



The  
International  
**DYSLEXIA**  
Association

*Promoting literacy through research, education, and advocacy.®*

Hawai'i Branch - HIDA



**MISSION:** HIDA's mission is to increase awareness of dyslexia in our community, provide support for dyslexics, families and educators, promote teacher training, and improve literacy for struggling readers.



## WHAT IS DYSLEXIA?

The word, dyslexia, is derived from two Greek roots:

“**dys**” meaning difficulty or poor

“**lexia**” meaning verbal language

Dyslexia is not a disease. It describes a different kind of mind; one that learns a little differently.

Dyslexics have average to above average intelligence (some are gifted and very creative), but may experience difficulty in reading, spelling, writing, sequencing, remembering, listening, and expressing themselves clearly. There is often a significant gap between their potential for learning and their achievement in school which is not the result of “laziness,” lack of traditional instruction, visual or hearing impairments, or emotional or behavioral disorders.

There is no cure for dyslexia. However, strategies are available to help dyslexic children and adults reach their academic potential, and ultimately, contribute to their successes in life. Dyslexics can live productive lives, virtually indistinguishable from the rest of the population, and some, like Nelson Rockefeller, Thomas Edison, Charles Schwab, Whoopi Goldberg, and Albert Einstein, can distinguish themselves with significant contributions to society.

## INCIDENCE OF DYSLEXIA

It is estimated that up to 20% of the population is dyslexic. There is usually a family history of this language-based learning disability. Dyslexia occurs among all groups regardless of race, age, or income.

## CAUSES OF DYSLEXIA

The precise causes of dyslexia are still not completely clear. However, it is clear that dyslexia is not caused by

## WHAT IS DYSLEXIA?

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lack of intelligence or motivation, hearing or visual impairments, low social or economic status, or lack of educational instruction. Recent studies, using medical technologies such as EEG, BEAM, MRI and PET, as well as research by Dr. Albert Galaburda and others, indicate that dyslexia results from neuroanatomical and neurochemical differences in the brain. It appears that people are born with dyslexia and, since it tends to run in families, that there may be genetic influences involved.

### COMMON SIGNS OF DYSLEXIA

Individuals with dyslexia are a very diverse group. However, their primary common characteristic is a difficulty in processing oral and written language. Dyslexic children and adults may have one or a number of the following characteristics:

#### **Difficulty with Speaking and Listening**

- ☐ *Delayed language development*

- ☐ *Problems pronouncing words, retrieving words in speech, or expressing ideas clearly*
- ☐ *Difficulty learning nursery rhymes*
- ☐ *Difficulty learning the alphabet, or sound and symbol relationships*
- ☐ *Problems perceiving and sequencing sounds within words*
- ☐ *Difficulty with word retrieval or rapid naming (e.g., naming colors, objects, letters)*
- ☐ *Difficulty following oral directions*

#### **Difficulty with Reading**

- ☐ *Difficulty identifying or generating rhyming words, or counting sounds or syllables in words*
- ☐ *Difficulty sequencing numbers, letters, or sounds in words (e.g., "was" for "saw," "from" for "form")*

- ☐ *Confuses letters or words that look similar (e.g., "b" for "d," "p" for "b," "horse" for "house")*
- ☐ *Misreads or omits small words and suffixes (e.g., "the," "in," "that")*
- ☐ *Poor visual memory for words*
- ☐ *Slow and laborious word-by-word reading*
- ☐ *Difficulty with reading comprehension*

**Difficulty with Writing**

- ☐ *Weak spelling skills (e.g., may do well on school spelling tests, but makes many spelling errors in daily work)*
- ☐ *Difficulty with written assignments (e.g., may have many good ideas, but cannot write them in a coherent manner)*
- ☐ *Poor handwriting*

**Difficulty with Math**

- ☐ *Slow to learn time, days of the week, seasons, etc.*
- ☐ *Difficulty memorizing and retaining sequence of steps, math facts, formulas and concepts*
- ☐ *Difficulty with math vocabulary*
- ☐ *Reverses numbers or confuses signs*
- ☐ *Difficulty copying math problems, organizing problem-solving steps, or aligning numbers*
- ☐ *Difficulty with directional aspects of math (e.g., left-right, up-down)*
- ☐ *Frequent calculation errors*

