Submission to the
Ontario Human Rights Commission’s
Right to Read Inquiry

by the
International Dyslexia Association
Ontario Branch
(IDA Ontario)
# TABLE OF CONTENTS

Acknowledgements .......................................................................................................................... 3
Introduction ...................................................................................................................................... 4
  What is dyslexia? ............................................................................................................................. 4
  The challenge .................................................................................................................................. 5

Part 1: Issues & recommendations .................................................................................................. 8
  1.1 Effective literacy instruction for all students in the context of Universal Design for Learning ...... 8
  1.2 Mandatory early screening ........................................................................................................ 10
  1.3 Reading interventions for at-risk students and those identified with dyslexia ............................ 12
  1.4 Accommodation ......................................................................................................................... 13
  1.5 Psycho-educational assessments ............................................................................................... 14
  1.6 Other systemic and structural issues ......................................................................................... 16
    1.6.1 Definitions of learning disabilities and dyslexia ................................................................. 16
    1.6.2 Unique challenges for students with reading disabilities who face other barriers such as
         English-language learners, racialized students, Indigenous students ..................................... 16
    1.6.3 Curriculum design ............................................................................................................... 17
    1.6.4 Appropriate assessment of student progress ....................................................................... 18
    1.6.5 Teacher training .................................................................................................................... 18
    1.6.6 Oversight, monitoring, accountability and data collection .................................................... 20
    1.6.7 Funding .................................................................................................................................. 21
  1.7 French as a second language (FSL) .......................................................................................... 21

Part 2: Background Information .................................................................................................... 23
  2.1 What is dyslexia? ....................................................................................................................... 23
  2.2 Terminology and diagnostic criteria ......................................................................................... 24
  2.3 The cost of failing to learn to read ......................................................................................... 27
  2.4 How we learn to read and dyslexia ....................................................................................... 29
  2.5 What works? - structured literacy instruction ....................................................................... 31
  2.6 Ontario curriculum: The Three-Cueing method ..................................................................... 33
  2.7 Early screening and response to intervention ....................................................................... 34
  2.8 Interventions ........................................................................................................................... 38
  2.9 Teacher training ...................................................................................................................... 42
  2.10 French as a second language (FSL) ....................................................................................... 43
  2.11 Discrimination and inequity .................................................................................................. 44
  2.12 Other jurisdictions .................................................................................................................. 47

References ......................................................................................................................................... 48
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INTRODUCTION

The **Ontario Branch of the International Dyslexia Association (IDA Ontario)** welcomes the opportunity to make a submission to the Ontario Human Rights Commission’s Right to Read inquiry. We applaud the efforts to identify and provide solutions to the systemic and structural barriers that students with dyslexia and their families face in Ontario Public Schools, which lead to the devastating effects of failure to learn to read.

WHAT IS DYSLEXIA?

Given appropriate instruction, most children will learn to read successfully in the first couple of years at school. However, a significant number of children struggle with learning to read and require more intense instruction over a longer period. But with sufficient direct instruction on the foundational skills of reading, 95% of elementary students, regardless of background, are cognitively capable of learning to read (EAB Global, Inc. 2019).

Many of these struggling readers have **dyslexia**, a learning disability, otherwise known as a ‘reading disability’ or ‘Specific Learning Disorder with Impairment in Reading’. Dyslexia is characterised by **difficulties with accurate and/or fluent word recognition, and by poor spelling and decoding abilities** (International Dyslexia Association (IDA, 2013); NIH, 2017). Individuals with family members with dyslexia have a higher likelihood of having the condition, although many children without familial risk also have dyslexia. Dyslexia is not related to an individual’s intelligence.
THE CHALLENGE

We know that there are substantial numbers of children in every classroom who fail to learn the reading skills they will need to succeed in school and to function well in adult life – despite the fact that effective teaching methods for reading are well known. This is not acceptable. The 2018-2019 EQAO results indicate that 26% of Ontario’s Grade 3 students did not meet the provincial reading standard (Level 3 or 4) for reading, and 31% did not meet the provincial standard for writing (EQAO, 2019). Notably, 53% of Grade 3 students with special education needs did not meet the provincial standard for reading and 53% did not meet the provincial standard for writing.

Data recently obtained by IDA Ontario from EQAO, showed that 17.1% of Grade 3 students used scribes or assistive technology while doing the assessment. The EQAO results are thus an overestimate the number of students who have developed reading and writing skills that meet the provincial standards unassisted. The data also showed that 87% of Grade 3 students with an IPRC for learning disabilities used scribing.

While there are other causes of reading failure, many of these students have dyslexia. Every day, IDA Ontario receives enquiries from parents and educators wanting to know how to best help children who are struggling with the acquisition of early literacy skills and ongoing difficulties with written language (i.e. word reading, spelling, reading comprehension, and written expression).

Parents are trying to find ways to help their children academically and emotionally but find themselves dealing with a school system that is not sufficiently informed or equipped to deal with their
child’s reading difficulties. Teachers are looking for effective teaching strategies to help the struggling readers in their class. Parents discover that there are long waits (months or years) for psycho-educational assessments in the school system so, if they can afford it, they pay for it privately. Similarly, they discover that very effective interventions are available, but usually only from private reading specialists using ‘structured literacy’ instructional interventions. Parents ask, “If a private reading specialist can teach my dyslexic child to read, why can’t the school?” Why are schools failing to teach these students to read when, clearly, they can learn to read?

Failure in learning to read comes at a high cost to both individuals and society. What starts out as a reading problem frequently snowballs into challenges with mental health, substance abuse, academic and employment opportunities, and the legal system.

Considering the prevalence of dyslexia and its personal and societal costs, it is extremely important to know that, when identified and supported appropriately, many individuals with dyslexia can have excellent outcomes. The best possible outcomes occur when students are provided structured literacy instruction in their general classrooms starting in Kindergarten and throughout the elementary years, when early and ongoing evidence-based screening and assessment measures are used to identify students who are at risk, and more intensive structured literacy interventions are provided immediately and continue as long as required by the individual student.

However, dyslexia is typically not acknowledged or identified in Ontario schools. General classroom and resource teachers are not trained to recognise the early signs of dyslexia. Nor have they been trained in the instructional methods (structured literacy instruction) that have been shown to be effective for students with dyslexia, and indeed, most effective for all students. Parents are told their child will ‘outgrow’ the problem, and assessments and interventions are delayed until the best age for intervention has passed and the child’s self-esteem and confidence have been eroded. Furthermore, confusion over terminology (e.g. avoidance of the term ‘dyslexia’) makes it difficult for parents and students to access the information, support and solutions that they need.
These inequities mean that children with dyslexia are denied the opportunity to learn to read, spell and write to the best of their ability. These consequences are lifelong, impacting self-esteem, achievement, and success. In order to change this outcome for so many students, the existence of dyslexia must be recognized and acknowledged, and critical aspects of the education system, curriculum and teacher training must be changed.

Improving literacy for all students reduces the mental, social, and economic repercussions of reading failure, resulting in a better-educated workforce, higher salaries, stronger tax base, and reduced use of social and community services such as mental health and substance abuse programs, judicial services and incarceration.

IDA Ontario calls on the Ontario Government to implement the recommendations contained in this submission to remedy the systemic discrimination that students with dyslexia currently experience in the Ontario education system.
PART 1: ISSUES & RECOMMENDATIONS

IDA Ontario agrees with the areas of concern that have been identified by the Ontario Human Rights Commission for the Right to Read Inquiry. In this section, specific issues and recommendations are provided for each area of concern, in the order provided by the Commission.

IDA Ontario emphasizes that priority should be given to the provision of classroom instruction and reading interventions that are based on structured literacy instruction and highly trained classroom, and special education teachers should be providing that instruction (see sections 1.1, 1.6.3, 1.6.5). Classroom instruction and interventions should not use the three-cueing system as in the current Language Arts curriculum (OME, 2006), because this approach is based on a model of reading development that has been thoroughly discredited by reading science for decades (see, e.g., Stanovich, 2000). Furthermore, the three-cueing approach is disastrous for children with dyslexia and other struggling readers, and these children comprise the overwhelming majority of readers who are identified with reading difficulties in the primary grades, K – 3 (Leach, Scarborough, & Rescorla, 2003).

