

FREEHOLD BOROUGH SCHOOL DISTRICT
280 Park Avenue
Freehold, NJ 07728
Monmouth County



Dyslexia Screening Procedures Handbook

School Year 2026-2027

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District Dyslexia Screening Procedures

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GUIDELINES FOR SCREENING AND INSTRUCTION FOR DYSLEXIA AND RELATED DISORDERS

The Law: The NJ Department of Education requires that all New Jersey students be screened using a research-based assessment tool for potential indicators of dyslexia at kindergarten entry and at point of entry into school and district, unless screening results have been previously reported for the student. It is further recommended that these indicators be used to identify those students who would benefit from a research-based multisensory structured language intervention that addresses all components of reading instruction, i.e., phonemic awareness, phonics, fluency, vocabulary and reading comprehension and that such intervention be implemented.

Potential indicators of dyslexia (as defined by the International Dyslexia Association) in young, preschool children include talking later than expected; a slowness to add new words; difficulty rhyming, and trouble following multiple directions. After a child begins school, the signs of dyslexia include:

- Difficulty reading single words, such as a word on a flashcard
- Difficulty learning the connection between letters and sounds
- Confusing small words, such as at and to
- Letter reversals, such as d for b
- Word reversals, such as tip for pit

In elementary aged children, the International Dyslexia Association recommends asking these questions.

“Does your first, second or third grader:

- Remember simple sequences such as counting to 20, naming the days of the week, or reciting the alphabet? · Have an understanding of rhyming words, such as knowing that fat rhymes with cat?
- Recognize words that begin with the same sound (that **bird**, **baby**, and **big** all start with **b**)?
- Easily clap hands to the rhythm of a song?
- Frequently use specific words to name objects rather than words like “stuff” and “that thing”? · Easily remember spoken directions?
- Remember names of places and people?
- Show understanding of right-left, up-down, front-back?
- Sit still for a reasonable period of time?
- Make and keep friends easily?

Research indicates that the early diagnosis of reading difficulties and targeted, sustained interventions, have met the needs of struggling readers and helped to reduce the numbers of children falling seriously behind in learning to read and in succeeding in school. By screening for potential indicators for dyslexia using a research-based assessment, educators can gain additional insights into the potential needs of children, particularly when those difficulties are neurological in origin and may or may not be related to poverty or lack of exposure to Standard English or other environmental origins.

Once screened for these potential indicators, students identified as “at risk” must receive intervention and instruction to mitigate the difficulties they have in phonological processing and language development. All students identified as "at risk," based on screening, should be provided intense instruction using research-based methods to improve phonemic awareness, phonics, fluency, vocabulary and reading comprehension (as appropriate for age and grade level).

Definition: The New Jersey Administrative Code (*N.J.A.C. 6A:14-1.3*) includes the definition of dyslexia adopted by the International Dyslexia Association (IDA) Board of Directors on Nov. 12, 2002:

"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." (IDA, 2025).

Further information may be obtained by referring to *The New Jersey Dyslexia Handbook: A Guide to Early Literacy Development and Reading Struggles 2017*

<https://www.state.nj.us/education/specialed/dyslexia/NJDyslexiaHandbook.pdf>

To determine whether or not the academic difficulty a student is experiencing could be attributed to dyslexia or related disorders, Freehold Borough Public School District employs the five phases described below:

PHASE ONE – Universal Screening & Data Review

Universal screening and data review includes, but is not limited to, the use of a universal screener for reading, teacher observation, formative assessment, standardized assessments, parental input, and the potential indicators of Dyslexia.

All students are screened using district-approved universal screener tools: F&P, iReady, Link It!

At or Above Benchmark and Average Progress Observed in Classroom

- If a student is at or above benchmark and average progress is observed in the classroom, then continue evidence-based core instruction (Tier 1).
 - The NJDOE recommends a minimum of 90-minutes of uninterrupted literacy instruction daily in grades K-5.
 - The recommendation for grades 6-8 is 80 minutes in order to accommodate content/departamental classes at those grade levels.
 - A block of 120-minutes is recommended for bilingual/ESL classes to allow additional allocated time for second language instruction and support.
- Further, the General Education Classroom Teacher should continue with data review and progress monitoring.