**Difficulty with Organization**

- ☐ *Weak organizational skills*
- ☐ *Forgets homework or is unsure if it has been turned in*

**COMMON SIGNS OF DYSLEXIA**



- ☐ *Overwhelmed by too much information*
- ☐ *Disorganized work or personal space*
- ☐ *Poor time management (e.g., often does not realize how long it will take to complete a task)*
- ☐ *Can visualize final product, but has difficulty getting started and works slowly*

#### **Other**

- ☐ *Directionality confusion (e.g., left-right, before-after, forward-backward)*
- ☐ *Must see or hear concepts repeatedly in order to learn them*
- ☐ *Inconsistent performance in school, work, or household tasks*
- ☐ *Downward trend in achievement test scores*

Because of difficulties in processing oral and written language, dyslexic children and adults may also exhibit poor self-esteem and weak coping or problem solving skills.

### **HOW TO ASSESS DYSLEXIA**

If a student or adult evidences problems in reading, spelling, or writing, the first step is to obtain a diagnosis via a comprehensive assessment. See the resource list at HIDA's website for local professionals who do assessment/evaluation ([www.dyslexia-hawaii.org](http://www.dyslexia-hawaii.org)). Parents who suspect their child may have a learning disability may also contact the child's public school to request an evaluation for services. Parents of children who attend private school or who are homeschooled should contact the neighborhood school the child would attend.

The ideal assessment involves a variety of tests and procedures, and is made by professionals whose



experience and training allow them to determine the best tests and procedures for evaluating the intellectual potential, language ability, and academic achievement of an individual child or adult. The following are elements of a comprehensive assessment:

### **Background Information**

A comprehensive assessment will solicit and analyze the following types of information:

- ☐ *Developmental history (e.g., speech and motor milestones)*
- ☐ *History of pregnancy and birth*
- ☐ *Medical history and conditions (e.g., otitis media, allergies, mental health issues, medications)*
- ☐ *Speech or language problems (e.g., stuttering, articulation, delayed language)*
- ☐ *Schools attended*
- ☐ *Grades repeated*
- ☐ *Reasons for referral (e.g., difficulty in reading or problems with writing)*
- ☐ *Behaviors at home*
- ☐ *Incidence of dyslexia or learning disabilities in the family*
- ☐ *History of services (e.g., special tutoring or classes, speech or occupational therapy)*
- ☐ *Any teacher reports of current functioning in class*
- ☐ *Hearing and visual acuity*
- ☐ *Past test results (formal or informal, if applicable)*

### **HOW TO ASSESS DYSLEXIA**

**Tests**

A comprehensive assessment will include appropriate tests selected by the professionals based on background and other information provided. The following are examples of the types of tests that can be administered:

**Intellectual Ability Tests**

- ☐ Cognitive tests with IQ scores and subtest analysis (e.g., Wechsler Scales or Stanford-Binet)

**Speech and Language Tests**

- ☐ Evaluation of speech (articulation, voice, fluency) and language skills (semantics, syntax, pragmatics)

**Listening Comprehension Tests**

- ☐ (including the ability to follow directions)

**Vocabulary Tests**

- ☐ (speaking, listening, and reading)

**Information Processing Tests**

- ☐ Memory of different modalities (e.g., auditory, visual, spatial, short-term versus long-term)
- ☐ Sensory-motor (e.g., pencil control, fine motor coordination or dexterity)
- ☐ Phonological processing (e.g., phonological awareness, rapid automatized naming)

**Academic Tests**

- ☐ Oral phonetic reading to assess accuracy and application of basic phonetic rules
- ☐ Oral and silent contextual reading to assess rate, accuracy, and comprehension
- ☐ Reading word lists to assess sight word vocabulary
- ☐ Repetition of words, phrases, and sentence sequences to assess memory