To this end we are hopeful that the Commission will recommend that both the Colleges of Education and the Ministry of Education make the pivotal changes that are needed. This is the route that will be most effective and cost effective in the long run, but to date these institutions have been the most reticent to embrace the needed changes. Teachers are eager to learn and use a structured literacy approach, and some school boards are investing in retraining teachers, so the support of the other levels is needed.

1.1 EFFECTIVE LITERACY INSTRUCTION FOR ALL STUDENTS IN THE CONTEXT OF UNIVERSAL DESIGN FOR LEARNING

Issue: There is limited and inequitable classroom access to effective, evidence-based 'structured literacy' instruction that is aligned with the science of reading and what is known
to be essential literacy instruction for students with dyslexia, as well as other struggling readers. Offering evidence-based structured literacy instruction in every classroom benefits all students.

**Issue:** The Ontario Language Arts/Reading Curriculum (Gr 1-8) relies on the three-cueing System (OME, 2006). This approach is primarily based on ‘guessing’ strategies, an ineffective teaching approach for students with dyslexia and other struggling readers (see section 2.6 re: The Ontario Curriculum).

**Recommendations:**

- Effective reading instruction (structured literacy instruction) should be provided in all classrooms.
- Structured literacy instruction, which is effective for students with dyslexia and other struggling readers, must be made available in all classrooms (universal design). In fact, structured literacy instruction is an effective method for all children. It is explicit, systematic instruction in the structure of the English language, which is consistent with the scientific evidence as to how children learn to read, how best to teach reading, and it aligns with the instructional recommendations of the *Learning for All* document (OME, 2013a).
- The current Kindergarten curriculum should include specific instructional goals for learning of phonological awareness, letter-sound associations, introduction to word-level decoding (blending and segmenting of sounds to read and write words) and handwriting, as well as development of important language skills such as oral vocabulary and oral language comprehension. The elementary curriculum would continue to build on these foundational word decoding skills (e.g., decoding and spelling more complex syllables, as well as multisyllabic and polymorphemic words) and oral language skills.
- The elementary Language Arts curriculum should abandon the three-cueing system that emphasizes guessing from context, syntax, and pictures as acceptable strategies
for identifying words. The curriculum should be changed to include, explicit, systematic, and diagnostic instruction in structured literacy (as described above).

► Consistent with structured literacy instruction, a range of decodable texts and books should be used while students are learning to decode, rather than levelled readers. Levelled readers are often designed to encourage guessing at words based on context cues or pictures, rather than written in a way that encourages children to look carefully at printed words and apply decoding skills.

► Appropriate literacy instruction should not be considered an ‘accommodation’ on IEPs or other special education documents or policies, but instead, should be part of the curriculum.

► Structured literacy instruction should be available for all students regardless of place of residence, school board, socio-economic status, gender, the presence of other co-occurring conditions (e.g., mild intellectual disability), or ethnic background.

1.2 MANDATORY EARLY SCREENING

**Issue:** There is a lack of early identification of children with reading/writing difficulties, which means that effective literacy interventions, if available, are provided too late. Interventions are more effective in the earlier grades and damage to students’ self-esteem and mental health, caused by years of struggling, is avoided.

**Recommendations:**

► Early screening of all children should occur three times per year, beginning in Kindergarten/early Grade 1, and continue throughout elementary school. This is necessary to track student progress over time and identify students who are not meeting increasing expectations in the foundational skills of reading and spelling, with interventions linked to this identification. More frequent progress monitoring may be required for struggling students to monitor the effectiveness of interventions.

► Early screening should include individual assessment of skills rather than subjective teacher observations. The specific skills to be assessed vary from grade to grade and
include measures such as phonological awareness, letter-sound knowledge, word reading and decoding, as well as rapid naming of letters and oral language comprehension. Such skills are foundational for reading and are early predictors of future reading difficulties/success. See Table 1 in section 2.7 for specific screening measures suggested by IDA.

► Family history of dyslexia or other learning disabilities can also be an indicator of risk for failure to learn to read for a child, as is a developmental history of early language delay or impairment. In making decisions about the need for intervention, school teams should consider these developmental and family history risk factors and children's performance on screening assessments. Importantly, if children are below expectations on the foundational skills screened, intervention should be started regardless of developmental history.

► Interventions need to start immediately with identification, and progress monitoring needs to be carried out to examine each student’s response to the intervention. For students not making adequate progress, or for the lowest students, more detailed assessments should be carried out in order to guide further intervention.

► Effective reading instruction and intervention can not be held back while waiting for assessments.

► The province should identify screening instruments that have strong predictive validity, reliability, classification accuracy and norm-referenced scoring, for use in Ontario classrooms. Many other jurisdictions are implementing early screening so it would be helpful to look at their selection criteria and choices of screening instruments.

► Effective early screening should be available for all students regardless of place of residence, school board, socio-economic status, gender, the presence of other co-occurring conditions (e.g., mild intellectual disability), or ethnic background.
1.3 READING INTERVENTIONS FOR AT-RISK STUDENTS AND THOSE IDENTIFIED WITH DYSLEXIA

**Issue:** There is a lack of effective, evidence-based structured literacy intervention programs (for Tier 2 and 3 in the Response to Intervention model), especially at the age when intervention is most effective: Kindergarten to Grade 1. The widespread use of the ‘wait to fail’ model denies children remediation at the age proven to be most beneficial.

**Issue:** There is a lack of effective, evidence-based structured literacy intervention programs for older students with dyslexia (elementary, middle and high school).

**Recommendations:**

- Effective, evidence-based structured literacy intervention must be available to all struggling readers, including those with dyslexia.
- Children identified as ‘at risk’ or who are not making expected progress in reading, spelling and writing should receive more intensive and targeted structured literacy instruction, including small-group and one-on-one interventions, as required, per the Response to Intervention model.
- Reading intervention programs must be available in all grades, including middle and high school.
- Teacher training in the structured literacy instructional approach is paramount in the successful implementation of structured literacy intervention.
- Specific intervention ‘programs’ should be:
  - aligned with the [IDA Knowledge and Practice Standards](#).
  - evidence based. Research should show that the features of the program – such as highly explicit, systematic phonics teaching – are fully consistent with the needs of students with dyslexia for structured literacy intervention.
  - co-ordinated with the general classroom curriculum, in content and approach.
non-proprietary. Program material should be available for review and
evaluation, and for sharing with classroom educators, parents, and other
professionals who are supporting the student.
not limited to a time period (e.g., 1 year). The length of time a student needs
intervention should not be limited by a specific program length.
offered as soon as problems are identified through early screening.
supported by high quality teacher training and coaching.

► Frequent, objective, skills-based progress monitoring should be used to adjust
interventions, as required, so that the student achieves success. Data tracking is
essential to effectively monitor students’ progress and fine-tune intervention
approaches.

► Effective intervention based on structured literacy instruction should be available to
all struggling readers, including those with dyslexia, regardless of place of residence,
school board, socio-economic status, gender, the presence of other co-occurring
conditions (e.g., mild intellectual disability, autism) or ethnic background.

1.4 ACCOMMODATION

Issue: Students with dyslexia often do not get the supports they need, including effective
literacy instruction.

Issue: Students are frequently provided with assistive technologies but are not provided
with sufficient instruction to use the tools efficiently and productively.

Recommendations:

► Students with dyslexia should be given ongoing support throughout their school
experience.

► Accommodations such as assistive technologies, scribes, alternate formats to
demonstrate competencies, extra time for exams, etc., should be available to all
students with dyslexia and other learning disabilities in order to access grade level curriculum.

► Instruction in the use of assistive technologies should be provided, to the point of mastery and independence.

► These accommodations and supports, however, should not replace appropriate and effective structured literacy instruction and intervention.

► Appropriate accommodations should be available to all struggling readers, including those with dyslexia, regardless of place of residence, school board, socio-economic status, gender, the presence of other co-occurring conditions (e.g., mild intellectual disability, autism) or ethnic background.

