

The Abell Report

What we think about, and what we'd like you to think about

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The Invisible Dyslexics: How Public School Systems In Baltimore and Elsewhere Discriminate Against Poor Children In the Diagnosis and Treatment of Early Reading Difficulties

Abell Salutes: SEETTS, for helping to turn lives around on both sides of “the fence.”

The Maryland Department of Corrections releases approximately 8,000 people from prison each year into Baltimore City. Almost 60% of releasees have not received any job preparation training, transition planning, and consequently, no linkages to workforce development agencies and other community-based services. The result is an estimated 50% recidivism rate for persons formerly incarcerated and a decrease in public safety.

As Ernest Jordan, 31, was preparing to leave the Maryland Transition Center (MTC) he wasn't sure what he was going to do upon release. After serving nine months in prison he wasn't prepared to handle the requirements of the outside world or even go about finding employment. With a limited work history, and a criminal record, the odds were stacked against him. While at the MTC—inside “the fence”—he was one of the lucky ones, he had come to know the work of Goodwill Industries of the Chesapeake's SEETTS (Supporting Ex-Offenders in Employment, Training, and Transitional Services) program. This knowledge

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The delay in early diagnosis and treatment has disastrous academic consequences for our schoolchildren. Remedial action is called for, and the Baltimore City School System should lead the way.

By Kalman R. Hettleman

*I am invisible, understand, simply
because people refuse to see me.*

Ralph Ellison, *Invisible Man*

Our nation's general failure to diagnose and treat early reading difficulties impacts with disproportionate harshness on poor and minority students. At least 20 percent of the children in the Baltimore City public schools and other large urban districts can be called “invisible dyslexics.” Though definitions of dyslexia vary, the term is usually understood to mean difficulties in learning to read. “Invisible dyslexics” are children whose academic futures are doomed because their problems in learning to read are either diagnosed too late and treated too little, or not diagnosed or treated at all.

An unrecognized and hidden reason for this tragedy is discrimination based on IQ and family background. Under special education laws, children who experience early reading difficulties are not entitled to special instruction unless there is a large discrepancy between intelligence measured by IQ tests and reading achievement. This “discrepancy requirement” has a perverse impact: high IQ children with

reading difficulties have larger discrepancies and therefore receive earlier and more intense supplemental instruction than low IQ children with similar reading difficulties who are more in need of help. Moreover, IQ scores underestimate the learning potential of children from low-income, language-poor homes.

The delay in early diagnosis and treatment has disastrous academic consequences. Many students with mild or severe reading difficulties will require supplemental instruction throughout their K-12 schooling. Yet, research shows that for almost all of them reading by first grade (or “reading by seven”) is a make-or-break turning point. Undiagnosed early reading difficulties rapidly metastasize into academic deficits and disruptive and self-destructive behaviors, and children who fall behind early rarely catch up.

Last year only three Baltimore City children were eligible under the special education “specific learning disability” (LD) classification in ages 3 to 5 and very few in first and second grades; the number of LD children soars in higher grades but by then students have suffered several

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years of failure. Remedial special education services at that point are notoriously ineffective.

This flawed system reflects another kind of discrimination in the diagnosis and treatment of early reading difficulties: low teacher expectations of low-IQ, low-income students. Early reading difficulties are often blamed on the child and family, rather than on the school's failure to deliver the right kind of reading instruction.

Both forms of discrimination – low teacher expectations and the bias against low IQ children in the discrepancy requirement for special education services – have been exposed by what Yale University neuroscientist Sally E. Shaywitz calls “a revolution in what we’ve learned about reading and dyslexia.”

Reading scientists have reached agreement that:

- Most reading difficulties including dyslexia are caused by core deficits in phonological awareness (children cannot make sufficient connections between spoken sounds and words and written letters and words, blocking their ability to master the foundational reading skills of decoding and word recognition).
- Such deficits in phonological awareness are found among children with low as well as high IQs.
- The deficits can usually be identified as early as pre-kindergarten or kindergarten and effectively treated.

As discussed in the Abell Report from which this article is drawn, these findings have profound implications. They discredit the conventional educational wisdom that early reading difficul-

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ties including dyslexia are rare and mysterious disorders found predominantly in the IQ-elite. Most important, they show that school officials must raise their expectations for what low-IQ, low-income children can achieve, and be held more accountable for providing virtually all students with the phonological processing and other basic skills that are the threshold to reading success.