At or Above Benchmark BUT Poor Performance in Classroom

- If a student is at or above benchmark but has poor performance in the classroom, then deliver structured literacy interventions with increased intensity (Tier 2 first; then Tier 3, if necessary) and differentiate evidence based core instruction (Tier 1).
- The referring general education classroom teacher in collaboration with appropriate colleagues (i.e. Counselor, ESL teacher, SPED teacher, Curriculum Support in Literacy teacher, Speech-language Pathologist, Nurse, etc.) will rule out other possible causes for poor progress by answering these questions:
 - Does the student come to school regularly? If not, why not?
 - Is lack of English proficiency the reason for lack of progress?
 - Has the student had adequate experiential background in the home environment?
 - Are other students in the same class making appropriate academic progress?
 - Have vision/hearing difficulties been ruled out?
- Additionally, the RTI teacher or Literacy Coach should be monitoring progress to

determine the rate of improvement.

- Based on data, the teacher should consider screening the student for Dyslexia.
 - If the rate of improvement is slow or poor, the teacher should screen for Dyslexia.
 - If the rate of improvement is appropriate, then continue with structured literacy intervention (RTI) until student performance is at least average.

Below Benchmark

- If a student is below benchmark, then immediately deliver structured literacy interventions with increased intensity (Tier 2 for just below and Tier 3 for significantly below) and differentiate evidence-based core instruction (Tier 1). Additionally, the RTI Tier 3 teacher/Literacy Coach should be monitoring progress to determine the rate of improvement.
 - The Literacy Coach/Tier 3 Teacher must screen for Dyslexia using the Phonological Awareness Skills test (PAST) and/or IMSE Orton-Gillingham Reading Skills Assessment.
 - If the student displays either negative or positive indicators of Dyslexia but the data confirms an appropriate rate of improvement, then the teacher should continue structured literacy interventions and progress monitor.
 - However, if the rate of improvement declines, then a referral to the child study team for a comprehensive assessment, which would include the data from the dyslexia screening, and progress monitoring is appropriate, while continuing structured literacy interventions.
 - If the student displays the positive indicators of Dyslexia and data confirms slow or poor rate of improvement, a referral to the Child Study Team for a comprehensive assessment, which would include the data from the Dyslexia screening, and progress monitoring is appropriate, while continuing structured literacy interventions.

PHASE TWO – Preventive and Response to Intervention

As described in Phase One, students who are identified by the district’s universal reading screening tools as “at-risk” (below benchmark) or are “at or above benchmark” but are performing poorly in class and are not considered “likely on track” should be promptly placed into an appropriate structured literacy intervention (RTI), progress monitored and possibly be screened for Dyslexia. Tier 2 and 3 instruction is to be delivered by the Basic Skills teacher or Literacy Coach.

Structured literacy is instruction that is explicit, systematic, cumulative, and multisensory. This type of intervention emphasizes the structure of language including the speech sound system (phonology), sound/symbol association, the writing system (orthography), the structure of sentences (syntax), the meaningful parts of word (morphology), the relationships among words (semantics), and the organization of spoken and written discourse. Multisensory instructional strategies involve simultaneous use of visual, auditory, tactile-kinesthetic sensory systems and/ or articulatory motor components while linking, listening, speaking, reading and writing.

District Structured Literacy and Multisensory Instructional (RTI) Programs:

- **FUNdations – Tier 2 and 3**
 - Direct Instruction
 - Daily
 - Multisensory language instruction, more intensive structured literacy instruction
 - Interactive
 - Intensive
 - Small-group
 - Progress Monitoring Tool: Project Read Review and Assessments
- **Orton-Gillingham – Tier 3**
 - Direct Instruction
 - Daily... March – June: 2-3 times a week
 - Multisensory language instruction, more intensive structured literacy instruction
 - Interactive
 - Intensive
 - 2-1 group
 - Progress Monitoring Tool: IMSE Orton Gillingham Assessments

PHASE THREE – Progress Monitoring

Progress monitoring is the practice of assessing student performance using assessments on a repeated and timely basis to determine how well a student is responding to instruction. Data obtained from progress monitoring helps staff to determine the extent to which students are benefiting from classroom instruction and informs decisions about appropriate levels of intervention.

Progress monitoring differs from screening (Phase I) regarding the frequency with which it is administered and the kind of information it provides about student performance. Screening targets students who may be “at-risk” by comparing their performance to a criterion-referenced measure. Progress monitoring provides routine data that display student growth over time to determine if the student is progressing as expected in the curriculum.