1.5 PSYCHO-EDUCATIONAL ASSESSMENTS

**Issue:** The Ministry of Education’s *Policy/Program Memorandum No. 8 – Identification of and Program Planning for Students with Learning Disabilities* (OME, 2014) stipulates that students do not need formal psychological assessments to receive effective interventions. However, IDA Ontario frequently hears of situations where this is not the case, where formal psych-ed assessments are required before students can access resources, accommodations, and effective interventions.

**Issue:** Formal assessments may be available through the school board, but the waiting lists are typically prohibitively long. Schools frequently recommend private assessments for parents who can afford it or have insurance coverage. Students from more disadvantaged families are less able to access formal assessments, resources, accommodations, and appropriate intervention.

**Recommendations:**

► Effective intervention based on structured literacy instruction should be available to all struggling readers, including those with dyslexia, **without requiring formal assessment.**
► For students who are experiencing more serious difficulties in learning to read, write and spell, and who are not responding to initial intervention, formal assessments are needed to guide intervention and accommodation.

► In such cases, formal assessments should be provided by the school board at no cost to families. They should be provided in a timely manner, and effective reading instruction and intervention should not be delayed while waiting for assessments.

► Formal assessments must be available for all students who require them regardless of place of residence, school board, socio-economic status, gender, the presence of other co-occurring conditions (e.g., mild intellectual disability), or ethnic background.

**Issue** - In Ontario, some psychologists (for example, most school board psychologists) use the 2018 “OPA Guidelines for Diagnosis and Assessment of Children, Adolescents, and Adults with Learning Disabilities” or the earlier guidelines from the Learning Disabilities Associations of Ontario and Canada (LDAO, 2001) and ratified in 2015 (LDAC, 2015), for assessment and diagnosis criteria. On the other hand, private psychologists in Ontario (and psychologists in many other jurisdictions) use *The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* The American Psychiatric Association, 2013). As described in Section 2.2, these documents differ in terminology (‘learning disability’ vs ‘specific learning disorder’), and criteria for diagnosis (e.g., assessment of cognitive processes and IQ). These differences lead to inconsistent diagnoses and terminology depending on the psychologist who does the assessment (see section 2.2 for a more in-depth discussion of these issues).

**Recommendations:**

► Diagnostic criteria and terms should be standardized and not depend on whether a psych-ed assessment is provided by a private or school-based psychologist.

► The term ‘dyslexia’ should be included in the diagnosis so that parents can access information and support (see 1.6.1).
1.6 OTHER SYSTEMIC AND STRUCTURAL ISSUES

1.6.1 DEFINITIONS OF LEARNING DISABILITIES AND DYSLEXIA

Issue: The Ontario Ministry of Education and many school boards refuse to recognise and use the term “dyslexia”, despite the term being widely used around the world by organizations, scientists, researchers, and other jurisdictions. Similarly, the two diagnostic criteria documents (DSM-5 and OPA Guidelines) used by Ontario psychologists use the terms ‘specific learning disorder’ and ‘learning disability’, respectively. However, the DSM-5 does specify dyslexia as an ‘alternative term’. Most psych-ed assessments do not include the term dyslexia, so students, parents and educators are unaware of, and consequently unable to access, the large amount of information, research and resources that use the term ‘dyslexia’. They are denied awareness of resources that are extremely helpful in supporting students with dyslexia.

Recommendation:

► The term ‘dyslexia’ should be used in all Ontario policies, documents, reports, assessments, and legislation so that students, families and teachers are familiar with this disability and can easily access information and support. This includes the 2017 draft Special Education in Ontario Policy and Resource Guide (OME, 2017b), as well as the PPM8, IPRC documents, IEPs, the Ontario School Information System and psych-ed assessments prepared by private and school psychologists.

1.6.2 UNIQUE CHALLENGES FOR STUDENTS WITH READING DISABILITIES WHO FACE OTHER BARRIERS SUCH AS ENGLISH-LANGUAGE LEARNERS, RACIALIZED STUDENTS, INDIGENOUS STUDENTS

Issue - Students with and without dyslexia may face many other barriers to learning, including English-language learners as well as students disadvantaged by low socio-economic status, or students from minority races. There is evidence that structured literacy instruction is beneficial for all these groups of students at a higher risk for difficulties
learning to read. Furthermore, as described in Section 2.2, students with measured IQs in the lower average, borderline, or mild intellectual disability range, benefit from the same structured literacy instruction and interventions.

**Issue** - Students with dyslexia often have difficulty in learning a second language, particularly with reading, writing and spelling. These students benefit from a structured literacy instructional approach in the second language.

**Recommendation:**

- All students, including those with relatively lower IQs or from disadvantaged economic backgrounds should receive structured literacy instruction and interventions.
- Structured literacy instructional methods should be used in second language programs (either French or English).

### 1.6.3 CURRICULUM DESIGN

**Recommendation:**

- See Section 1.1 for recommended changes to the Kindergarten and elementary Language Arts curriculum.
- All aspects of the Ontario curriculum, including but not limited to the Language Arts Curriculum, should be aligned with current evidence about teaching reading, spelling and writing.
- The provincial curriculum should be developed in consultation with an oversight and advisory board comprised of individuals from a variety of backgrounds including but not limited to educational psychology, speech language pathology, neuroscience, experts in reading science, experts in learning disabilities including dyslexia, pediatricians, as well as parents, students and educators.
- The curriculum should undergo a periodic review process open to public input.
1.6.4 APPROPRIATE ASSESSMENT OF STUDENT PROGRESS

**Issue:** Frequent, ongoing progress monitoring, particularly for struggling readers, is a critical component of the Response to Intervention approach, to ensure each child receives timely, appropriate interventions that work.

**Recommendations:**

- Ongoing progress monitoring throughout primary school should be used to ensure each child receives appropriate interventions that work.
- Progress monitoring should involve assessment of foundational skills, not subjective teacher observations. For struggling readers, assessment based on levelled readers is not appropriate. See Table 1 in section 2.7 for specific measures recommended by IDA for progress monitoring in K-2.
- Data analysis tools should be used to represent and assist with interpretation of the monitoring data in a timely fashion, so that intervention is not delayed.

1.6.5 TEACHER TRAINING

**Issue:** There is a serious lack of training for classroom and resource teachers in the science of reading, evidence-based structured literacy instruction, early screening and progress monitoring, and knowledge of learning disabilities, including how to identify and effectively remediate dyslexia. Quality of teachers’ knowledge and skills as well as fidelity of instruction are some of the strongest predictors of student success.

**Recommendations:**

- Teacher training (pre- and in-service classroom and post-training support) should include instruction in:
  - the science of reading, including models of reading acquisition and instructional approaches that are consistent with current reading science and the neurobiology of reading,
• the structure of language at multiple levels (e.g., phonemes, graphemes, morphemes, syntax, discourse),

• quality implementation of structured literacy instruction in the classroom and in intervention programs,

• learning disabilities (including dyslexia, dysgraphia and dyscalculia). This would include terminology, statistics, independence from IQ, co-morbidities, prevalence, assessment, appropriate accommodations and evidence-based interventions, and

• use of early screening tools for dyslexia, effective progress monitoring and the knowledge to interpret results accurately, in the context of a Response to Intervention framework.

► Teacher training institutions should be required to provide training in structured literacy and the other topics listed above, to all pre-service teachers.

► In-service teachers should be provided with similar training and effective, continual professional development and coaching.

► The IDA Knowledge and Practice Standards for Teachers of Reading (for both classroom and interventionists) provide details on the competencies required for effective structured literacy instruction.

► In the future, in order to obtain licensure, all prospective general elementary educators, and all prospective special educators and reading specialists, should have to pass a certification exam aligned with the IDA Knowledge and Practice Standards for Teachers of Reading such as the IDA's Knowledge and Practice Examination of Effective Reading Instruction (K-PEERI). The purpose of the exam is to demonstrate a knowledge of the structure of the English language, the science of reading, and knowledge and best practices for structured literacy instruction. The exam should also cover knowledge of learning disabilities, including dyslexia, and the use of early screening tools, progress monitoring tools and the Response to Intervention framework.
Resource/special education educators should have more intensive training in reading/writing interventions based on structured literacy, as well as the science of reading, learning disabilities, screening and progress monitoring tools as described above.