The first corrective action is to recognize this hidden, harmful discrimination against poor and minority children for what it is. The right to early diagnosis and treatment of reading difficulties must be recognized and pursued with the urgency and moral clarity of civil rights causes of the past. The struggle must assure that, as early as pre-kindergarten, children do not fall behind in achieving developmentally appropriate reading milestones. And the Baltimore City public school system has an opportunity to play a trail-blazing role.

**The scientific revolution in
defining learning disabilities
including dyslexia**

Dyslexia scholar Margaret J. Snowling observes, “Dyslexia has, throughout its history, defied definition.” Nonethe-

less, dyslexia has tended to be broadly understood as any serious problem of faulty reading or any kind of reading disability characterized by a discrepancy between intelligence and achievement. This popular perception persists, as illustrated in a recent, well-publicized article in Fortune magazine. The article profiled dyslexic “dead-end” kids in reading who become billionaire CEOs or attained other professional fame.

But the conventional portrayal of persons with dyslexia as having superior intelligence and unusual talents is misleading. According to Joseph K. Torgesen, a leading reading scientist, recent studies have “led to the discovery that the early word reading difficulties of children with relatively low general intelligence and verbal ability are associated with the same factors (weaknesses in phonological processing) that interfere with early reading growth in children who have general intelligence in the normal range.” In other words, children with low IQs generally experience early reading difficulties for the same basic reasons as children with high IQs.

Thus, current laws and practices – which require a large discrepancy between intelligence and achievement for eligibility for special education services – are misguided. They imply, in the words of G. Reid Lyon, Chief of the Child Development and Behavior Branch of the National Institute of Child Health and Human Development and the pre-eminent leader of the movement to reform early reading practices, “that dyslexia cannot be diagnosed in a child in a poor or unconventional background.”

Worse, the children who suffer the most are concentrated in urban school districts like Baltimore City where students in the early grades rarely have sufficiently

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large discrepancies to meet the special education eligibility requirements. A large number of children are eventually found eligible for LD special education services; in Baltimore City, for example, about 6 percent of all students are classified LD. But the great majority of them do not receive special education services until after the third grade. At that point, their eligibility is based less on the diagnosis of a disability and more, pragmatically, on their impact on the regular classroom. They are typically several years behind grade level and continuing to fall farther behind. Their instructional needs cannot be met by the already overburdened classroom teacher, and their academic frustrations often result in disruptive classroom behaviors.

Experts vary widely in their estimates of the number of children who are at mild or severe risk for reading failure. Several suggest about 20 percent. Other estimates are 50 percent or more. A key variable is the quality of early reading instruction. For example, Torgesen observes that 30 percent to 60 percent of children frequently fall below a reasonable standard for reading progress, but effective instruction can reduce the failure rate to 6 percent or even lower.

The education establishment's slow learning curve

Unfortunately, most educators have been slow to respond to the research. The National Research Council Committee on the Prevention of Reading Difficulties in Young Children points out that findings that overturn long-held beliefs about the causes and cures of reading difficulties including dyslexia have “been embraced by most researchers, although not yet by a majority of educators.”

There are many reasons educators lag in taking action:

- Most of all, lack of teacher training. General education and special educa-

tion teachers are poorly trained in basic reading instruction, and have virtually no knowledge about how to diagnose and teach children with reading difficulties.

- Fallout from the education wars over what is “developmentally appropriate” and how to teach reading. Many teachers resist early identification and intervention because they believe — contrary to recent research — that most emerging readers in the early grades are developing at their own pace and will grow out of their reading difficulties. Further, treatment of early reading problems, as discussed later, is tied more closely to systematic, direct “phonics” than the “whole language” instructional approach that holds sway among many teachers and university schools of education.
- Low teacher expectations. As mentioned earlier, inner city students are saddled from the start by the common, erroneous belief among educators and the public that they are unable to achieve high academic standards. This misunderstanding reflects the misguided conventional wisdom that reading disabilities are largely confined to bright non-achievers.
- Lack of funding. Effective early treatment, as detailed later, is expensive in the short run. Over time, it will reduce the skyrocketing costs of special education as well as the other economic and social costs of school dropouts and other poorly educated citizens.
- Low-income parents' lack of advocacy know-how and clout. Suburban and affluent school districts also fall short on diagnosis and treatment. Still, parents in these schools have greater wherewithal to force public schools to provide extra instruction or to bypass public schools and enroll their children in one of the expensive, rapidly growing private schools for students typically described as bright

and dyslexic. So poor children in poor urban schools suffer the most. As the saying goes, when the nation catches cold, the poor get pneumonia.