Data from progress monitoring should be used to inform student movement through tiers. For example, progress monitoring data obtained during the course of Tier 2 intervention should be analyzed for level of performance and growth status. If student data reflect performance at or above benchmark, the student may return to Tier 1. If the student is performing below benchmark, but making sufficient growth progress, the decision to continue Tier 2 intervention can be made. If the student is performing below benchmark and demonstrates poor growth (i.e. under-responding), a change in the Tier 2 intervention or movement to a Tier 3 intervention may be considered.

All students receiving RTI should be regularly and consistently progress monitored using tools specific to the structured literacy program (see program descriptions in Phase Two) which provide progress monitoring measures for “at-risk” students while they receive additional, targeted instruction to close achievement gaps.

Progress can be monitored weekly but no less than once a month. Students who show gains and are reasonably at or above benchmark are to be exited.

PHASE FOUR – Dyslexia Screening

Screening for dyslexia includes age-appropriate skills in phonological and phonemic awareness; rapid automatic naming; sound letter identification; phonological memory; word recognition fluency, or real word reading; word recognition fluency and decoding, or nonsense word reading; encoding, or spelling; oral reading fluency; oral vocabulary versus written vocabulary; and listening comprehension versus reading comprehension. “Any student who has exhibited one or more potential indicators of dyslexia or other reading disabilities is screened for Dyslexia. This must occur no later than the student’s completion of the first semester of the second grade.” – NJ Dyslexia Legislation C.18A:40-5.3a.

If a student is still not making adequate academic progress using the approaches provided in Phase Two, and according to data collected through Phase Three, then the student must be screened for Dyslexia using the NJDOE provided **Potential Indicators of Dyslexia Checklist** (Appendix C).

PHASE FIVE – Comprehensive Evaluation

Any student that does not show a timely, appropriate response to intervention and/or demonstrates positive indicators of dyslexia should be referred to the Child Study Team for a full comprehensive educational evaluation.

Students may be referred to the school district CST or Section 504 Coordinator at any time for a formal, comprehensive evaluation for a specific learning disability, particularly if the student is not responding to the structured literacy intervention (RTI) at an appropriate rate of improvement and may be in need of special education services or accommodations. Parents and guardians also have the right to request a formal CST evaluation at any time.

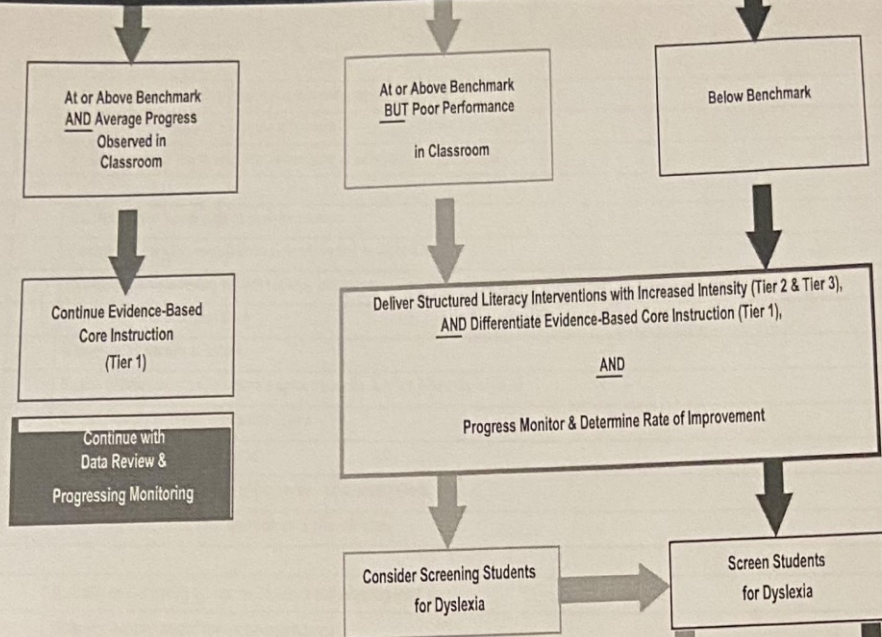
It is important to note that a referral to the school district's child study team can be made at any point if a disability is suspected. If Dyslexia is identified, a discussion regarding the impact of the reading disability on the student's learning and expected rate of improvement is warranted to determine if the student is eligible for special education support and services under IDEA and or section 504 of the Rehabilitation Act of 1973, as amended.

