

EXECUTIVE SUMMARY

The Dallas Independent School District (Dallas ISD), funded by \$1,243,117 of district general operating funds (a decrease from \$1,284,326 in 2018-19) provides campus-based services districtwide for students with dyslexia. The mission of the Dyslexia Services program is “to assist students with dyslexia in the attainment of independent literacy skills by providing services and support to students, their parents, and school personnel through identification, instruction, and community awareness.”¹

Dyslexia is one of the most common language-based learning disabilities; among those exhibiting reading difficulties, 70 to 80 percent are believed to have some form of dyslexia. Estimates place the percentage of people who have dyslexia between 5 and 10 percent;² depending on the definition, this percentage can reach as high as 17 percent.³

Dallas ISD Dyslexia Services has expanded notably over the past four years. In 2016-17, 14 dyslexia evaluators served districtwide, programming was primarily video based, and no dyslexia interventionists were employed. In 2019-20, 183 staff members comprised the Dallas ISD Dyslexia Services department, with 147 dyslexia interventionists serving one to two campuses each, and 27 dyslexia evaluators identifying students and prescribing accommodations.

This evaluation focused on continued district efforts to provide quality dyslexia services to students and their families and to support campuses to serve these students effectively. Specifically, this 2019-20 evaluation planned to examine: 1) the program budget; 2) program components; 3) the identification process and available programming; 4) characteristics of district students with dyslexia; 5) efforts to identify dyslexia early; 6) characteristics of program staff members; 7) dyslexia-related professional development; 8) education and support provided to parents of students with dyslexia; 9) growth in literacy skills and trends in reading and writing achievement for students with dyslexia, and 10) perceptions of interventionists during at-home learning.

For topics included in this report that were affected by the COVID-19-related transition to at-home learning starting on March 23, 2020, resulting changes to operations, supports, and outcomes were addressed within each section of the report, as appropriate.

EVALUATION QUESTIONS/OUTCOMES

What were the components of the Dyslexia Services program?

Before 2017-18, Dyslexia Services used structured literacy programs and video-based programming to support multisensory language learning for students with dyslexia. Video-based programming was the primary method of support for identified students until 2017-18, when the district amplified efforts to expand and enhance services, including increased use of the following systems.

Wilson Reading System. The *Wilson Reading System* (*Wilson*) currently is the most widely used structured literacy program in the district for students with dyslexia. The *Wilson System* is an intensive literacy program provided by a highly-trained teacher – a dyslexia interventionist – to individual students or to small groups in kindergarten through grade eight for 45 minutes a day, four to five days a week. Dyslexia interventionists earn special certification to provide *Wilson Reading System* instruction and support to students. The *Wilson Reading System* focuses on reading, spelling, vocabulary, fluency, and comprehension.

Other Literacy Programs for Dyslexic Learners. The district also uses 1) the *Esperanza Spanish Language Program* (*Esperanza*) for Spanish literacy (elementary grades); 2) the video-based *Texas Scottish Rite Hospital for Children Dyslexia Training Program* (elementary grades); and 3) the video-based *Texas Scottish Rite Hospital for Children Literacy Program* (secondary grades).

Support for Teachers and Parents

Dyslexia interventionists also work with teachers, providing training in the Multisensory Teaching Approach (MTA), a teaching method specially designed for learners with dyslexia that directly involves students in seeing, hearing, saying, and writing during instruction (Birsh, 2019).

Dyslexia interventionists lead trainings twice per year for campus staff members on dyslexia characteristics. They also provide regular support to parents of students with dyslexia through sessions on supporting continued student growth in the summer and on additional available community supports.

¹ <https://www.dallasisd.org/Page/52188>, retrieved 09/28/18.

² A January 2019 report by the American Institutes for Research (AIR) similarly noted that the prevalence of dyslexia in the United States “has not

been determined definitively but [that] the National Institute of Child Health and Human Development estimates the rate at approximately 10%” (p. ix).

³ University of Michigan Dyslexia Help Center, <http://dyslexiahelp.umich.edu/answers/faq>.

How are students with dyslexia in the Dallas ISD identified, and how many students received dyslexia programming and support?