- ☐ *Dictated spelling and spontaneous writing to ascertain strategies used by student, and to assess grammar, spelling, punctuation, capitalization, sentence construction, elaboration of details, organization, and vocabulary usage*
- ☐ *Oral contextual reading, dictated spelling and spontaneous writing to assess omissions, reversals, transpositions, insertions, substitutions, rotations, repetitions, misapplication of phonetic rules, etc.*
- ☐ *Math skills (e.g., basic concepts, mental and paper-pencil computations, word problems, everyday applications such as money, measurement, time)*
- ☐ *Informal handwriting analysis: manuscript, cursive case, mixed; slant, alignment, sizing, spacing, and formation; handedness, pencil grip,*

*pressure, neatness; rate of production (e.g., slow and laborious)*

### **Written Report**

A comprehensive assessment will result in a written report. The report should include the following:

- ☐ *Reasons for the referral for testing*
- ☐ *Background or family history*
- ☐ *Clinical observations of behavior during testing (e.g., attitude, attention, focus, persistence, rapport, spoken language skills, etc.) and on specific tasks as it impacts score interpretation*
- ☐ *Tests utilized for the different areas*

### **Analysis Of Test Scores (e.g., at, above, or below average)**

- ☐ *Analysis of errors (e.g., omissions, transpositions, insertions, substitutions, repetitions in reading and spelling)*

## **HOW TO ASSESS DYSLLEXIA**



- ☐ *Analysis and summary of strengths and weaknesses*
- ☐ *Specific recommendations for interventions and accommodations, including at school and home*

#### **Comprehensive Assessment Checklist**

- ☐ *Did the evaluator provide a written report of the assessment?*
- ☐ *Did the report make recommendations regarding tutoring, teaching strategies, accommodations or modifications (adaptations)?*
- ☐ *Did the report specify whether there is a need for additional testing?*
- ☐ *Did the evaluator discuss the results, conclusions and observations with the adult or the parents of the child being evaluated?*
- ☐ *Are the results and recommendations expressed in language that can be understood by the adult or the parent of the child being evaluated and, if applicable, his or her teachers and other educators?*
- ☐ *Is the evaluator's assessment generally consistent with the perceptions of the adult being evaluated, or with the perceptions of the parents of the child being evaluated?*

#### **WHERE CAN I GET HELP?**

Visit the website of the Hawai'i Branch of the International Dyslexia Association ([www.dyslexia-hawaii.org](http://www.dyslexia-hawaii.org)) to find out about local resources for the diagnosis and treatment of dyslexia. While HIDA does not recommend specific individuals or programs, it can suggest names of people or institutions experienced in the diagnosis and treatment of dyslexia.

## WHAT CAN I DO?

### Obtaining A Comprehensive Assessment

The critical first step is to obtain a diagnosis via a comprehensive assessment.

*Refer to the preceding section ("How to Assess for Dyslexia") for more information.*

### Selecting a Tutor or Therapist

Dyslexic adults and parents of a dyslexic child should consider treatment alternatives. Treatment often includes tutoring and/or therapy by professionals trained in the treatment of dyslexia. Private sessions are expensive and the dyslexic child or adult invests much time, as well as faith, in the tutor or therapist. Therefore, it is important to consider the following when making decisions about a tutor or therapist:

- ☐ Evaluate the qualifications, special training, and experience of tutors and therapists.

- ☐ Select a tutor or therapist known to work well with the dyslexic child or adult's particular age group or area of learning disability. The most experienced and qualified tutor may not be appropriate in the absence of rapport and compatibility (e.g., as to pacing of instruction) with the dyslexic child or adult.
- ☐ Obtain references from educators, physicians, other tutors and therapists, other professionals, and former and present students or their parents.
- ☐ Request an initial meeting between the dyslexic adult or dyslexic child and his or her parent, and the tutor or therapist.
- ☐ Ask for a written agreement that spells out the rights and responsibilities of the dyslexic adult, or the parent of the dyslexic child and the tutor or therapist.

## WHERE CAN I GET HELP?

## WHAT CAN I DO?

**Special Caution**

Be wary of any claims by programs, tutors or therapists that “guarantee” progress or purport to “cure” or “solve” the problem in a short time period. Dyslexia is a lifelong condition with no cure. However, intensive, specialized instruction does provide the dyslexic child or adult with the tools he or she needs to read and spell with greater accuracy. Treatment often takes a very long time; this is especially true for dyslexic children in the upper grades (4th grade and above) who must unlearn old inefficient strategies and replace them with new effective ones.