Appendix A

Screening for Dyslexia Tools

Screening for Dyslexia Flowchart

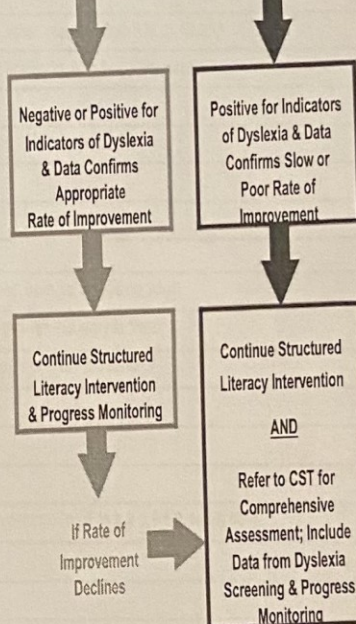
Universal Screening & Data Review (Including but not limited to teacher observation, formative assessment, standardized assessments, parent input, and the potential indicators of dyslexia checklist)



Screening for Dyslexia

Screen for Age-Appropriate Skills in:

- ☐ Phonological/Phonemic Awareness
- ☐ Rapid Automatic Naming
- ☐ Sound-Letter Identification
- ☐ Phonological Memory
- ☐ Word Recognition Fluency (Real Word Reading)
- ☐ Word Recognition Fluency/Decoding (Nonsense Word Reading)
- ☐ Encoding (Spelling)
- ☐ Oral Reading Fluency
- ☐ Oral Vocabulary vs Written Vocabulary
- ☐ Listening Comprehension vs Reading Comprehension



Potential Indicators of Dyslexia Checklist

This checklist is designed to aid educators in identifying students with characteristics or potential indicators of dyslexia and to document any skill deficits confirmed during screening to inform instruction. Check all areas of consistent difficulty, based on observation, assessment history, progress monitoring data, and work samples. It is likely that many students will exhibit some of the behaviors on this checklist. A preponderance of checks in one area suggests further examination into this set of skills.

Student Name:

Teacher Name:

Date:

YES	NO	Background Information & Characteristics
		Family history of dyslexia or learning challenges
		Student scored below benchmark on universal screening measure
		Student is performing poorly in the classroom
		Student progress monitoring data shows slow or poor rate of improvement

Kindergarten

		Late learning to talk or slow to learn new words
		Trouble pronouncing speech sounds (such as /th/, /r/, /l/, and /w/)
		Mixing up the sounds and syllables in long words (says "aminal" for "animal")
		Avoids letters or confuses them
		Cannot recall sounds of letters
		Unable to break words into separate speech sounds (cat has 3 sounds /c/ /ă/ /t/)
		Cannot identify or create words that rhyme
		Doesn't know letters in own name
		Confused about the meanings of the words – who, what, where, when
		Disinterested in books, read aloud or word play activities

Kindergarten & 1st Grade

		Difficulty remembering the names of letters and recalling them quickly
		Difficulty learning sound-letter correspondence
		Difficulty with phonemic awareness tasks (such as blending or breaking words into separate speech sounds, flash = /f/, /l/, /ă/, /sh/)
		Difficulty learning to recognize common words automatically (family names, names on signs or objects, high frequency words)
		Reading errors show no connection to the sounds of the letters (reads "rabbit" as "bunny")
		Poor spelling (omitting sounds, substituting sounds, adding sounds, transposal of sounds)
		Difficulty remembering sequences (days of the week, months, ABCs)
		Poor handwriting

2nd & 3rd Grade

		Frequently misreads common high frequency words even after practice (when, went, they, their, been, to, does, said, what)
		No strategies for word attack; makes wild guesses at words; relies heavily on the context or pictures in a story to "read"
		Difficulty decoding words, often making single sound errors, omitting syllables, or skipping over prefixes and suffixes
		Mispronunciation of long, unfamiliar words
		Loses place and skips over words while reading
		Use of imprecise language (says "stuff")
		Persistent reversals and transpositions of letters, numbers, and words with similar visual appearance (such as b & d, 6 & 9, was & saw)
		Spells phonetically without applying spelling rules or patterns
		Poor spelling (omitting sounds, substituting sounds, adding sounds, transposal of sounds)
		Spelling the same word different ways on the same page
		Slow, choppy, and/or inaccurate oral reading that lacks appropriate expression
		Comprehension problems arising from poor word recognition
		Beginning to avoid reading and writing tasks
		Difficulty with math facts