General principles for early identification and intervention

The general principles and supporting evidence for early identification and intervention after children enter school in pre-kindergarten or kindergarten are spelled out in a series of national studies including those of the President's Commission on Excellence in Special Education (2002), the National Reading Panel (2000) and two National Research Council committees, *Minority Students in Special and Gifted Education* (2002) and *Prevention of Reading Difficulties in Young Children* (1998). (Of course, prevention of reading and other school difficulties should begin well before then. Early childhood programs — spanning “zero to three,” the Infants and Toddlers program, family support centers, child care, Head Start and other preschool activities — are crucial in preparing children to meet developmentally appropriate reading benchmarks beginning in pre-kindergarten.)

Researchers recommend a basic framework in which diagnosis and treatment of early reading difficulties should not be limited and fragmented by categorical education mandates and funding streams such as special education, federal Title I and other compensatory aid. Instead, a child who has not responded to regular classroom instruction must receive additional treatment tailored to the nature and severity of the child's individual reading difficulties, regardless of categorical eligibility.

The specific steps include system-wide and student-level interventions. System-wide interventions are the instructional elements needed for almost all schools and students in districts like Baltimore City that have a large percentage of

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students who are at risk of not meeting performance standards. System-wide interventions include early screening, core reading programs that adhere to the reading research, pre-kindergarten and all-day kindergarten programs, classroom-based teacher training and small class size. They are largely preventive and can minimize the necessity of supplemental student-level interventions.

As a general rule, core instruction for children with reading difficulties does not differ from core instruction for other early readers. The bedrock is systematic, direct instruction in phonological awareness and phonics as prescribed by the National Reading Panel (convened by the National Institute of Child Health and Human Development and the U.S. Secretary of Education at the request of Congress) and other research studies. Also required are early language and vocabulary development and meaningful exposure to literature and other pathways to comprehension.

Student-level interventions provide additional preventive or remedial assistance to students who are individually identified as at particular risk of not meeting standards, or have not met standards. Student-level interventions typically begin with teachers obtaining advice from classroom coaches and problem-solving teams that include reading specialists, psychologists and other interdisciplinary faculty. However, additional instruction through small groups and tutoring during the school year and the summer is almost always needed.

Still, the research so far is unclear about the exact amount of time needed and the relative effectiveness of different intervention models. Torgesen writes, “to know what kind of instruction is most effective is not the same thing as knowing how much of that instruction, delivered under what conditions, will lead to adequate development of word reading and passage comprehension skills in children with

phonological processing weaknesses.”

A particularly vexing unknown is whether the additional time spent in small groups and tutoring should be more repetition of the core instruction, or more of a different instructional method, or a mix of both. As noted, students with early reading difficulties do not typically need qualitatively different instruction from other students. But an undetermined number of students will. Researchers at the University of Oregon put it: “Can the core commercial program be used, but in smaller groups? Will the student benefit from an extra period of instruction, but with a different program?” Advocates of strong phonics programs like Direct Instruction and Open Court tend to believe constant practice that reinforces the regular classroom instruction is usually sufficient. On the other hand, advocates of programs that use Orton-Gillingham methods tend to believe that “multi-sensory” teaching approaches are essential, either stand alone or as a more prominent part of core and supplemental instruction.

The Baltimore City public schools failure to diagnose and treat early reading difficulties

Using Baltimore City as an example of urban districts across the country, how well does the public school system (BCPSS) measure up to the general principles for early identification and intervention? Overall, BCPSS is a national leader in efforts to promote early literacy, particularly system-wide interventions. Strong core curricula are in place – notably, Open Court and Direct Instruction. Class size has been reduced. All-day kindergarten has been instituted. Policies to reduce “social promotions” are in place, and failing students are offered summer school. Test scores have risen dramatically.