Teachers should be provided with research-based curricula and materials to support structured literacy instruction in the classroom (Tier 1) and for intervention programs (Tier 2 and 3).

1.6.6 OVERSIGHT, MONITORING, ACCOUNTABILITY AND DATA COLLECTION

**Issue:** Provincial oversight, leadership and monitoring is needed to successfully implement change with input from all stakeholders.

**Recommendations:**

- **The Ontario Government must implement** the changes required to eliminate systemic discrimination of students with dyslexia and make ‘learning to read’ accessible to all students.

- **External oversight of the implementation of the required changes must include stakeholders such as students, parents, educators, other professionals, and non-government organisations with experience and knowledge in dyslexia, structured literacy instruction, and assessment.**

- **Monitoring is required to evaluate all new program implementation, including early screening, classroom instructional changes, intervention programs, progress monitoring, and policy changes such as access to special education/intervention programs.**

- **Standardized, longitudinal data collection (perhaps within the Ontario School Information System) must be used to monitor the effectiveness of early screening and literacy interventions.**
The Ontario Ministry of Education should implement appropriate monitoring tools to accurately estimate the prevalence of dyslexia and other learning disabilities, and comorbid conditions (e.g. Attention Deficit Hyperactivity Disorder).

**Issue:** Scribing and assistive technologies are used by many students in the EQAO literacy assessments. EQAO data, shared with IDA Ontario (2019), showed 17.1% of all students used scribing or assistive technologies in the 2019 Grade 3 Literacy assessment. While this may be considered justified to let students access the assessment, it does not give accurate provincial literacy statistics, which should be based on unassisted assessments.

**Recommendation:**

- Provincial literacy statistics should be based on assessment of individual, unassisted literacy skills, or at the least, statistics based on unassisted assessments should be provided separately.

### 1.6.7 FUNDING

**Issue:** The cost of illiteracy to individuals and society is in the billions of dollars, and this measure does not include the personal suffering and loss of human potential experienced by the hundreds of thousands of individuals who do not learn to read.

**Recommendation:**

- The Ontario Government must appropriately fund the changes required to address the recommendations in this report, including external oversight by stakeholders. The cost of not doing so is far greater.

### 1.7 FRENCH AS A SECOND LANGUAGE (FSL)

**Issue:** Many students with dyslexia fail to successfully access French as a second language (FSL) programs, including French immersion. The instructional methods presently used in the FSL classroom are often not appropriate for students with dyslexia and there is a lack of
early screening for reading difficulties. FSL intervention programs are rarely available and are also not based on instructional methods that work for students with dyslexia.

**Recommendation:**

- Structured literacy instruction (including materials such as structured phonological awareness and phonics programs and decodable texts) should be used in FSL programs, both for classroom instruction and intervention programs.
- Early screening and progress monitoring should be used to identify students needing additional support.
- Students needing additional support should receive structured literacy intervention FSL programs as soon as they begin to struggle with foundational skills, as well as appropriate accommodations, and other supports such as assistive technology.
- A formal psych-ed assessment should not be required to access intervention supports in FSL programmes; remedial support should be offered as part of an RTI framework that uses early screening and progress monitoring to identify and track struggling students.
- The Ontario Ministry’s documents “A Framework for French as a Second Language” (OME, 2013b) and “Including Students with Special Education Needs in French as a Second Language Programs” (2015) should be revised to include information on structured literacy instruction, early screening and progress monitoring, effective interventions, and appropriate accommodations that are essential for students with dyslexia to succeed in FSL programmes.
- Professional development should be provided to pre-service and in-service FSL teachers, and administrators of FSL programs, in appropriate classroom instruction, effective interventions, early screening and progress monitoring, and knowledge about how to best support students with learning disabilities, including dyslexia.
PART 2: BACKGROUND INFORMATION\textsuperscript{1}

2.1 WHAT IS DYSLEXIA?

Dyslexia is a learning disability that makes it difficult to learn to read accurately and fluently. Children with dyslexia have difficulty with the “mechanics” of learning to read words, that is, they have difficulty with ‘decoding’ words. Spelling and written expression are also usually affected (Berninger et al., 2008, Cortiella & Horowitz, 2014; Mather & Wendling, 2011; Lyon et al., 2003). Dyslexia often runs in families, but many people with dyslexia do not have a familial history.

There are many misconceptions about the term dyslexia. Dyslexia is unrelated to intelligence. Dyslexia affects children across the continuum of IQ scores, and many intelligent people have dyslexia (Tanaka et al., 2011). Also, dyslexia is not the result of a vision problem (Handler & Fierson, 2011). Vision-based therapies such as ocular tracking exercises, muscle training, and colored lenses have been shown to be ineffective in improving the reading of individuals with dyslexia (see the Joint Technical Report - Learning Disabilities, Dyslexia and Vision, published by the American Academy of Pediatrics (Handler & Fierson, 2011)).

The International Dyslexia Association (IDA) defines dyslexia as:

\textit{“Dyslexia is a specific learning disability that is neurobiological 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}}

\textsuperscript{1} Part 2 is based on material from the “Background” section of IDA Ontario’s Position Statement on Supporting Students with Dyslexia in Ontario Public School (2019), however significant additions have been made to many of the sections.
As noted in this definition, students with dyslexia have trouble in reading words accurately and fluently and with spelling; these are foundational skills that are needed to understand and to write texts. Students with dyslexia frequently have trouble with written expression. For example, they may write short sentences and paragraphs may be poorly organized. Students with dyslexia may show weakness on assessments of phonological awareness, rapid automatized naming (the ability to name objects and symbols quickly and accurately (Norton & Wolf, 2012)), applying sound-letter associations to decode novel words, and/or working memory (remembering and mentally manipulating information) (Mather & Wendling, 2012; Kilpatrick, 2015).

Dyslexia exists on a continuum of severity, ranging from mild to moderate to severe. Estimates of the prevalence of dyslexia vary from 5-20% of the population depending on the cut-off point and measures used (Gabrieli 2009; Katusic et al., 2001; Mather & Wendling, 2012; NIH, 2017; Shaywitz, 2004; Shaywitz et al., 2000; Siegel, 2006; NIH, 2017).

In Ontario, learning disabilities are the most common reason (41%) for formal identification as an “exceptional” student by an IPRC (OME, 2017a). The Ontario Ministry of Education also states that it is a reasonable hypothesis that a significant portion of students receiving special education programs and/or services but were not identified by IPRC have learning disabilities.

Dyslexia is the most prevalent learning disability (Fletcher et al., 2007; Cortiella & Horowitz, 2014). It has been estimated that for about 80% of learning-disabled students, the primary academic problem is reading (Lerner, 1989); most of these students have dyslexia.

2.2 TERMINOLOGY AND DIAGNOSTIC CRITERIA

IDA Ontario supports the use of the term dyslexia as it specifies that the student is having a decoding (word-level reading) problems, which informs the type of intervention required. As
well, using the term dyslexia enables parents and students to access information, support and solutions supported by scientific publications and offered by many organizations who use the term.

There are many equivalent terms used to describe dyslexia, which, unfortunately, leads to confusion among parents, educators and other professionals. In Ontario, only psychologists are legally allowed to diagnose dyslexia or any other type of learning disability.

In psycho-educational assessments, many private psychologists use the term ‘specific learning disorder’ or ‘specific learning disorder with impairment in reading’, which is characterized as “one where people have difficulties with word reading accuracy, reading rate or fluency and reading comprehension”. These terms are from The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013). It is important to note that the DSM-5 stipulates that “dyslexia is an alternative term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding and poor spelling abilities.”

Some psychologists, including many Ontario school board psychologists, usually use the diagnostic term ‘learning disability’, based on the recommended practice guidelines from the Ontario Psychological Association in the new document “OPA Guidelines for Diagnosis and Assessment of Children, Adolescents, and Adults with Learning Disabilities” (OPA, 2018). Earlier guidance documents were published by the Learning Disabilities Associations of Ontario & Canada (LDAO, 2001 and ratified in LDAC, 2015), but unfortunately, in these documents, the guidelines do not use the specific term ‘dyslexia’. The LDAC document (2015) provides a comparison of the LDAO learning disability definition and the DSM-5 Specific Learning Disorder definition. Kozey & Siegel (2008) provide a summary of definitions of learning disability used in various provinces across Canada.