**Cost of Tutoring and Therapy**

Fees vary considerably depending upon the tutor’s or therapist’s experience. Tutors and therapists may charge by the month, by the session or for a series of sessions. They may also charge a fee for mileage if the sessions take place in the home. They may charge an

additional fee for written reports and attendance at meetings with other professionals. The cost of instructional materials may or may not be included in the fee. There may be an additional fee or a fee forfeiture policy for missed sessions. All of these matters should be discussed with the tutor or therapist before treatment begins.

Visit the website of the Hawai’i Branch of the International Dyslexia Association ([www.dyslexia-hawaii.org](http://www.dyslexia-hawaii.org)) for a resource list of private tutors trained in one or more multisensory structured language (MSL) approach.

Check medical insurance for possible coverage. A tax advisor can advise regarding the possibility of deducting tutoring costs as medical expenses.

**Arranging Tutoring or Therapy Sessions for Children**

Time, setting, and consistency are essential factors to

consider in arranging an appropriate tutoring or therapy schedule for dyslexic children. The following are worthy of consideration:

- ☐ *The child should be alert; a sleepy, tired, or hungry child will not learn much in the sessions.*
- ☐ *Ideally, sessions should occur in the morning or during the school day. However, if tutoring is to take place after school, the child should have a break and a snack before the session begins.*
- ☐ *There should be a minimum of two sessions per week. For younger children, it is best to have three 45-minute sessions per week. Older students may be responsive to fewer but longer sessions.*

- ☐ *School holidays provide opportunities for additional or longer sessions without the pressures of school work. However, there should be some vacation for the child during this period.*

### **Public and Private School Programs**

Parents of a dyslexic child should evaluate resources available in public and private schools.

- ☐ *Contact the school and arrange for a meeting with the Student Service Coordinator (SSC), principal, and admissions director (if applicable), to discuss class size, specialized methodologies or remedial curricula, training or experience of teachers, philosophy and mission of the school, and assessment of students' progress.*
- ☐ *Tour the school, observe a classroom, and talk with the teachers and counselors.*

### **WHAT CAN I DO?**



- ☐ *Speak with parents who have, or have had, a dyslexic child attend school, as well as with professionals in the community.*

There should be continuous communication among a dyslexic child's regular teachers, special education teachers, tutors and parents to ensure optimal benefits of the treatment program. Periodic conferences and written progress reports are critical to effectively monitor progress. Throughout the whole treatment process, the parents' role as supporter, advocate, and mediator is essential.

### **Effective Treatment Programs**

Effective treatment programs, which may be accomplished through a combination of tutoring, therapy, school programs and other programs, must include:

- ☐ *Direct instruction of reading, spelling, and writing*
- ☐ *Simultaneous multisensory phonetic instruction for reading, spelling, and writing that engages the three modalities: seeing, hearing and feeling*
- ☐ *Systematic and structured teaching whereby learning proceeds from simple to complex, and from known to unknown*
- ☐ *Consistent review and practice*
- ☐ *Individualized or small group instruction*
- ☐ *Immediate corrective feedback*

Whatever treatment programs are selected, professionals and parents (if applicable) must make certain they are sensitive to the needs of the dyslexic child or adult.

### **Expectations from Treatment Programs**

The following are important considerations relative to what can be expected from treatment programs:



- *The dyslexic child or adult is probably the best judge of the tutor's or therapist's effectiveness. However, note that initially a child will complain about difficulties he is experiencing in the sessions. A parent will need to be supportive and encourage the child to continue with the sessions. If the complaints persist, parents should consult with the tutor or therapist.*
- *Length of treatment varies with each dyslexic child or adult. For a child, it may range from a year to two or more depending on the severity of the problem. Generally, tutoring may be discontinued if the child is able to function at, or above, grade level in reading, writing, or spelling.*
- *Even after an elementary school child has successfully completed a treatment program with a tutor, he or she may need some support when dealing with the more complex demands*

*of intermediate or middle school, high school or college.*

Despite “successful” treatment, a dyslexic child or adult may continue to experience problems such as spelling difficulties or a slower rate of reading than his or her peers. However, with the skills and knowledge gained from tutoring and other treatments, along with continued support, encouragement, and accommodations, the dyslexic child or adult will be able to face the future with more confidence and hope.

