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## INTRODUCTION

My name is Vennecia Jackson. I am a developmental pediatrician serving the children of Texas through the mission of the Texas Scottish Rite Hospital for Children. When I interviewed for my position here over 15 years ago, I remember being simultaneously ecstatic, curious and very impressed that Texas had a dyslexia law that had existed almost 10 years. I studied it. This was not just any dyslexia law but THE dyslexia law. At that time, Louisiana and California were the only other states with a dyslexia law – implemented in 1990 and 1992 respectively, five to seven years after the Texas law. It was no mistake that, with some exceptions, Louisiana's extensive guidelines mirrored those of the Texas law. California's law – well let's just say, in my opinion, it lacked dept of content.

## THE GOOD

Since those earlier days, as I've collaborated with professional colleagues and education advocates at national meetings, I've come to know that the Texas State Dyslexia law is the mother of all state dyslexia education laws and wanna-be laws. It's not unusual for Texas dyslexia experts to experience a semi celebrity status when attending professional meetings outside this great state as we respond to questions from folk who desperately want and need the kind of pioneering legislation for the exceptional public school children who struggle with dyslexia in their states. Inevitably, these frustrated but determined public school advocates rush to write down every word about the subject. It is always a privilege to offer them the detailed documentation In *The Dyslexia Handbook*. At one meeting, I'm sure the document went viral because of increased frequency of its website visits. (I apologize for the royalties and licensing infringements that may have resulted in the name of collaboration). As of June 2010, in addition to Louisiana and California, only six other states (Mississippi, Colorado, Washington, New Jersey, Hawaii and New Mexico) have laws that target or mandate identification, teacher training and treatment using evidenced based instructional content for children with dyslexia who attend public and charter schools. These states have only been added to the dyslexia law roll since 2008. Four other states (Wisconsin, Kentucky, Ohio and Virginia) are presently at various stages in the legislative process.

So, you see, the initial passage and implementation of **HB 157 and HB 2168 in 1985**, intimately known as the "State Dyslexia Law", not only provides for excellence in educational care for Texas public school students with dyslexia but it sets high expectations and offers the model of care for every other state to emulate. Once again, Texas holds out the standard of excellence, never resting on her laurels and leads the way.

## THE CHALLENGES

As you know, the work of excellence is never done. Among my concerns is the use of unconventional methods offered to treat children with dyslexia despite more than ample research, federal and state mandates for evidence based instructional content and methods. I cringe and sometimes become outright indignant when I read school documents from my patients who have been given colored overlays as part of the management of their dyslexia. Not only is this a waste of the child's precious learning time but it's also misuse of tax payer dollars. While instructional descriptors in *The Dyslexia Handbook* do not support the use of these counterfeit practices, neither does it specifically discourage such methods. In fact, that colored overlays are referenced as an allowable accommodation on the TAKS test is likely sufficient endorsement for the continued use of this unproven intervention in the classroom. In a joint policy statement, leading pediatricians and pediatric vision specialists confirm:

“Currently, there is no adequate scientific evidence to support the view that subtle eye or visual problems cause learning disabilities. Furthermore, the evidence does not support the concept that vision therapy or tinted lenses or filters are effective, directly or indirectly, in the treatment of learning disabilities. Thus, the claim that vision therapy improves visual efficiency cannot be substantiated. Diagnostic and treatment approaches that lack scientific evidence of efficacy are not endorsed or recommended”.

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[www.pediatrics.org/cgi/doi/10.1542/peds.2009-1445](http://www.pediatrics.org/cgi/doi/10.1542/peds.2009-1445).

Inconsistencies among school districts in identifying and serving students with dyslexia are other areas of concern. Opportunities for training related to dyslexia identification and instruction are abundant through the office of the State Dyslexia Coordinator and services through the Luke Waites Center for Dyslexia and Learning Disorders here at TSRC. I would venture to say that educators responsible for directly rendering these services represent the majority of the attendance at these critical training sessions. Since, from my understanding that participation is not required and because of staff turnover, there are “specialty” educators who lack the needed expertise for dyslexia identification. The same is likely true for classroom teachers and specialty educators who provide dyslexia intervention.