Other equivalent terms used in the literature are ‘specific learning disability’, ‘reading disability’, ‘decoding disability.’ These equivalent terms, including dyslexia, refer to the same condition of difficulty with word-level reading (decoding), spelling (encoding) and writing.
As well as differences in terminology, the two main criteria documents used in Ontario differ in other ways, which can lead to inconsistency in diagnoses depending on the criteria document used by the psychologist. For instance, the DSM-5 does not require the assessment of cognitive processing deficits or IQ for diagnostic assessment (APA, 2013), while the OPA guidelines do require assessment of psychological and cognitive processes that are risk factors for the specific difficulties in reading, writing, or mathematics. For example, for reading, this could include phonological processing, rapid automatized naming (RAN) and orthographic processing. Deficits in these cognitive processes are part of the criteria for the diagnosis of ‘learning disability’ under the OPA guidelines. Some research shows that reliance on such cognitive processing deficits is not reliable or valid (e.g., McGill, & Busse, 2017; Miciak, et al., 2015; Pennington et al., 2012).

There are also differences in the diagnosis of specific learning disorder/learning disability in individuals with relatively lower IQ. The DSM-5 specifies that there is no need to assess intelligence for the diagnosis of a learning disability, unless an intellectual disability is suspected. Furthermore, the DSM-5 states that a specific learning disorder can be diagnosed in conjunction with intellectual disability ‘when the learning difficulties are in excess of those usually associated with the intellectual disability’. However, the OPA guidelines specify that a ‘learning disability’ can only be diagnosed in individuals with IQ greater than a standard score of 85 (16th percentile), not consistent with research on dyslexia, learning disorders, intelligence, and the response to intervention (RTI) framework (e.g., Morris et al., 2012; Siegel, 1993).

The IQ criterion in the OPA guidelines has roots in traditional practices but is not consistent with the preponderance of current research that supports that IQ should not be a criterion in the diagnosis of a learning disability (as in the DSM-5) (Flowers et al., 2001; Gustafson & Samuelsson, 1999; O’Malley et al., 2002; Morris et al., 2012; Share et al., 1989; Siegel 2006; Stanovich, 2005; Tunmer & Greaney, 2010). There is evidence that students with low IQ and reading difficulties benefit from reading intervention similarly to students with higher IQ. A meta-analysis of 22 studies evaluating the relation of IQ and intervention response did not
support the hypothesis that IQ is an important predictor of response to instruction (Stuebing et al., 2009). More recently, Tanaka et al. (2011) found similar patterns of reduced brain activation in brain regions involved with reading in poor readers with low and high IQ’s. The IQ criterion in the OPA Guidelines is somewhat puzzling because the OPA Guidelines document discuss the reasons why the criterion in the diagnosis of a learning disability should not rely on a discrepancy between IQ and achievement (OPA, 2018 p. 21).

Inconsistency in diagnostic criteria has serious implications for many students. According to the Ministry of Education’s Policy/Program Memorandum No. 8 – Identification of and Program Planning for Students with Learning Disabilities, known as the ‘PPM8’ (OME, 2014), a lack of formal diagnosis should not preclude a student from getting the intervention support and accommodations that are needed; however, in reality, these services are often not provided without a formal diagnosis, particularly if a psych-ed assessment has been done, and a diagnosis of a learning disability or specific learning disorder is not specified. As well, other supports outside of the school system, such as the Disability Tax Credit and supports in post-secondary institutions and the workplace, are not accessible without a formal diagnosis. These all play a causal role in current inequities in our education system.

2.3 THE COST OF FAILING TO LEARN TO READ

Failure in learning to read comes at a high cost to both individuals and society. What starts out as a reading problem frequently snowballs into challenges with mental health, employment and the legal system. Children with dyslexia and other learning disabilities:

- have higher rates of anxiety, poor self-esteem and depression (Canadian Council on Learning, 2009; Alexander-Passe, 2006; Boyes et al., 2016),
- are less likely to graduate from high school and transition to post-secondary education (McCloy & DeClou, 2013; National Center for Learning Disabilities, 2017; Quinn et al., 2005), and
• are at increased risk of issues with substance abuse (Macdonald, Deacon & Merchant, 2016; National Center on Addiction and Substance Abuse, 2000).

Lower literacy level is associated with lower income (Heisz, Notten & Situ, 2016) and unemployment (OECD & Statistics Canada, 2000). In a sample of Saskatchewan and Manitoba adults respondents to the 2005 Canadian Community Health Survey, one third (34.8%) of respondents who reported they had been physically abused during their childhood or adolescence also reported being diagnosed with dyslexia in comparison with 7.2% of those who did not report being physically abused (Fuller-Thomson & Hooper, 2015).

Prevalence rates of learning disabilities and illiteracy are also much higher in the prison population (Barbard-Brak & Sulaak, 2010; Mallet, 2014; Mizrahi et al., 2016; PACER Inc., 2013; Roeher Institute, 2007; Sapers, 2013) and those at-risk for involvement with crime and the legal system (Metsala et al., 2017).

In 2009, a revised report (Every Child a Chance Trust, 2009, originally produced by KPMG in the U.K.) estimated the total costs arising from failure to master basic literacy skills in the primary years to be between £5,000 and £43,000 per individual to the age of 37, and £5,000 and £64,000 over a lifetime. This works out at a total of £198 million to £2.5 billion every year within the U.K.. These estimates included only education and employment costs and some social/health/crime costs that could be estimated. They did not include ‘costs that could not be estimated including other social services costs, social housing costs, costs of generally poorer health, the costs of substance abuse or homelessness, the costs of women’s involvement in crime, lost tax on pension income and the costs of intergenerational effects on literacy skills’.

A 2002 report for the Learning Disabilities Association of Canada (Roeher Institute, 2002 (Rev. 2007)) estimated that the simple incremental cost of a learning disability (LD) from birth to retirement is $1.982 million per person with LD. Assuming an LD prevalence rate of 5 per cent (conservative estimate), the simple incremental cost of LD (to all individuals with LD, their families and to public and private programs in Canada) was estimated at $3,080 billion from birth to retirement.
2.4 HOW WE LEARN TO READ AND DYSLEXIA

A widely accepted model of reading comprehension, termed the ‘Simple View of Reading’ (Gough & Tunmer, 1986; Farrell et al., 2010; Wren, 2001) states that reading comprehension (R) has two basic components: word-level decoding ability (i.e. word-recognition) (D) and listening (language) comprehension ability (C) (i.e. how well one understands spoken language) (Figure 1):

![Figure 1 Simple View of Reading](image)

Other investigators (Wren, 2001, Scarborough, 2001) elaborated on the cognitive foundations of decoding/word recognition (D) and listening comprehension (C), as illustrated by Scarborough in the “Reading Rope” model (Fig. 2).

In the Reading Rope model, good readers have strong abilities in the foundational components of a) language comprehension and b) word recognition:

- **Listening/language comprehension (C)** is a function of background knowledge, phonology, syntax and semantics (Wren, 2001); Scarborough (2001) also includes vocabulary, verbal reasoning and literacy knowledge. Skilled readers are able to automatically decode most words in text to reading fluently, and therefore to comprehend text as well as they comprehend spoken language (Gernsbacher et al., 1990 cited by Castles et al., 2018).
• **Word recognition/decoding ability (D)** is a function of knowledge of print concepts, letter knowledge, phoneme awareness and knowledge of the alphabetic principle (linking letters with sounds) (Wren, 2001). Scarborough also includes sight recognition of familiar words (i.e. fluency) (Scarborough, 2001).

Dyslexia and the Reading Rope model

Gough & Tunmer (1986), among others, have identified ‘dyslexia’ as a disability in word recognition/decoding ability (D, the first component of the reading model). Therefore, the use of the term ‘dyslexia’ is important, as it indicates that the intervention for this reading difficulty must be targeted on the weak word recognition/decoding skills.

