Journal of Child Psychology and Psychiatry) found no positive benefit of Fast ForWord on reading outcomes. A broader review of brain training programs concluded that Fast ForWord provided "little compelling evidence" of effectiveness, with studies showing benefits typically lacking control groups (Simons et al., 2016). The What Works Clearinghouse (WWC) has found Fast ForWord does not meet evidence standards for improving reading achievement.

Three-Cueing System / MSV (Meaning, Structure, Visual): The three-cueing system instructs beginning readers to guess unfamiliar words by using three sources of information: Meaning (does it make sense in context?), Structure (does it sound like how we talk?), and Visual (does it look right?). This approach explicitly teaches students to rely on context and sentence structure rather than decoding the word letter by letter. Decades of reading science research demonstrate that this is the reading strategy of poor readers, not skilled ones (Stanovich, 1980; Share, 1995; Seidenberg, 2017). Skilled readers identify words by processing their phonological and orthographic properties directly — not by guessing from context. Teaching context-guessing strategies actively impedes the development of phonological decoding and orthographic mapping, which are the precise skills students with dyslexia most need to build.

Balanced Literacy and Whole Language Approaches: Balanced literacy and whole language are instructional philosophies that assume children will learn to read naturally through immersion in authentic texts, with phonics taught incidentally or in response to student errors rather than in a systematic, explicit sequence. These approaches are not supported by the Science of Reading and are especially harmful for students with dyslexia, who require explicit, systematic instruction in the sound structure of language and letter-sound correspondences.

Leveled Readers as the Primary Vehicle for Decoding Instruction: Using leveled or "just right" books as the primary instructional method for teaching students to decode is not supported by research. Leveled texts are selected to match a student's current reading level, but they contain a mix of phonetically regular and irregular words that do not follow a scope and sequence. This means students encounter words they cannot yet decode, promoting guessing strategies. In contrast, decodable texts — books in which the vast majority of words can be decoded using previously taught phonics patterns — allow students to practice applying their phonics knowledge in connected text, accelerating orthographic mapping. Research by Cheatham & Allor (2012) and Mesmer (2010) supports the use of decodable texts over leveled readers during the earliest stages of decoding instruction. Students with dyslexia particularly benefit from decodable text practice because it reinforces phonological decoding and does not incentivize guessing.

Neurofeedback, Brain Training, and Cognitive Skills Programs (BrainHQ, LearningRx): Commercial brain training programs claim to improve reading, attention, and academic performance by training foundational cognitive processes such as processing speed, working memory, attention, and auditory or visual processing. A comprehensive review of 374 studies on brain training by Simons et al. (2016, Psychological Science in the Public Interest) concluded that the available evidence does not support broad claims about the real-world benefits of brain training programs for academic outcomes. Gains on trained tasks do not reliably transfer to reading, spelling, or other academic performance in students with dyslexia.

Retained Primitive Reflex Integration Programs: Some practitioners claim that dyslexia and learning disabilities are caused by "retained primitive reflexes" — movement patterns present in infancy that did not integrate normally — and that exercises to integrate these reflexes will improve reading. Programs such as Brain Gym, INPP (Institute for Neuro-Physiological Psychology) exercises, and primitive reflex integration therapy are promoted on this basis. There is no adequate scientific evidence from well-designed controlled trials that primitive reflex integration exercises improve reading, spelling, or phonological processing in students with dyslexia (Hyatt, 2007; What Works Clearinghouse).

Multisensory Instruction Without Systematic, Explicit Phonics (Informal Multisensory Activities): Multisensory instruction is a legitimate and evidence-based principle of Structured Literacy — but the term is sometimes misapplied to loosely structured activities (tracing letters in sand, finger painting, kinesthetic games) that are not embedded within a systematic, explicit scope and sequence of phonics instruction. Multisensory activities alone, without the systematic and explicit components of Structured Literacy, have not been shown to produce gains in word reading or spelling. Using sensory activities as a substitute for direct phonics instruction does not address the phonological or morphological processing deficits that underlie dyslexia (IDA, 2019; Spear-Swerling, 2019).