Certainly most “highly qualified” Texas classroom teachers and specialty educators have strong knowledge of the required components of reading instruction so meticulously documented by the National Reading

Panel? At least I hope this is the case. Documentation we receive from public and private school classroom educators too often paint an ominous picture to the contrary. Information in the May 2006 National Council on Teacher Quality executive summary documented that only 11 out of 72 (15%) randomly sampled elementary education college programs were found to actually teach all the components of the science of reading. Nearly a third (32%) make no reference to reading science in any of their courses. Many courses reflect low expectations with little evidence of college level work for critical analysis of reading research and no effort to require practical application competence is evident.

Many Texas educators may not have the critical understanding and practical skills to know that the primary differences between instruction appropriate for all children in the classroom and that required by those with dyslexia are related to the manner in which instruction is provided. Research tells us that instruction for children with dyslexia must be more explicit and comprehensive, more intensive, and more supportive than the instruction provided to typically reading children. These interventions must target the specific types of skills and knowledge that interfere with their reading growth. Research also shows that more powerful and specific interventions must be provided for older students with dyslexia than they frequently receive in special education.

If I had another hour, we might discuss the woes and sorrows associated with dyslexia identification as it relates to appropriate test constructs and instruments, informed analysis and decision-making. I won't start something that can't be finished in the allotted time. Let me share certain opportunities . . .

## THE OPPORTUNITIES

1. First, what can we learn from the students who have participated in dyslexia training in our state? Are there programs and methods that stand out as being more effective? If so, why? Are students with dyslexia meeting expectations on the TAKS test in the manner expected whether or not they receive the dyslexia bundled accommodations? What is the rate of college matriculation . . . and graduation for these students? The data gathering for these queries may be in process. Answers to these questions will allow us to make greater improvements in classroom and specialty teacher professional development. These might include required documentation of competency for recognizing specific features of struggling readers and their practical instructional care for classroom and specialty educators. Perhaps the implementation of an incentive program would increase interest for participation. The recent passage of HB 461 supporting the voluntary licensing of master dyslexia educators is a great start. Unfortunately, most public school students will never have the opportunity to benefit from their expertise in the general classroom environment. So, classroom teachers must be more than prepared; they must be competent with an attitude of collaborative confidence. Houston, we have a problem. Teaching reading is rocket science.

2. Secondly, how can we “beef up” pre-service teacher preparation? What would happen if schools of education that do not teach the science of reading not be considered for accreditation? Pretty radical, right? Education schools should survey their coursework using criteria developed to help them identify their present expertise in reading. They should then make the recruitment and hiring of faculty with reading expertise a priority. Tenured and other staff should be required to participate in intensive professional development to improve future teacher training.
3. Next, is Texas positioned to develop an early intervention curriculum for children with dyslexia that can be packaged for used by the confidently competent classroom teacher? There is an uncomfortable void in this level of curriculum development. The reading academies were certainly effective but seemingly have lost their steam especially in the training of new teachers who also require mentoring. Akin to the process used to determine the commissioner’s list of early reading assessments such as the TPRI, there is a place for dyslexia curricula to be submitted, reviewed and provided for educators’ consideration. There are still any number of ISDs who do not have an appropriate curriculum that they can say for certain is designed for children with dyslexia. They need and want specific guided options.
4. Now, consider how to intentionally address the need for special education and dyslexia identification teams to collaborate. Have assessment specialists addressed the question of the sensitivity of the cross battery assessment model in the identification of students with dyslexia? Do more tests yield more specific or better identification? Too often, there is little or no discussion across the aisle between these professional groups as they serve children who struggle to read. The result? The child, already struggling, becomes a casualty.
5. Finally, speak boldly and thoroughly to the issue of unproven interventions. This is an issue of the child’s time, tax payer dollars and competent educational care that is the high standard required by Texas lawmakers and education leaders.