Identification Process

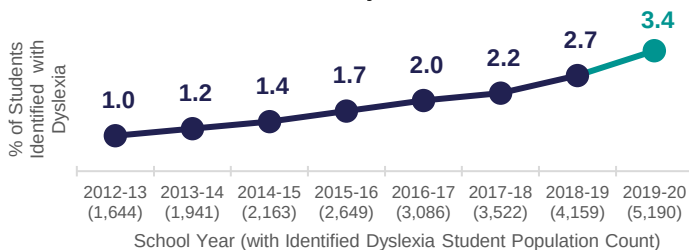
Dyslexia potentially can be identified as soon as a child begins learning to read, and, generally, the sooner dyslexia is identified and intervention provided, the more promising the developmental trajectory.⁴ District students can be referred for assessment through a campus staff member or committee, or by a parent. According to Texas House Bill (HB) 1886, grade one students must be screened for reading difficulties like dyslexia by mid-school year. In 2019-20, campuses used the *Texas Kindergarten Entry Assessment System (TX-KEA)* for kindergarten students; *Istation's Indicators of Progress (ISIP)* in grade one; *Measures of Academic Progress Growth (MAP)* or *ISIP* in grade two; and *MAP*, *STAAR*, or *Common Assessments* for middle school students. Campuses review screening data and grades to assess whether dyslexia may be present.

When dyslexia is suspected and other interventions [like through the Multi-Tiered Systems of Support (MTSS) framework]⁵ were provided but unsuccessful, parent consent for a dyslexia assessment is obtained, and a variety of additional student data are reviewed, as applicable. After a dyslexia evaluator assesses the student, student support teams and parents meet to determine if the student requires dyslexia services. If so, an Individual Accommodations Plan (IAP)⁶ is created for the student and interventions begin. If the student is identified with dyslexia and needing special education (SPED) services, dyslexia accommodations are integrated into the Individual Education Plan (IEP).

Longitudinal Trends in Dyslexia Identification

The rate of district students identified with dyslexia increased from 1.0 percent in 2012-13 to 3.4 percent in 2019-20 (Figure 1). Increases will likely continue due to increased dyslexia staff and improved universal screening.

Figure 1: 2012-2019 Percentages and Number of Dallas ISD Students Identified with Dyslexia



Source: 2018-19 evaluation report (2012-13 through 2018-19; Mejan, 2019). Dallas ISD PEIMS demographic snapshot data file for 10/28/19 (2019-20).
Note: Includes students enrolled on the PEIMS snapshot date of each year.

⁴ See <https://www.mayoclinic.org/diseases-conditions/dyslexia/diagnosis-treatment/drc-20353557> for more information.

⁵ See Springer and Kim (2020).

Program Placement

As in 2018-19, most students needing Dyslexia Services received *Wilson Language* programming (2018-19: 78%; 2019-20: 74%; Table 1). Because evaluations for dyslexia require in-person interaction between a student and a dyslexia evaluator, dyslexia evaluations were suspended in 2019-20 during at-home learning. This change reduced the number of students placed in 2019-20 Dyslexia programs.

Table 1: 2018-19 and 2019-20 Program Placement of Dallas ISD Students with Dyslexia

Dyslexia Program	2018-19 (N=2,287)		2019-20 (N=1,112)	
	N	%	n	%
Wilson Language	1,777	77.7	820	73.7
Esperanza	313	13.7	226	20.3
MTA/Alphabetic Phonics	139	6.1	21	1.9
Dyslexia Training Program	27	1.2	0	0.0
Literacy Program	19	0.8	11	1.0
Other	12	0.5	34	3.1

Source: Dyslexia Services, November 2019 (2018-19) and June 2020 (2019-20).

Note: Total Ns = students actively receiving programming.

What were the characteristics of students served by Dyslexia Services, including one-year trends?

In 2019-20, 5,190 district students were identified with dyslexia. Over half of these students were male (59%; 2016-17: 61%; 2018-19: 60%), eight percentage points above the district rate (51%). While some research has attributed this difference to externalizing problem behavior leading to referral process bias toward diagnosis of boys (Shaywitz et al., 1990), more recent studies provide some evidence that males may be more vulnerable to learning disorders like dyslexia, and, while both boys and girls are commonly under-identified in schools, girls are more frequently under-identified (Quinn & Wagner, 2013).