The neurobiology of dyslexia

Neuro-imaging methods have revealed the brain regions involved in reading that develop as children gain word-level reading skills. Functional and structural differences have been found in parts of the brain used for reading in people with dyslexia compared to normal
readers and these differences have been found prior to learning to read (Kearns et al., 2019, Norton et al, 2015; Ozernov-Palchik et al., 2016). Differences in connectivity efficiency between the areas of the brain in reading have also been reported (Kearns et al., 2019, Saygin et al, 2013; Saygin et al., 2016; Raschle et al., 2011; Vandermosten et al., 2016). Dyslexia runs in families and several candidate genes for dyslexia susceptibility have been identified (Kearns et al., 2019, Ozernov-Palchik et al., 2016).

There is strong evidence that decoding difficulties can be remediated with appropriate intervention (see Section 2.8). Furthermore, these positive reading outcomes have been supported by neurological research. Recently, studies have shown that effective remediation/instruction is associated with increased activation or normalization of regions that typically show reduced or absent activation in dyslexia (Barquero et al., 2014; Gabrieli, 2016).

2.5 WHAT WORKS? - STRUCTURED LITERACY INSTRUCTION

Numerous reviews and reports on early literacy instruction have concluded from decades of reading research that the most effective way to teach children to read is through explicit, systematic instruction in the basic skills required for reading, such as phonological awareness, letter-sound knowledge and fluency (Armbruster, Lehr & Osborn, 2001; Castles, et al., 2018; Roeher Institute, 2007; Ehri, 2014; Hawken, 2008; Hempenstall, 2016; Lane, 2014; Moats, 2007; Moats, 2019; National Center for Family Literacy, 2008; NICHHD, 2000; Wren, 2001; Spear-Swerling, 2013).

IDA has developed Knowledge and Practice Standards for Teachers of Reading which explicitly sets forth the knowledge and skills that all teachers of reading should possess to advance students’ reading and writing profiles in classroom, remedial, and clinical settings. These standards reflect the current state of the scientific research base and are the result of a rigorous development and vetting process that included the input of a wide range of stakeholders, including researchers, educators, higher education faculty, clinical specialists, parents, and advocates.
The approach to literacy instruction that is described in the Standards has been termed structured literacy. Structured literacy instruction is beneficial for all children but is necessary for children who encounter more difficulty in learning to read (IDA, 2013; National Center for Family Literacy, 2008; Galuschka, et al., 2014; Lyon 2003; Rose, 2009), including adolescents (Parrila et al., 2010). Without this appropriate instruction, more than 74% of children entering first grade who are at-risk for reading failure will continue to have reading problems into adulthood (Lyon, 2003). Early structured literacy instruction is also beneficial for English language learners (ELL) (see D'Angiulli et al., 2004; Lesaux & Siegel, 2003).

Structured literacy is not just phonics, but is multifaceted, supporting the in-depth development of decoding skills, reading and language comprehension, spelling and writing skills (IDA, 2018; Moats, 2019a, 2019b; Spear-Swerling, L. 2018, 2019).

To support the development of decoding/word recognition accuracy and fluency, structured literacy includes the systematic and explicit instruction in the following areas:

- phonology (the structure of language across the speech sound system e.g. phonological awarness)
- handwriting
- orthography (the spelling system e.g. letter-sound knowledge)
- morphology (the meaningful parts of words)
- fluency

Of course, this is in the context of provision of systematic and explicit instruction in the other components of structured literacy, that is, the foundational skills of language comprehension and written expression, including:

- syntax (the structure of sentences)
- vocabulary
- semantics (the relationships among words)
- listening and reading comprehension
- written composition
- organization of spoken and written discourse.

This instruction is the basis for developing accurate and fluent reading, comprehension, spelling and writing skills (IDA, 2018; Birsch, 2011).
2.6 ONTARIO CURRICULUM: THE THREE-CUEING METHOD

The current Grade 1 Language Arts / Reading curriculum (OME, 2006; p. 40) specifies that:

“By the end of Grade 1, students will:

**Reading Unfamiliar Words**

3.2. predict the meaning of and solve unfamiliar words using different types of cues, including:

- **semantic (meaning) cues** (e.g., familiar words, phrases, sentences, and visuals that activate existing knowledge of oral and written language);
- **syntactic (language structure) cues** (e.g., predictable word order, predictable language patterns, punctuation);
- **graphophonic (phonological and graphic) cues** (e.g., blending and segmenting of individual sounds in words; visual features of words such as shape and orientation; sound-letter relationships for initial, final, and medial sounds; onset and rime; common spelling patterns; words within words).

This is known as the “three-cueing System”, which primarily promotes the guessing of unknown words based on semantic (meaning) and syntax (sentence structure). This approach, and programmes based on this approach, are not supported by reading research. Recent critiques of this method have been published by Kilpatrick (2015), Hempenstall (2017), and Seidenberg (2017).

A 2019 radio documentary by Emily Hanford of APM Reports, "At a Loss for Words", provides an excellent summary of the history of the three-cueing system and how it is not supported by the science of reading.

In his review, Kilpatrick (2015) concludes the “three-cueing systems model is inconsistent with research on the nature of reading... The evidence suggests the three-cueing systems approach is not effective with weak and at-risk readers, and it may actually be counterproductive with such students (Tunmer et al., 2002).” For more information and reviews, see [https://www.idaontario.com/literacy-in-ontario-public-schools/](https://www.idaontario.com/literacy-in-ontario-public-schools/).

Historically, it is the student who has been blamed as being ‘unable’ to learn to read, but the evidence is now overwhelming that teaching reading using a structured literacy approach,
which targets the foundational components as per the scientifically accepted reading models, will enable children with dyslexia to read. Children struggling to read for reasons other than dyslexia (e.g., English Language Learners, lower phonological awareness related to early language environment, etc.) also benefit from structured literacy instruction. It is an inclusive instructional design for teaching reading, spelling, and writing, that must be standard in classrooms starting in Kindergarten and throughout elementary school and beyond.

There is evidence that classroom instruction in phonological awareness, phonics, and reading practice, will result in fewer children requiring special education support for reading (French 2017, Kilpatrick, 2015; Lyon et al., 2003; Scanlon et al., 2005; Vellutino et al., 2006). For example, Shapiro & Solity (2008) found that the incidence of reading difficulties was greatly reduced from 20% in comparison schools to 5% in schools where students received a 2-year in-class reading program that included instruction in phonological awareness, phonics, sight vocabulary, and reading.

2.7 EARLY SCREENING AND RESPONSE TO INTERVENTION

*Early screening*

Early identification of risk for dyslexia and effective early interventions are critical to avoid the subsequent consequences of failure to learn to read – poor academic performance, low self-esteem, behavioural issues, and other mental health problems. There is strong evidence that intensive reading interventions are most effective in kindergarten or first grade (see Section 2.8), so early identification of risk for dyslexia or reading failure is critical. The gap in reading skills is smaller in earlier years, so it is easier to bring students foundational skills up to grade-level compared to interventions in the later years. These early interventions change the trajectory for these children. When resolved early, the impact of reading failure on children’s volume of reading experience and vocabulary development can be avoided (Stanovich, 1986). Early identification & intervention also means that children do not suffer the impacts on self-esteem and mental health of years of reading failure.
Early identification is also feasible. Several studies have shown that early measures of risk factors for dyslexia in children as young as three are predictors of reading difficulties in later years (Ozernov-Palchik & Gaab, 2016; Puolakanaho et al., 2007). Such risk factors include a family history of dyslexia and/or deficits in areas of phonological awareness, phonological memory, letter-sound knowledge, and rapid automatized naming.

In Ontario, early screening of all children for risk of dyslexia is not widely used. Instead a ‘wait to fail’ model prevails in most schools. This has devastating results as children are not being identified with reading challenges until they are in Grade 3, 4 or even later. It is not uncommon for a parent to be told that their child cannot receive extra support in reading until they are two years behind in performance. Such an approach is based on out-dated models of reading acquisition, reading failure, and reading instruction.