Still, there are signs that progress is stagnating. About half of all children in grades one through three are not achiev-

ing at grade level. And little is done to provide student-level interventions that diagnose and treat individual reading deficits. More intensive individualized screenings and assessments should begin in pre-kindergarten, with teachers trained to implement and analyze them. Multidisciplinary teams to provide assistance to teachers (called Student Support Teams in Baltimore City) must be used more frequently in the early grades and supported with adequate resources, including case management, behavioral and family interventions as needed, and especially additional instructional assistance such as small groups and tutoring primarily during the school day. Retained first- and second-grade students should receive especially intensive additional help to enable them to catch up to grade level.

In the absence of sufficient intervention resources outside of the special education system, BCPSS should encourage “professional judgment” by teachers, psychologists and speech and language pathologists in the Learning Disability eligibility process so that more children with reading difficulties will become eligible to receive early instructional assistance. This step has drawbacks that are mentioned later, but should be considered as an option of last resort.

Scarce funds are, of course, an issue. At the same time, the BCPSS \$363 million “Remedy Plan” for FY 2003 that sets forth multi-year funding priorities almost totally neglects further early literacy interventions and should be revised.

Preliminary ideas for a pilot project

Although the principles that underlie best practices for diagnosis and treatment of early reading difficulties can be confidently stated, few studies to date offer a detailed road map for how to get almost all at-risk students to early mastery of foundational skills. Past and cur-

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rent demonstration projects across the country may not sufficiently address two vital issues.

First, what are the benefits of starting early identification and intervention initiatives in pre-kindergarten? Disagreements over developmental appropriateness and cost-benefits discourage pilot projects for four-year olds, and most studies begin in kindergarten. Second, exactly what individualized interventions are necessary to enable each child to overcome early risks and difficulties? Virtually all research studies to date have been limited to a relatively fixed structure and capped level of interventions.

These studies may be constrained by funding limits and the desire to minimize operational and research variables. Moreover, some researchers believe that enough is known right now about how to substantially reduce reading failures. Still, valuable knowledge might be gained from a pilot project in an urban school system like Baltimore City's if the project starts in pre-kindergarten and provides students with more individualized, intense small group instruction and tutoring as needed.

Because BCPSS has implemented system-wide core reading instruction in pre-kindergarten through second grade, it is in the favorable position of being able to devote attention to student-level interventions in such a pilot project. Individualized, graduated doses of supplemental small group instruction and tutoring should be principally directed and delivered by an experienced reading specialist. The reading specialist should assist classroom teachers to give and interpret screening and assessment measures, consult with the teachers on strategies for individual students, and directly provide all or most supplemental small group and tutoring instruction. The average classroom teacher or reading coach in BCPSS schools – even with better training – will not have the time or experi-

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Teachers lack training in how to diagnose and treat early reading difficulties.
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ence in the near future to perform these demanding tasks. True, finding experienced reading specialists is hard at almost any price, and any model based on using them will be difficult to replicate on a large scale. Still, the project will better probe the needs of slow-to-respond students if reading specialists, in tandem with classroom teachers, play a leading role.

Also, the project design should include a strong research component. Because of the numerous variables in student difficulties and interventions, case (ethnographic) studies of individual children would be desirable along with implementation and outcome analyses.

Equal opportunity for invisible dyslexics: A concluding call to action

As discussed in this article, identification of early reading difficulties and the necessary interventions are almost always too little, too late to enable struggling poor and minority children to learn to read. Most of these children are “invisible dyslexics” whose core deficits in connecting sounds to written words must be overcome if they are to gain a foothold on the ladder to reading proficiency.

Yet, discriminatory attitudes and practices – insidiously rooted in false assumptions about the learning capacity of low-income, low-IQ children – stand in the way. It is no secret that poor children

suffer generally from inequality of educational opportunity. But discrimination in the diagnosis and treatment of early reading difficulties is a particularly virulent strain that has been undetected or ignored.

Educators, political officials and the public must recognize and uproot these hidden obstacles. Steps such as those recommended for the Baltimore City public schools must be taken by states and local districts across the country. But as with other fundamental civil rights of poor and minority citizens, it is necessary for the federal government to guarantee opportunity and enforcement.

Reading scientists and U.S. Department of Education officials have begun to point the way. The Bush administration's commitment to early literacy – including Early Reading First, Reading First and recent controversial proposals to raise the academic content in Head Start programs and even test four-year olds – is admirable. But the initiatives are woefully under-funded.