Potential Indicators of Dyslexia Checklist - Continued

Student Name:

Teacher Name:

Date:

4th through 6th Grades

YES	NO	Background Information & Characteristics
		Slow on oral reading fluency tests
		Inaccurate reading of real and nonsense word lists (pem, loit, thwadge)
		Poor spelling (omitting sounds, substituting sounds, adding sounds, transposal of sounds)
		Poor handwriting and written expression
		Avoidance of reading
		Weak in reading strategies
		Weak reading comprehension compared to listening comprehension

7th through 12th Grades

		Slow and laborious reading
		Poor spelling (omitting sounds, substituting sounds, adding sounds, transposal of sounds)
		Difficulty with note-taking
		Overwhelmed by multiple assignments
		Cannot work fast enough to cope
		Lack of effective strategies for studying
		Difficulty with homework completion
		Difficulty with organization
		Comprehension and vocabulary deficits due to lack of practice
		Writes poorly and with great effort

Student Profile: Screening for Dyslexia

Screen for Age-Appropriate Skills in:	Area of Concern? Y/N	Tool Used to Assess
Phonological/Phonemic Awareness		
Rapid Automatic Naming		
Sound-Letter Identification		
Phonological Memory		
Word Recognition Fluency (Real Word Reading)		
Word Recognition Fluency/Decoding (Nonsense Word Reading)		
Encoding (Spelling)		
Oral Reading Fluency		
Oral Vocabulary*		
Written Vocabulary		
Listening Comprehension**		
Reading Comprehension		

* Students with dyslexia may display stronger oral language skills than written language skills.

** Students with dyslexia may display stronger listening comprehension skills than reading comprehension skills.

Appendix B

Parent Resources

DYSLEXIA PARENT AWARENESS

RECOGNIZING DYSLEXIA

Dyslexia is:

- One of several distinct learning disabilities.
- Of constitutional origin and is NOT the result of a generalized developmental delay or sensory impairment.
- Is language based. There is a weak sensitivity to the sounds of language (insufficient phonological processing ability).
- Characterized by having difficulty reading or decoding single words. This difficulty is unexpected for the age and in comparison to other cognitive and academic abilities. Other language skills are often variably and conspicuously impaired, particularly writing and spelling.
- A specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties usually result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge. (Adopted by the International Dyslexia Association Board of Directors, November 12, 2002).
- Manifested by difficulty in learning to read, write, or spell, despite conventional instruction,adequate intelligence,and socio---cultural opportunity.

Characteristics of Dyslexia:

- Difficulty saying the alphabet correctly in sequence
- Difficulty forming the shapes of the letters
- Difficulty writing the alphabet correctly in sequence
- Errors in naming letters
- Difficulty In Learning And Remembering Printed Words
- Repeated Spelling Errors
- Difficulty Handwriting
- Slow rate of writing
- Difficulty with reading comprehension

Characteristics, which may be associated with Dyslexia:

- Delay in spoken language
- Difficulty pronouncing words with sounds in the right order
- Difficulty finding the “right” word
- Late establishing preferred writing handedness
- Late learning right, left, and other directionality components
- Problems Learning concept of time and temporal sequencing
- Family history of similar problems

OTHER FACTORS TO CONSIDER

Trends and Tendencies:

- Grades slip downward year to year
- Inconsistent grades from day to day
- Inconsistent performance on standardized tests
- Confusion With Math symbols, but not computation
- Math computation is better than word problems
- Memorized spelling is better than spontaneous spelling
- Homework is better quality than classwork
- Inordinate time spent on homework
- Deteriorated organization and study habits
- Deteriorating motivation and self---esteem
- Good grades but too much struggle is evident
- Chooses oral performance over written when given chance
- Compensation by use of pictures, prompt from teacher, etc.
- Stress reflected by irregular writing and uneven pencil pressure

Frequent, Common or Typical Behaviors:

- Short attention span
- Posture indicative of poor self esteem
- Anxiety results inappropriate behaviors
- Withdrawal
- Inordinate stress during performance time
- Cheating
- Overcompensation through pseudo confidence
- Poor motivation resulting from lack of success
- Situational behaviors manifested in specific situation though not characteristic of student’s general behavior

These students may exhibit intellectual ability, mechanical ability, and talent in nonacademic areas, social skills, and other strengths.

WHAT CAN A PARENT DO TO HELP A CHILD WITH DYSLEXIA?

