Thank you for your leadership, Senator Molly Baumgardner and Senate Education Committee. We appreciate your attention to educational funding, especially with the current scarcity of funds available.

I am Dr. Annie Opat, a professor of literacy and Director of Reading Recovery at Emporia State University.

We are carefully following HB2602 – creating the legislative task force on dyslexia. At this point in time, if the vote approves the development of this task force, we recommend more representation of higher education researchers, specializing in literacy and the inclusion of medical doctors.

No doubt reading and writing acquisition are learned behaviors and for approximately twenty percent of the population, a difficult and daunting process (Clay, 2005). Reading is complex and requires the integration of multiple visual, linguistic, cognitive, and attention processes (Norton et al, 2015). Teacher preparation courses already prepare teachers for knowledge of the reading and writing process, including those who struggle in learning to read and write. Advanced coursework, intended for reading specialists, provide deeper theoretical understanding and clinical work to assist children of various levels on the reading and writing continuum. Furthermore, the multiple tiered support system, already established, is credited to set students up for success. Tier 1 – core classroom instruction – utilizes evidence based and differentiated methodology for all students. Target instruction, tier 2, is in place for at risk students and tier 3 is reserved for intensive intervention for the most reading disabled readers.

Everatt and Reid (2009), suggest the majority of evidence supports the view that a phonological-based intervention/teaching strategy will work for most children. However, alternative methods may be better for some, and a procedure for identifying who will benefit from what would be valuable. One way to do this is to monitor progress in the intervention and change the teaching method if the expected improvements are not occurring. Therefore, ongoing progress monitoring is important, and Response to Intervention (multiple tiered system of supports) can provide sound pointers for this (cited in Reid, 2016, p. 26). Therefore, monitoring children who severely struggle in learning to read will benefit them as instruction is modified according to need, resulting in a successful outcome. This treatment will benefit all struggling literacy students, including those who may have dyslexia.

The definition for dyslexia, adopted by the International Dyslexia Association (2002) outlines dyslexia as a specific learning disability that is **neurological** in origin, characterized by difficulties with accurate and fluent word recognition and poor spelling and decoding abilities that typically result from an **extreme deficit in the phonological component of language**. Additionally, dyslexia is often unexpected in relation to other cognitive abilities. Dyslexia may also include secondary consequences such as problems in reading comprehension and reduced

reading experiences that can impede growth of vocabulary and background knowledge.

With the understanding that dyslexia is characterized as a neurological disorder, how is it possible to assume that schools are equipped to diagnose and provide treatment? Shouldn't a medical doctor diagnose this condition instead of educational professionals? Torgesen, Foorman, & Wagner; Florida Center for Reading Research, reported that, "It is frequently not possible to differentiate in preschool or kindergarten between students who have dyslexia, and students who are at risk for reading problems for other reasons." Individuals with difficulty learning to read and write need preventative intervention before incorrect reading behaviors become habitual and ingrained. Additionally, the researchers stated, "The goal of every school should be to provide interventions for all struggling readers that are sufficiently powerful to bring their reading skills up to grade level standards." They further surmised, "**If interventions and classroom instruction as strong as those provided in this study were available for all students who needed them, only 2% of students would remain seriously impaired in phonemic decoding and accuracy at the end of first grade."** Therefore, we need to focus on research based, effective interventions for all students in the school system, especially preventive measures – helping children early, once literacy difficulty is identified.

Research also indicates that regardless of the dyslexic label, the treatment remains the same for a struggling reader. **Results demonstrate no significant difference between dyslexic programs and interventions offered in the school system.** One size does not fit all (International Literacy Association, 2016). Instruction that is responsive to individuals' needs and comprehensive in scope is more useful in meeting students' needs (Vellutino et al., 2004). Why do we need to assign a label, especially an expensive label, to children when they can experience an intervention already in place to help them with learning to read and write? Also, why go to the extent of developing an entire course about dyslexia, especially when the Board of Regents has decreased the credits necessary for teacher certification? Secondary educators currently are not required to complete coursework in education to become teachers in Kansas. If elementary teachers already undergo courses outlined as adequate for the classroom and already include special education components, why is there a demand to have more coursework dedicated to dyslexia?

Such an emphasis on dyslexia will create massive issues for new teachers in training. Imagine all the confusion when new teachers falsely identify "dyslexic students" because they wonder if all students who struggle with literacy are afflicted with dyslexia. A false positive is not acceptable and this may occur if there is an entire course for dyslexic instruction. Inappropriate labeling, sometimes rates as high as 20-30% by some dyslexia specialists will cause funding issues as well as a negative and inappropriate label on students when perhaps the students only needed more effective instruction, at an earlier time (Hruby, 2009). Just imagine -

many students are diagnosed as having attention deficit disorder, so do we also need to have an entire semester course titled, "Attention Deficit Disorder?" Wouldn't this create confusion and teachers to wonder if more children are inflicted with attention deficit disorder? Additionally, **teachers are not permitted to diagnose students with attention deficit disorder, as this is a medical condition so why should teachers be permitted to diagnose students as dyslexic – another medical condition?** This is unacceptable.

I also question the structure of the task force. Why is there only one university professor? If the task force is to put forth knowledge about dyslexia to the higher education community and to the school system, this is unacceptable. Are there medical doctors on the task force? Dyslexia is a medical, neurological disability and there must be medical doctors on the task force. Why are there so many dyslexia advocates? They most certainly have a special interest in dyslexia and have bias.

After all of these considerations, is the school system equipped to spend more taxpayer money on such dyslexia diagnosis and programs? Prior to my literacy professor status, I was a Title 1 teacher for twelve years. I remember during my K-9 teaching career how programs were cut. I know cuts are even more prevalent now. How can this expense be incurred while other programs are cut, especially when it is not significantly proven that specific "dyslexic treatments" are more effective than current interventions already employed? Perhaps we need to bolster literacy knowledge overall, not just an emphasis specifically directed to dyslexia.

I believe that all children are individual learners and all have strengths and areas of need. We must focus on good classroom instruction, especially early primary and preschool grades. **We must continue to provide future teachers and current teachers excellent professional development and research regarding those who have special needs overall – not an overemphasis on dyslexia**. We must strengthen and empower teachers, which is accomplished through providing higher educational coursework - material dedicated to the continuum of struggling students to those acquiring advanced schooling. **Mandating the inclusion of dyslexia identification and treatment into the educational framework and school systems across Kansas is not justifiable, especially through a task force with only one higher educational representative and no medical professionals.**

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