Resources for Interventions

Florida Center on Reading Research lessons targeting skill deficits: fcrr.org/curriculum/SCAindex.shtm
Heggerty Phonemic Awareness Curriculum: heggerty.org
Guide for Teachers: dyslexiaida.org/wp-content/uploads/2015/01/DITC-Handbook.pdf
Effective Reading Instruction: dyslexiaida.org/effective-reading-instruction
South Dakota Learning Disability Eligibility: doe.sd.gov/oess/sped-IEP.aspx
Fact Sheets: dyslexiaida.org/fact-sheets
IDA 2025 Definition of Dyslexia and Explanation: dyslexiaida.org/2025-dyslexia-definition-project
IDA Structured Literacy Overview: dyslexiaida.org/structured-literacy-effective-instruction-for-students-with-dyslexia-and-related-reading-difficulties
National Center on Improving Literacy – Structured Literacy resources: improvingliteracy.org
Reading Rockets – Structured Literacy basics: readingrockets.org/topics/about-reading/articles/structured-literacy-instruction-basics
What Works Clearinghouse – Evidence on reading interventions: ies.ed.gov/ncee/wwc
South Dakota Department of Education – Dyslexia Resources: doe.sd.gov/dyslexia

Resources

Office of Special Education and Rehabilitative Services letter addressing Dyslexia: ed.gov/policy/speced/guid/idea/memosdcltrs/guidance-on-dyslexia-10-2015.pdf
International Dyslexia Association: dyslexiaida.org
What Works Clearinghouse: ies.ed.gov/ncee/wwc
Upper Midwest Branch: ida-uppermidwest.org
Learning Disabilities Association of America: ldaamerica.org
The Yale Center for Dyslexia and Creativity: Dyslexia.yale.edu/parentstalkC.html
South Dakota Parent Connection: sdparent.org
Center for Disabilities: usd.edu/Academics/Colleges-and-Schools/sanford-school-of-medicine/Research-and-Outreach-Centers/Center-for-Disabilities

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Dyslexia Criteria Spreadsheet – Updated per IDA 2025 Definition

Skill Area	Test/Subtest Given	Score	Description
Rapid Automatized Naming	Skill Characteristic: Below Average		
Phonological Processing	Skill Characteristic: Poor to Below Average		
Orthographic Processing	Skill Characteristic: Poor to Below Average		
Morphological Processing	Skill Characteristic: Poor to Below Average – difficulty recognizing and using meaningful word parts (roots, prefixes, suffixes); impacts spelling, vocabulary, and reading fluency. NEW – IDA 2025		
Auditory Short-Term Working Memory	Skill Characteristic: Poor to Below Average		
Phonological Short-Term Memory	Skill Characteristic: Poor to Below Average		
Processing Speed	Skill Characteristic: Poor to Below Average		
Basic Phonological Awareness	Skill Characteristic: Poor blending & Segmenting		
Advanced Phonological Awareness	Skill Characteristic: Poor deletion, substitution, & reversing		
Reading Words in Isolation	Skill Characteristic: Difficulty decoding; particularly on timed tests		
Phonics Decoding Unfamiliar Words	Skill Characteristic: Difficulty sounding out unfamiliar words; particularly on timed tests		
Reading Fluency	Skill Characteristic: slow, labored, inaccurate Grade Level: 50th Percentile End of 1st Grade 50-60 wpm End of 2nd Grade 85-95 wpm End of 3rd Grade 100-110 wpm End of 4th Grade 115-125 wpm End of 5th Grade 135-145 wpm End of 6th, 7th, 8th Grade 145-155 wpm		
Reading Comprehension	Skill Characteristic: Could be average (>word ID) or secondary deficit		
Spelling	Skill Characteristic: poor spelling, persistent impairment		

Skill Area	Test/Subtest Given	Score	Description
Written Expression	Skill Characteristic: Below Average; poor spelling		
Oral Expression	Skill Characteristic: Average; relative strength		
Listening Comprehension	Skill Characteristic: Relative strength		
Vocabulary	Skill Characteristic: Average		
Reasoning/Problem Solving	Skill Characteristic: Average		
Math Calculation & Reasoning	Skill Characteristic: Average math calculation; may see lower math reasoning due to reading difficulties in story problems		
Risk Factors			
Other Considerations			
Processing Core Deficit of Dyslexia (IDA 2025)	Weakness in one or more of the following (IDA 2025: phonological and morphological processing are common but not universal): Phonemic awareness/analysis Phonemic blending/synthesis Rapid automatized naming Phonological working memory Nonsense word reading, letter-sound knowledge acquisition Morphological processing (NEW – IDA 2025)		
Diagnostic Impression			

Characteristics of Dyslexia	Yes	No
Difficulty with accurate and/or fluent word reading		
Poor spelling skills (phoneme to grapheme)		
Poor decoding ability (grapheme to phoneme)		
Difficulties reflect underlying weaknesses in phonological and/or morphological processing (IDA 2025 – causes are complex; genetic, neurobiological, and environmental factors interact)		
Difficulties persist even with instruction effective for the student's peers (IDA 2025 – replaces IQ-discrepancy criterion)		

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