Help your child understand the nature of his/her difficulty:

- Read books or view videos about Dyslexia
- Emphasize the child's abilities instead of "disabilities"

Help other members of the family:

- Help others recognize and understand your child's learning disability. Family members often ask "who, what, where, and when" questions to get the necessary information.

Help your child locate and develop other talents:

- Sports, art, music, mechanics, hobbies, etc.
- Help Improve Your child's self image by giving your child tasks he/she can master:
- Give the child chores to do (e.g., setting the table for supper, clearing the dishes, and making the beds).
- Make short lists of tasks to help the child remember. A list is impersonal and reduces irritations. The child will gain satisfaction as he checks off tasks completed.
- Often children do not process multiple requests quickly or accurately. State your ideas in simple, clear, one---concept commands and ask the child to repeat what was said. Speaking at a slower rate of speed to the child is often helpful.

Structure the child's life at home:

- Stick to a regular routine for meals, play, TV, chores, homework, etc.
- Keep belongings in the same place. Help the child remember where to put them.
- Keep instructions simple, one step at a time.
- Break tasks into small parts or steps.
- Relieve stress in weak areas.
- Guard against negative remarks, especially those referring to laziness or lack of effort.
- Avoid threats of punishment for such things as low grades, their need for repetition of directions, ineptness at simple tasks, etc.
- Set standards, goals, and expectations of achievement within reach of your child's abilities.

How Can Parents Build Self Esteem?

- Praise your child often and sincerely
- Don't constantly nag or criticize
- Catch your child doing well
- Give Your Child Opportunities To Succeed
- Tell your child you believe in him or her

- Give your child lots of hugs and kisses
- Praise efforts that are working towards a goal
- Don't compare your child with anyone else
- Look for ways to make your child feel capable
- Encourage your child to make age appropriate decisions
- Give your child a chance to solve problems before jumping in
- Listen to your child's thoughts, feelings, and ideas without judging or criticizing

What Strengths Are We Likely to See In Individuals with Dyslexia?

- Highly creative
- Links previously unrelated ideas, processes
- Finds new ways to do old things
- Problem solver
- Inventor
- Builder
- Diplomat
- Good sense of humor
- Likes and enjoys helping people
- May anticipate people's emotions
- Excels at individual sports
- Works better alone than with team
- Understands animals, plants, living things
- Mechanically inclined
- Wants to know how things work
- Likes To repair or make things better
- Enjoys working with hands
- Likes Building Things
- Scientific Thinker
- Very Curious And Observant
- A good motivator
- Has high energy
- Enthusiastic
- Is Open-minded

Parent Suggestions for Student Success:

- Parent(s) establish good study habits for the child. Consider a regular study schedule and a quiet study environment to address possible attention interference. Monitor nightly study to verify work is progressing or is completed.
- Work closely with your child's teacher. Regular communication between parent and teacher is necessary.
- Parent(s) consider reading to your child 15 minutes a day or acquiring audiotapes of books to read along.
- Help child develop a positive attitude and understanding of self worth.
- Read Chapters 15, 16, and 17 in *Overcoming Dyslexia* by Sally Shaywitz for additional reading support.

RESOURCES

1. Parenting a Struggling Reader by Hall, S. & Moats, L. (2002) Broadway Books
2. Learning Outside the Lines by Mooney, J. & Cole, D.: Simon & Schuster
3. Overcoming Dyslexia by Shaywitz, Sally
4. The International Dyslexia Association – www.interdys.org

Appendix C

Glossary of Terms

DYSLEXIA – ASSOCIATED TERMS

ACCELERATED READING INSTRUCTION: Intensified, research-based, reading instruction that addresses the student's reading needs that were determined by the K-2 Reading Instruments. This intensive research-based instruction is provided for students determined to be at risk for dyslexia or other reading difficulties. The district or charter school determines the form, content, and timing of the intensive instruction that is designed to meet students' needs (e.g., instruction in phonemic awareness, alphabetic principle, word analysis strategies, fluency, and/or reading comprehension).

ACCOMMODATION: Changing or altering the learning environment, materials, delivery method, or response mode. Modifications/changes should not be made to the state curriculum standards known as the Texas Essential Knowledge and Skills (TEKS).

ADAPTIVE BEHAVIOR: The effectiveness with which the student meets the standards of personal independence and social responsibility expected of his or her age and cultural group.

ALPHABETIC PRINCIPLE: The understanding that the sequence of letters in written words represents the sequence of sounds (or phonemes) in spoken words.