## **RIGHTS AND RESPONSIBILITIES UNDER THE LAW - WHAT PARENTS SHOULD KNOW**

Schools can address needs of dyslexic children. They can provide certain assessments, educational programs and accommodations. It is important that parents know their rights to participate throughout the process of developing and implementing an educational program

## **RIGHTS AND RESPONSIBILITIES UNDER THE LAW - WHAT PARENTS SHOULD KNOW**



for their dyslexic child, and to understand their responsibilities to the child. Parents can obtain a copy of the “Procedural Safeguards Notice for Parents and Students” from the school or the following Department of Education website.

[www.hawaiipublicschools.org](http://www.hawaiipublicschools.org)

Search “Procedural Safeguards” and click on “Rights Relating to Special Education”.

### **Testing**

Federal law pertaining to the education of all children with disabilities states that children can be given psychological, educational, and other tests only with the written consent of a parent or guardian. If parents, or anyone knowledgeable about the child, suspect the child may have dyslexia or other learning disability, they can request an evaluation by contacting the public school where the child is, or could be, enrolled. A team,

which includes the parents, will be convened to review existing data and determine if any additional assessments should be made. This team has a timeline to complete its work, which must include a variety of assessment tools and strategies to obtain relevant functional, developmental, behavioral and academic information about the child relevant to the suspected disability. However, schools are not diagnostic facilities; their testing is to determine a student’s eligibility under the Individuals with Disabilities Education Act (IDEA) and, if eligible, to create an Individual Educational Program (IEP) for that student. If a student does not qualify under IDEA, the schools can determine other support or services as necessary.

Before testing, parents should ask the following:

- ☐ *What types of tests will be used?*
- ☐ *Who will be conducting the tests?*
- ☐ *What specific skills, abilities and/or behaviors will be assessed?*
- ☐ *How will the testing determine the unique needs of the child?*

To maximize the effectiveness of testing, parents should share with the examiner any and all information and circumstances that they think might affect their child's performance. Furthermore, the child should be told in the most positive terms why he is being tested.

#### **After Testing - Individualized Educational Program (IEP)**

A meeting to develop the child's Individualized Educational Program (IEP) must be held after

determination that the child is eligible for special education. Parents are key participants at this meeting. In many cases, the IEP is developed at the same meeting where the results of the evaluation are explained. An IEP is developed to ensure that appropriate services for the child will be provided in the least restrictive environment. An effective and appropriate IEP combines evaluation results with parental input and consultation from the child's diagnostic team. The IEP should address the child's unique needs regarding learning. The IEP should contain information regarding the child's Present Levels of Educational Performance (PLEP), such as student performance in the general standards based curriculum, performance on state, school, or classroom assessments, and areas of strength and needs. The PLEP section should also cover functional performance such as social and emotional behavior, physical or mobility issues, and communication or

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SHOULD KNOW**



independent living concerns. The Goals and Objectives section of the IEP should provide statements of measurable annual goals, including academic and functional goals. This section should state how the monitoring of progress in reaching goals and objectives will be determined, as well as specify persons responsible for implementation. The IEP may prescribe specialized instruction and provision for related services such as counseling or other therapies that are necessary in order for the child to benefit from education under the service section. Only after the program is developed should there be discussion of placement or where the program can be implemented. Placement must be in the least restrictive environment and could be in a modified program in the regular classroom, a regular class placement with supplemental tutoring, remedial instruction, resource room, and/or counseling or a special class or school placement.

All supplementary aids and services, program modifications, and supports for school personnel must be appropriately based on the PLEP, and agreed to by the team and written into the IEP. The IEP team must consist of an administrator or designee, the parent(s), student, at least one special education teacher and one general education teacher, and an individual who is qualified to interpret the instructional implications of all assessments (this individual could be an existing team member).

Related service providers, or individuals who have knowledge or special expertise regarding the student, may be invited to the meeting or provide written information.