**Response to Intervention**

A Response to Intervention (RTI) framework incorporates early screening and effective classroom instruction and early intervention (Catts et al., 2015); this approach may also be called a “Tiered Approach to Instruction” or “Multi-tiered Systems of Support” (Robinson & Hutchinson, 2014; Ontario Ministry of Education, 2013a). Instruction in the classroom (Tier 1) would be evidence-based, structured literacy instruction, using differentiated instruction and universal design for learning (UDL). In this approach, early screening and frequent progress monitoring identifies students who are at risk or struggling to acquire foundational reading skills; these students are then provided with small group, more intense instruction, again with evidence-based structured literacy instruction (Tier 2). Students who struggle in Tier 1 and 2 would then be provided Tier 3 intervention – a more intensive, individualized structured literacy intervention, delivered one-to-one if necessary. A psycho-educational assessment can be used at this point to fully assess the learning challenges of these students to better inform instruction and accommodations. Resources are front ended into preventing and remediating reading difficulties early for all students.
The critical point is that **effective, structured literacy instruction must occur in all Tiers**, including the general classroom. All students, including those with or at-risk for dyslexia and other struggling readers, will benefit from the effective implementation of structured literacy instruction in the classroom (Tier 1) which will reduce the number of students requiring Tier 2 and Tier 3 services (French 2017, Kilpatrick, 2015; Lyon et al., 2003; Scanlon et al., 2005; Vellutino et al., 2006).

**Progress monitoring**

Progress monitoring is a critical part of the RTI framework to determine students' response to the classroom instruction and intervention and their rate of improvement. Skills that the students have not mastered are identified and instruction can be modified to target those skills. Progress monitoring should involve assessment of foundational skills, not subjective teacher observations. For struggling readers, assessment based on levelled readers is not appropriate as these assessments are not able to measure the foundational skills required to change the trajectory of struggling readers.

IDA, based on the [IES Practice Guide, Assisting Students Struggling with Reading: Response to Intervention (RTI) and Multi-Tier Intervention in the Primary Grades](https://www.ies.ed.gov/ncee/wwc/Docs/PracticeGuide2018AssistingStudentsStrugglingReadingRTI.pdf) states that progress can be monitored weekly for those receiving intervention, but no less than once per month (see IDA's fact sheet [‘Universal Screening - K-2 Reading’](https://www.idaontario.org/insights-universal-screening-k-2-reading)).

**Early screening and progress monitoring measures**

The International Dyslexia Association (2017) suggests specific measures for early screening for all children and progress monitoring for reading by grade; see Table 1 below.
Regarding the monitoring of oral expressive and receptive language, the IDA Fact Sheet notes that "The assessment of oral expressive and receptive language (including vocabulary, syntax, and comprehension) provides key information in an individual's reading profile and is predictive of reading outcomes. Unfortunately, there are limited measures at the K-2 level to assess these areas for screening purposes. Without such screening measures, testing for expressive and receptive language is usually done in diagnostic evaluations" (Gersten et al., 2008).

### Table 1
Recommended early screening and progress monitoring measures for reading (by grade)

From: IDA Fact Sheet *Universal Screening - K-2 Reading*

<table>
<thead>
<tr>
<th>Grade</th>
<th>Early screening measures</th>
<th>Progress monitoring measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>- phonological awareness including phoneme segmentation&lt;br&gt;- blending, onset, and rime&lt;br&gt;- rapid automatic naming including letter naming fluency&lt;br&gt;- letter-sound association&lt;br&gt;- phonological memory, including non-word repetition</td>
<td>- phonemic awareness measures, especially measures of phoneme segmentation</td>
</tr>
<tr>
<td>Grade 1</td>
<td>- phoneme awareness, specifically phoneme segmentation, blending, and manipulation tasks&lt;br&gt;- letter naming fluency&lt;br&gt;- letter-sound association&lt;br&gt;- phonological memory, including nonword repetition&lt;br&gt;- oral vocabulary&lt;br&gt;- word recognition fluency (i.e., accuracy and rate)&lt;br&gt;- oral reading fluency (added in the middle of Grade 1)</td>
<td>- fluent word recognition&lt;br&gt;- nonword (pseudoword reading)&lt;br&gt;- oral reading fluency (connected text)</td>
</tr>
<tr>
<td>Grade 2</td>
<td>- word identification (including real and nonsense words)&lt;br&gt;- oral reading fluency&lt;br&gt;- reading comprehension</td>
<td>- fluent word recognition&lt;br&gt;- oral reading fluency</td>
</tr>
</tbody>
</table>
Choosing a screener

It is important that a screening tool be well-researched and has been proven to be accurate, valid and reliable.

Following legislation requiring early screening in many U.S. states, various jurisdictions have published lists of recommended ‘early screener’ assessments, such as the SLD/Dyslexia Assessment Resource Guide by the Connecticut State Department of Education (2017), and the Alabama Dyslexia Resource Guide (Appendix A) by the Alabama State Department of Education (2016). Other jurisdictions have also published Dyslexia Handbooks, some of which have screening recommendations - see "Dyslexia in Other Countries" on our website.

Nadine Gaab’s lab at Boston Children’s Hospital has compiled a spreadsheet with detailed information about various early screeners.

Decoding Dyslexia California has also published a summary of screening tools for Universal Screening for Reading Difficulties.

2.8 INTERVENTIONS

Reading interventions based on structured literacy instruction, such as explicit, intensive, and systematic instruction in phonological awareness, phonics, and fluency (including reading practice), are effective in remediating difficulties in accurate and fluent word reading comprehension, and are optimally provided in Kindergarten and/or Grade 1 (in small group or one-on-one) (Foorman et al., 2016; Gersten et al., 2008; Kilpatrick & O’Brien, 2019; NICHHD, 2000; Ozernov-Palchik & Gaab, 2016; Mather & Wendling, 2011; McCutchen et al., 2002; Ozernov-Palchik et al., 2016; Savage et al., 2018; Scanlon et al., 2005; Torgesen, et al., 1999; Torgesen, et al., 2003; Torgesen, 2006, Wanzek & Vaughn, 2007; Wanzek et al., 2013).

For example, in one study across 11 Edmonton schools, the lowest 30 percent of grade 1 readers were provided with about 15 hours of intensive, systematic synthetic phonics intervention. Of 270 at-risk readers, all but 7 caught up to their peers – a reading failure rate of 1% of the population (French, 2017). Similar results were seen with early structured
literacy classroom instruction and interventions among 1000 Kindergarten students in North Vancouver, followed through to grade 2 and beyond (Lesaux & Siegel, 2003).

It is certainly possible to deliver intervention programs in later grades (e.g., Hougen, 2014; Kamil et al., 2008; Moats 2004), however, interventions delivered later are more intensive, timely, and costly – and not as effective, particularly in remediating reading fluency (for summary see, Al Otaiba & Torgesen, 2007). For example, in a study of 172 children involved in small-group reading intervention, children who received intervention earlier (in 1st and 2nd grade) made gains in foundational word reading skills relative to controls of almost twice the magnitude of children receiving intervention in 3rd grade (Lovett et al., 2017).

Various intervention programs are currently in use throughout elementary schools in Ontario; most are implemented in Grades 2-4, beyond the ideal time for intervening. Some schools offer no intervention programs, and there are generally few programs for students in Grades 5-6 and few, if any, reading intervention programmes available in Grades 7-12.

Some programs, such as Fountas & Pinnell Levelled Literacy Instruction (LLI) and Reading Recovery, are based on the three-cueing system, and do not align with structured literacy instruction (e.g., they do not align with the IDA Knowledge and Practice Standards). There is a lack of research supporting their effectiveness with children with dyslexia.

Some programmes, such as SRA Reading Mastery and Corrective Reading, are more phonics-based. They are scripted programmes, but are usually provided by teachers with little training or oversight, and with varying levels of intensity of instruction (lesson frequency and length of programme). These programs are not aligned with typical classroom instruction, so strategies learned in the intervention program are not supported by the classroom teacher.

The Empower reading program is also offered by some schools/school boards. This program does provide intensive (daily) instruction in some of the components of structured literacy (e.g. phonics, fluency) however there are several issues with the program:
• the program is ‘proprietary’ and there is very poor transparency about the program contents and implementation. IDA Ontario has been denied requests to see the program and Empower staff have said that Empower-trained teachers are not allowed to share the proprietary details of the program with classroom teachers (for example, the reading ‘strategies’ that are taught in the programme).