ASSISTIVE TECHNOLOGY: Any item, place of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability (IDEA).

AT-RISK FOR DYSLEXIA: A term used to describe students who are not making adequate progress in the areas of reading and/or reading development but who have not yet been identified as students with dyslexia. The students considered at risk are at the pre-identification level. These students must be provided accelerated reading instruction (intensive, research-based instruction that addresses the reading needs of the student).

CHILD FIND: A school district's system for identifying, locating, and evaluating individuals with disabilities (birth through 21 years of age) who reside in its jurisdiction and who may need special education and related services.

COGNATE: A word in one language that looks and means the same as a word in another language [family (English)/familia (Spanish)/familia (Portuguese)/famiglia (Italian)/famille (French)/familia (Catalan)/familie (Romanian)].

CROSS-LINGUISTIC: Relates to the comparison of different languages and the influence that knowledge of one language has on an

individual's learning or use of another language.

DEVELOPMENTAL AUDITORY IMPERCEPTION: The inability to receive and understand sounds and words.

DEVELOPMENTAL DYSGRAPHIA: An inability to write legibly. This may or may not occur in addition to other difficulties in written language. Visual-motor coordination skills are frequently within the average range and are not the primary cause of dysgraphia.

DEVELOPMENTAL SPELLING DISORDER: Significant difficulty learning to spell. This occurs in the absence of reading or other written language difficulties.

DIFFERENTIATED INSTRUCTION: A process used to recognize students' varying background knowledge, readiness, language, preferences in learning, and interests. Differentiated instruction is a process to approach teaching and learning for students of differing abilities in the same class. The intent of differentiating instruction is to maximize each student's growth and individual success by meeting each student where he or she is and assisting in the learning process.

DOMINANT LANGUAGE: The language of an individual that is strongest and most developed.

DYSLEXIA: A specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge (International Dyslexia Association, 2002).

DYSPHASIA: A delay in the development of comprehension and/or expression of oral language; terms commonly used to describe this condition include "developmental language disorder" and "specific language impairment."

EVALUATION: The use of multiple methods in evaluating a variety of data to guide establishment of appropriate interventions. For the identification of a student with dyslexia, the data for evaluation should include the teacher's observations, the developmental and academic history of the student, the results of a variety of reading assessments, and all other information relevant to the identification of dyslexia.

EVIDENCE-BASED READING INSTRUCTION: Programs or instructional practices that have a record of success. This will include reliable, trustworthy, and valid evidence suggesting that when the program is used with a given group of students, the students can be expected to make adequate gains in reading achievement. Other terms that are sometimes used to convey the same idea are “research-based instruction” and “scientifically-based research.”

EXPLICIT, DIRECT INSTRUCTION: Instruction that is systematic (structured), sequential, and cumulative. Instruction is organized and presented in a way that follows a logical sequential plan, fits the nature of language (alphabetic principle) with no assumption of prior skills or language knowledge, and maximizes student engagement.

FREE APPROPRIATE PUBLIC EDUCATION (FAPE): An educational right of a child with disabilities in the United States to be provided with an education, including specialized instruction and related services, that prepares the child for further education, employment, and independent living. In 1975, Congress passed Public Law 94-142, also known as the Education for All Handicapped Children Act, which defined and outlined that all public schools should provide all students with a free appropriate public education at public expense without additional charges to parents or students and must be under public supervision and be appropriate for the child’s needs.

FLUENCY: The ability to read with speed, accuracy, and proper expression. Fluency is one of several critical factors necessary for reading comprehension.

GRAPHOPHONEMIC KNOWLEDGE (PHONICS) INSTRUCTION: Instruction that takes

advantage of the letter sound plan in which words that carry meaning are made of sounds, and sounds are written with letters in the right order. Students with this understanding can blend sounds associated with letters into words and can separate words into component sounds for spelling and writing.

INDIVIDUALIZED INSTRUCTION: Instruction that meets the specific learning needs of an individual student. Materials and methods are matched to each student’s individual ability level.

INTERVENTION: A change in instruction in the area of learning difficulty to improve performance and achieve adequate progress.

LANGUAGE PROFICIENCY: The level of skill in a language. Language proficiency is composed of oral (listening and speaking) and written (reading and writing) components as well as academic and non academic language.

LANGUAGE STRUCTURE INSTRUCTION: Instruction that encompasses

morphology, semantics, syntax, and pragmatics.