### **Parent Responsibilities**

Parents play the most important role in their dyslexic child's successful placement in treatment programs.

The following suggestions are helpful in fulfilling this critical role:

- ☐ *Understand the results of testing and ask for clarification of confusing psychological and educational terminology and jargon*
- ☐ *Ensure that the IEP will appropriately address all the unique learning needs of the individual*
- ☐ *Ensure that the IEP is realistic and all members of the team agree*
- ☐ *Strive to maintain a cooperative relationship with other members of the IEP team*
- ☐ *Share relevant information about the child's home and personal life that may influence performance and behavior in school*
- ☐ *Visit the programs suggested and meet with the directors and teachers*
- ☐ *Review the IEP at least annually and revise goals, objectives, services, modifications, adaptations, and educational placement if necessary*
- ☐ *Maintain proper records of all assessments, IEPs, notices, and correspondence*
- ☐ *Maintain regular contacts with the child's regular as well as special education teachers and seek assurances that there is communication between the child's educators*

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## **INTERNATIONAL DYSLEXIA ASSOCIATION–IDA**

The International Dyslexia Association–IDA is an international nonprofit organization committed to the advancement of the study and treatment of specific language disability or dyslexia. It supports medical research into the causes and treatment of dyslexia, encourages successful and appropriate teaching, advocates for the rights of dyslexics, and disseminates current research-based information about advances in the field. It provides its members with up-to-date information about advances in the field through publications and conferences.

For more information about IDA's activities and resources for parents and educators, please visit IDA's website at [www.interdys.org](http://www.interdys.org).

## **HAWAI'I BRANCH OF IDA–HIDA**

The Hawai'i Branch of the International Dyslexia Association–HIDA was established in 1984 and became an official recognized branch of the IDA in 1987. It is a nonprofit organization with a volunteer board of directors.

HIDA's mission is to increase awareness of dyslexia in our community, provide support for dyslexics, families and educators, promote teacher training, and improve literacy for struggling readers. HIDA's core programs are the Odyssey Project and the Public Awareness Project. HIDA sponsors professional development and training opportunities for teachers, and tutors, public awareness workshops, and symposia throughout the state. HIDA has been a co-sponsor of an annual statewide conference on learning disabilities.



For more information about HIDA's activities or about resources and services available in Hawai'i, please visit HIDA's website at [www.dyslexia-hawaii.org](http://www.dyslexia-hawaii.org), email [hida@dyslexia-hawaii.org](mailto:hida@dyslexia-hawaii.org) or call 808-538-7007.

## JOINING IDA AND HIDA

Any interested person can join the International Dyslexia Association–IDA and will, automatically, become a member of the Hawai'i Branch of the International Dyslexia Association–HIDA. Membership provides affiliation with one of over 40 branches in the U.S. and Canada. Membership supports IDA's activities throughout the world, and HIDA's activities in Hawai'i. Members of IDA and HIDA include dyslexics, parents and other relatives of dyslexics, teachers, tutors, attorneys, physicians, psychologists, and other professionals.

Special rates are available for families and full-time students, and membership fees may be tax deductible. Visit [www.interdys.org](http://www.interdys.org) for a current list of member benefits.

Above all, members receive the satisfaction of being part of an international network seeking solutions to the problems of dyslexia.

To become a member, go to [www.interdys.org](http://www.interdys.org) and click on "Join or Renew". If you have questions, please call the HIDA office (808-538-7007), or IDA at (410) 296-0232.

**INTERNATIONAL DYSLEXIA  
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**HAWAII BRANCH OF IDA–HIDA**

**JOINING IDA AND HIDA**

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**HIDA-HAWAI'I BRANCH OF THE  
INTERNATIONAL DYSLEXIA  
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**HAWAIIAN PETROGLYPHS**, ancient carvings of human spirits, symbols in lava rock, can be found throughout Hawai'i. Anthropologists believe petroglyphs were used by Hawaiians as a form of written communication before missionaries introduced a formal written language. Like anthropologists, who are making headway in uncovering the meanings of petroglyphs, dyslexics can learn to interpret and process language with appropriate instruction.





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