The rate of 2019-20 English learners (ELs) with dyslexia (40.7%) was lower than the districtwide percentage of ELs (45.7%), possibly indicating a need for more screening and identification of ELs with dyslexia. Also, 36.3 percent of students with dyslexia received SPED services, up two percentage points from 2018-19 (34.3%). SPED program leadership attributed these findings to a continuum of severity in dyslexia symptoms and the possibility of concurrent disabilities.

What progress was made in 2019-20 to meet the Dyslexia Services early identification goal?

In terms of developmental capacity, most students in prekindergarten through grade three are learning to read; by the end of grade three, most students should be transitioning to reading to learn. This literacy foundation sets a critical stage for academic, career, and social-emotional

⁶ IAPs are also called section 504 plans and provide accommodations for students not meeting the criteria for SPED but require accommodations to receive a free and appropriate public education (FAPE).

potential. Students who fail to attain literacy in the early years are at significant risk of dropping out of school.⁷ The goal of Dyslexia Services was to identify and effectively support students with dyslexia as early as possible.

Increases in Dyslexia Services Staffing

To meet the goal of early identification, the program increased the number of staff members who provide dyslexia services. Shortly before 2017-18, the district hired a Dyslexia Services program director. In 2017-18, the program added 22 dyslexia interventionists. Increasing each year since, 147 dyslexia interventionists and 27 lead dyslexia evaluators were employed in 2019-20.

Roles and Dispersion of Staff Members

Dyslexia interventionists, the largest group of Dyslexia Services staff members ($N=147$), are certified teachers with specialized dyslexia training. Interventionists work with identified students to provide supplemental multisensory instruction, most commonly through the *Wilson Reading System*, and continually assess their achievement levels. Further, interventionists train teachers to provide effective curricular accommodations for identified students, according to IAP or IEP guidelines. Interventionists served one or two campuses each, and 168 district campuses (72%) were assigned an interventionist either full- or half-time (139 elementary schools; 29 middle schools).

Dyslexia evaluators ($N=27$) identify needs and prescribe appropriate accommodations and services for students with dyslexia. Including the program director, two accommodations coordinators, staff supervisors, and administrative assistants, 193 employees served the Dyslexia Services department as of spring 2020. Increased numbers of Dyslexia Services staff members and the type, intensity, and dispersion of services provided districtwide has likely contributed to increased and earlier identification of students with dyslexia.

What types of dyslexia-related training was provided to staff members in 2019-20?

Training for Dyslexia Services Central Staff Members

Attendance at regular professional development (PD) sessions was required of all program staff members. Topics covered for Dyslexia Services staff member PD in 2019-10 included 1) *Wilson* programming, 2) *Esperanza* programming, 3) instruction on the TEA *Dyslexia Handbook*, 4) policies and procedures for dyslexia interventionists, 5) Region 10 resources, 6) interpreting a dyslexia evaluation, 7) PowerSchool navigation, 8) provision of dyslexia-related PD to campuses, 9) *WIST* training, 10) instruction on Section 504, 11) MTSS, and

⁷ See <https://www.ncsl.org/research/education/pre-kindergarten-third-grade-literacy.aspx> for more information.

12) Root Cause Analysis. In addition, interventionists and evaluators met regularly for collaboration and mentoring.

Program leadership maintained regular, detailed communications with dyslexia interventionists and evaluators during at-home learning, with a focus on continuation of services. Staff members used scripts provided by program leadership for communicating effectively and efficiently with parents and attempted to communicate multiple times weekly with parents during at-home learning to ensure students were effectively supported by parents and interventionists. Communications provided links and instructions for navigating online instructional resources, including for the *Wilson* program.⁸

Training for Campus Staff Members

Sessions provided to campus staff members covered 1) the nature of dyslexia, 2) House Bill 1886, 3) the dyslexia screening process, 4) teacher checklists for dyslexia identification, and 5) the role of dyslexia interventionists.

What services and supports did Dyslexia Services offer to parents of students in 2019-20?