Moreover, the fragmented, incomplete mandates found in special education, Title I and other federal laws including the No Child Left Behind Act must be legislatively re-engineered to create a unitary entitlement to adequate early identification and intervention. Under a unitary entitlement, early diagnosis and treatment would be based solely on how students respond to early interventions, regardless of whether non-responders are technically eligible for special education services.

A unitary entitlement is the ultimate goal, but it is unlikely to be attained in the near future. In the interim, President George W. Bush's Commission on Excellence in Special Education has advocated the elimination of the discrepancy requirement for eligibility for the LD classification, as reading scientists urge. Moreover, states including Maryland should be encouraged to follow the lead of other states that provide more flexibility in the

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measurement of the discrepancy requirement and in the weight accorded it. Another option for states and local school districts, including Baltimore City, is to take full advantage of the “Developmental Delay” special education classification that allows easier eligibility for children from age three up to the age of nine.

Still, it must be acknowledged that expanding eligibility for children under special education laws poses stark dilemmas. If the discrepancy requirement for LD were eliminated, the special education rolls would swell, raising justifiable fears about funding, tracking and excessive procedural red tape. Yet, if other avenues to early diagnosis and treatment don’t get us there, expansion of special education is the lesser of the evils. If nothing else, the threat of a substantial expansion of LD eligibility will hasten the consideration of alternatives. Towards this end, advocates

should bring legal action on behalf of children who do not receive timely, adequate identification and intervention in the early grades, and adequate Individual Education Plan services thereafter.

Also in the interim, a research-inspired truce must be declared in the education wars over what is developmentally and instructionally appropriate for children in pre-kindergarten and the early grades. And teachers must receive much more training in how to teach reading in general and students with reading difficulties in particular.

These national, state and local reforms won’t come easily. Massive professional walls separate general education and special education. Beyond funding, there are still many lessons to be learned about the quantity and quality of instruction that will meet the diverse needs of struggling readers. The best early reading programs are

necessary but not sufficient as students strive for higher-level comprehension.

But all these obstacles pale in contrast to the tens of thousands of children in Baltimore City and the millions across the country who will almost certainly remain left behind if their early reading difficulties are not diagnosed and treated. This invisible injustice cries out for remedy. The nation should heed the call, and the Baltimore City school system should be in the front ranks of the struggle.

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“The Invisible Dyslexics: How Public School Systems In Baltimore and Elsewhere Discriminate Against Poor Children In the Diagnosis and Treatment of Early Reading Difficulties.” is available on The Abell Foundation’s website at www.abell.org or write to: The Abell Foundation, 111 S. Calvert Street, 23rd Floor, Baltimore, MD 21202

ABELL SALUTES:

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counted heavily; upon release, a continuing relationship with SEETTS gave him the opportunity to turn his life around.

Through the SEETTS program, Ernest worked on employment skills, developed a resume, and began interviewing for jobs. When a position opened at the Goodwill store in Security Station, Ernest was interviewed and was hired. Today, he is a sales associate, a productive citizen, supporting his wife and two children.

SEETTS, a collaboration between Goodwill and the Maryland Department of Corrections, is supported by The Abell Foundation, the Open Society Institute, the

Knott Foundation, and the Lockhart Vaughan Foundation. The program provides workforce development services to inmates during the last phase of their incarceration. These services are comprised of vocational evaluations, job readiness training, counseling, service coordination, job placement, and post-placement support services. The goal of the project is to show that training, employment and support services provided before an ex-offender’s release will better enable them to become employed, productive and self-sufficient individuals, and reduce recidivism. Together, these benefits enhance overall public safety and lead to more stable communities.

Since the program’s inception, Good-

will has served 258 individuals “inside the fence,” and an additional 380 ex-offenders from the community. Nearly all (95%) of the SEETTS participants from the MTC are repeat offenders, incarcerated for simple possession of drugs or intent to distribute. Goodwill has placed a total of 245 ex-offenders into jobs from March 2001 to November 2002. For all of the individuals placed through both SEETTS at the MTC and the community, wages average \$8.50 with benefits and career advancement opportunities.

The Abell Foundation salutes SEETTS and Goodwill vice-president Philip Holmes, for helping to turn lives around on both sides of “the fence.”