LINGUISTIC INSTRUCTION: Instruction that is directed toward proficiency and fluency with patterns of language so that words and sentences are the carriers of meaning.

MEANING-BASED INSTRUCTION: Instruction that is directed toward purposeful reading and writing, with an emphasis on comprehension and composition.

MORPHEME: A meaningful linguistic unit that cannot be divided into smaller meaningful elements, as the word *book*. A morpheme is also a component of a word, as “s” in books.

MORPHOLOGY: The study of the structure and form of words in a language, including inflection, derivation, and the formation of compounds. Knowledge of morphemes facilitates decoding, spelling, and vocabulary development.

MORPHOSYLLABIC WRITING SYSTEMS: Writing systems composed of several thousand characters that are visually complex and each represents a morpheme not a phoneme. An example of a morphosyllabic writing system is Japanese Kanji or Chinese Hanzi.

MULTISENSORY INSTRUCTION: Instruction that incorporates the simultaneous use of two or more sensory pathways (auditory, visual, kinesthetic, tactile) during teacher presentation and student practice.

ORTHOGRAPHIC AWARENESS: The ability to perceive and manipulate aspects of a writing system and the visual aspects of reading and spelling, such as letters, letter patterns, and words.

ORTHOGRAPHIC MEMORY: The memory for letter patterns and words spellings. **ORTHOGRAPHY:** The writing system of a language, including the spelling, punctuation, and capitalization rules.

PHONEMIC AWARENESS: The insight that spoken words can be conceived as a sequence of sounds; the ability to manipulate the sounds within words (e.g., segmenting or blending).

PHONICS: A method of teaching reading that helps students build understanding of sound symbol relationships and spelling patterns.

PHONOLOGY: The sound structure of speech and in particular the perception, representation, and production of speech sounds.

PHONOLOGICAL MEMORY: Passive short-term memory that briefly stores speech-based information in phonological form.

PROGRESS MONITORING: A scientifically based practice used to assess students' academic progress and/or performance and evaluate the effectiveness of instruction. Progress monitoring can be implemented with individual students or an entire class. Progress monitoring is a quick (less than five minutes) probe that is done frequently (weekly or biweekly) in order to make instructional changes in a timely fashion.

RECOMMENDATION FOR ASSESSMENT FOR DYSLEXIA:

Recommendation by the teacher, district or charter school staff, and/or the parent or guardian that a student be assessed for dyslexia. Following the recommendation, the district or charter school must adhere to its written procedures and the procedures found in NJ's *Dyslexia*.

RESPONSE TO INTERVENTION: A multistep, or tiered, approach to providing services and interventions at increasing levels of intensity to students who struggle with learning. The progress students make at each stage of intervention is closely monitored. Results of this monitoring are used to make decisions about the need for further research-based instruction and/or intervention in general education, in specialized instructional settings or both.

SCIENTIFICALLY BASED RESEARCH: The required standard in professional development and the foundation of academic instruction called for in the guidelines of the Elementary and Secondary Education Act (ESEA). Under the ESEA definition, scientifically based research must meet the following criteria:

- Employ systematic, empirical methods that draw on observation or experiment;
- Involve rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions;
- Rely on measurements or observational methods that provide valid data across evaluators and observers, and across multiple measurements and observations;
- Be accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparatively rigorous, objective, and scientific review.

SEMITIC WRITING SYSTEM: A writing system where each symbol usually stands for a consonant sound and the reader must supply the appropriate vowel sound. Examples of Semitic languages are Hebrew and Arabic.

SPECIFIC DEVELOPMENTAL DYSLEXIA: Another term for Dyslexia.

STRATEGY-ORIENTED INSTRUCTION: Thoughtfully ordered step-by-

step instruction in the strategies that students need to become independent readers, including strategies for decoding, encoding, word recognition, fluency, and comprehension.

SYLLABIC WRITING SYSTEM: Writing systems in which each symbol represents a syllable. Examples of syllabic writing systems are Japanese Kana, Korean, Hangul, and many of the Asian-Indian languages.

SYNTAX: The study of rules and patterns for the formation of grammatical sentences and phrases in a language.

UNIVERSAL SCREENING: A step taken by school personnel to determine which students are at risk for not meeting grade-level standards. Universal screening can be accomplished by administering an academic screening to all students in a given grade level. Students whose scores fall below a certain cutoff point are identified as needing closer monitoring or intervention.