Sessions for parents included 1) the role of dyslexia interventionists, 2) the nature of dyslexia, 3) how to meet the needs of students with dyslexia, 4) dyslexia programming, 5) accommodations, and 6) at-home support.

How did students with dyslexia perform and grow in literacy skills and reading and writing achievement in 2019-20?

Because the 2019-20 EOY *WIST* administration and 2020 STAAR were cancelled after the COVID-19 transition to at-home learning, 2019-20 literacy growth and achievement outcomes could not be included in this report.

What were the experiences of Dyslexia Services interventionists during the spring 2020 districtwide transition to at-home learning?

In spring 2020, Dyslexia Services staff members administered a survey soliciting feedback from interventionists about experiences during at-home learning. The survey was sent to all interventionists on June 1, 2020 and was closed on June 10, 2020. Of the 147 dyslexia interventionists invited, 93 (63%) completed the survey.

Engagement with Students

Student engagement with dyslexia interventionists varied widely during at-home learning. While 54 percent of respondents indicated that at least half of their students logged in each day, 18 percent of respondents said 25 percent or fewer of their students logged in each day. In

⁸ See <https://www.wilsonlanguage.com/pages/tips-for-wrs-online-lesson-delivery/> for more information on resources Dyslexia services staff members provided to address *Wilson* online instruction.

addition, when comparing their ability to support students during at-home learning compared to when on campus, most interventionists (72%) reported that they were at least somewhat less adequately able to support their students, meaning a small proportion of respondents (27%) felt they could provide at least the same level of support to students.

The highest percentage of respondents in all grade-level groups considered the communication with students during at-home learning to be easy or very easy, but, importantly, from 23 percent (grades 3-5) to 40 percent (grades K-2) of respondents reported having a difficult or very difficult time communicating with students. These findings indicate that communication hurdles should be carefully examined, and support should be provided to interventionists – particularly to those who serve the younger grade levels.

Engagement with Parents

Dyslexia interventionists reported a notable mix of experiences with engagement with parents and parental support of students during at-home learning. While approximately half (52%) of interventionists reported that overall it was easy or very easy to communicate with parents/caregivers during at-home learning, one in three (32%) reported that it was difficult. Also, the two most common reasons interventionists heard from parents for why students did not log in during at-home learning were 1) no parental supervision (54%) and 2) no internet connectivity (39%).

RECOMMENDATIONS

Focus on year-over-year growth to ensure that students with dyslexia keep up with peers in reading. Although no STAAR outcomes were available for 2019-20, STAAR progress measures showed some evidence of limited growth in reading performance (grades 4 to 8) between 2017-18 and 2018-19 for students with dyslexia. The rate of students with dyslexia with expected reading growth held relatively steady around 35 percent between 2017-18 and 2018-19. The percentage of students with limited growth, however, increased almost five percentage points, and the rate of students with accelerated growth decreased by over four percentage points from 2017-18 to 2018-19. Progress measure data should be used in the future to follow students with dyslexia and ensure they are not falling behind.

Review ways to improve online engagement in instruction and with interventionists to support

students during possible future at-home learning. The percentage of students reported to have logged in daily to engage with dyslexia interventionists during at-home learning varied widely. While 54 percent of interventionists indicated at least half (51%) of their students logged in daily, 18 percent reported that 25 percent or fewer logged in each day. In addition, when comparing their ability to support students during at-home learning to when on campus, most respondents (72%) were at least somewhat less adequately able to provide support, meaning a small proportion of respondents (27%) felt they could provide at least the same level of support to students. Mitigating barriers to engagement should bolster the ability of interventionists to serve students more regularly and adequately.

Review communication and technological hurdles with students and caregivers during at-home learning, and provide more communication support to dyslexia interventionists, particularly to those who serve the younger grade levels. Between 23 percent (grades 3-5) and 40 percent (grades K-2) of interventionists reported having difficulty with communication during at-home learning. In addition, 32 percent of interventionists reported difficulty communicating with caregivers of students with dyslexia during at-home learning. Parents most commonly told interventionists that students did not log in during at-home learning because of 1) no parent instructional supervision (54%) and 2) no internet connectivity (39%). Stakeholders should consider how to overcome these barriers to ensure that communication with students and caregivers continues adequately during future at-home learning.

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