• there is a lack of alignment and consistency with classroom instruction.

• the program is time-limited (i.e. 110 lessons) and there is frequently very little support for students when they have completed the programme.

• IDA Ontario has heard from several professional members who work privately with students who are in or have completed the Empower program. The professionals report students who are still struggling, especially with reading multisyllable words, reading fluency, spelling, and writing, and parents have had to turn to private professionals to provide continued support to their child. While even effective programs will have students who require still more or varied interventions, this does not appear to have been tracked by school boards and higher tiered interventions for these students are not available.

• access to the program is very limited and variable. Typically, a school may have only one group of 6-8 students. Many schools/school boards do not offer the program. Criteria to access the program are not transparent or consistent across schools.

As mentioned by Kilpatrick & O’Brien (2019), most reading programs have no direct research support reported in scientific journals. “This means that educational professionals need to become familiar with the concepts and principles that research has shown to be effective or ineffective ... in order to make more informed decisions when considering various reading programs and interventional approaches”.

**Access to intervention**

Intervention services vary widely across schools and school boards and timely, early access to effective intervention is rare. Often, parents must advocate for their child to get
intervention support. Many schools offer no effective interventions but focus solely on accommodations such as assistive technology and extra time on exams.

Intervention for struggling readers should be provided as soon as students are falling behind in any foundational skills of reading acquisition. In many cases, a formal assessment is not necessary to identify the need for intervention, and in the cases where more detailed assessment is warranted, intervention should not be delayed while waiting for formal assessments. This ensures that interventions occur at a younger age, when they are likely to be the most successful, and the student’s self-esteem and mental health is not impacted by months or years of failure.

According to the Ministry of Education, full psycho-educational assessments are not required to access intervention, as specified in the Policy/Program Memorandum No. 8 (PPM8) – Identification of and Program Planning for Students with Learning Disabilities (OME, 2014).

However, although the PPM8 specifies otherwise, IDA Ontario hears frequently from Ontario parents who have been told that their child must have a diagnosis of a learning disability from a psycho-educational (psych-ed) assessment before they will be considered for any intervention program, in contradiction of the PPM8. Psych-ed assessments can sometimes be obtained through a school board psychologist, however waiting lists can be months or years long, and typically the school recommends private assessments ($3-4K) for parents who can afford it. However, we did hear of one situation where the results of the privately obtained psych-ed assessment were rejected by the school ‘because the parent paid for it and it must be biased’. The Ontario Ministry of Education’s Special Education guidelines require that school board’s Special Education plans must include information about the average wait time for psycho-educational assessments and their policy for managing the wait list, but not all boards provide this information. With private assessments being quite common, the inequities in the Ontario system are compounded.

Another barrier to getting the assessment/diagnosis required by the school is that some psychologists refuse to diagnose learning disabilities before Grade 3 (which is not supported
by the DSM-5 or the OPA guidelines), or in situations where a student has received most of their literacy instruction in a second language.

2.9 TEACHER TRAINING

Teacher knowledge and training is paramount in the successful implementation of structured literacy instruction in the classroom and intervention programmes (Foorman & Moats, 2004; Lane, 2005; McCutchen et al., 2002; Piasta et al., 2009; Spear-Swerling & Brucker, 2004). Currently, teacher training institutions do not adequately prepare teachers in research-based, effective reading instruction or in how to implement RTI practices (Buckingham, 2013, Hurford, et al., 2016; National Council on Teacher Quality, 2006; Spear-Swerling, Brucker & Alfano, 2005; Spear-Swerling & Cheesman, 2012). This has been attributed to adherence to whole-language ideologies and to the lack of scientific rigor in educational research and educational policy (Buckingham, 2013). Information about dyslexia and early screening is also lacking in most teacher training programs (Hurford et al., 2016).

To teach students effectively, teachers need in-depth knowledge about the structure of language, including phonology (the speech-sound system), orthography (the spelling system), morphology, semantics and syntax. Similarly, to teach written expression effectively teachers need a knowledge base about language structure, including sentence and discourse structure (IDA, 2018). As well, teachers much have the knowledge and skills concerning evidence-based instructional approaches to teach students how to read and write.

The International Dyslexia Association has developed Knowledge and Practice Standards for Teachers of Reading (IDA, 2018) that describe the elements of effective reading instruction that teachers need to know. IDA provides individual certification and accreditation for teacher training institutions as per these standards.
2.10 FRENCH AS A SECOND LANGUAGE (FSL)

The Ontario Ministry of Education has published a document in 2015 (OME, 2015) entitled “Including Students with Special Education Needs in French as a Second Language Programs”. The document explains that general policies exist to ensure access to education for students with special education needs, however, in practice, these policies are not necessarily being applied in French as a second language education (p. 14). In the Ministry’s document “A Framework for French as a Second Language” (OME, 2013b), it is stated that “FSL programs are for all students”, however, very little information is provided on how to support students with special education needs besides “becoming familiar with students’ learning styles and preferences, interests, readiness, current level of ability, and factors that motivate their learning” (p. 36).

Many students with dyslexia struggle to learn a second language. Without appropriate structured literacy instruction, many students will struggle to learn to read in both English and French. Often a student may do well learning oral French, but will struggle with reading, spelling, and writing.

Many students with dyslexia are discouraged and/or choose to not access FSL programmes, particularly French immersion (Bourgoin, 2014a). Likewise, many students at-risk for reading problems transfer out of immersion into English-only programs. These students must leave their siblings & friends and sometimes travel to a school outside of their neighbourhood. In addition to losing the opportunity to learn French, they often they suffer the consequences of a two-tier school system (Bourgoin, 2014a; Wise, 2012).

Some researchers have concluded that at-risk students are at no greater risk in immersion than in English-only programs (Genesee, 2012; Bourgoin, 2014a) however is this because the outcome for many at-risk students is poor in either program?

Typically, as with English reading programs, FSL programmes suffer from lack of research-based structured literacy instruction as well as appropriate instructional materials and
decodable texts in French. As with English instruction, the cueing strategies are encouraged (OME, 2015).

Early screening is also important in the FSL setting (Bourgoin, 2014a: Krenca, 2019). Early assessment of literacy skills in English and French can and should be used to identify students at risk of reading difficulties in FSL (Bourgoin, 2012, 2014a,b; Bournot-Trites & Denizot, 2005; Erdos et al., 2010; Jared et al., 2010; MacCoubrey et al 2004; Wise & Chen, 2009). Students thus identified should then be provided with additional instructional and other supports.

Effective interventions for second language learners with reading difficulties that incorporate many of the best practices of interventions for first language readers, such as direct, explicit instruction in phonological awareness, letter-sound correspondences etc., can be successful in addressing deficits and improving reading outcomes (Bourgoin, 2012, 2014b; Genesee, 2007; Wise et al., 2016). However, such programs are rarely available in Ontario schools.

As with English programs, FSL educators must be trained in effective structured literacy instruction methods, early screening and progress monitoring, and implementation of effective intervention programs (Bourgoin, 2014a).

Documents such as “Including Students with Special Education Needs in FSL Programs” and “A Framework for French as a Second Language in Ontario Schools” should include information about the science of reading, structured literacy instruction, early screening, and effective intervention programs pertaining to students with dyslexia (the largest group of special education students).

2.11 DISCRIMINATION AND INEQUITY

All students, including those with dyslexia, are entitled to the necessary instruction required to learn to read and access to French as a second language instruction. In 2012, the Supreme Court of Canada ruled in the Moore case that there was discrimination when a
student with dyslexia was not offered the education to which he was entitled, that is, intensive remediation in learning to read. The Ontario Human Rights Commission recently released the “Policy on Accessible Education for Students with Disabilities” (2018) which includes learning disabilities in the definition of disability (examples include students with ‘dyslexia’). Under the Ontario Human Rights Code, people with disabilities are protected from discrimination in ‘services’ including education services.

Systemic discrimination still exists against students with dyslexia in the Ontario education system, beginning with how reading is taught in the classroom, the lack of early identification of children with or at-risk for reading problems, poor access to early, effective intervention programs and the refusal of the Ontario Ministry of Education and many school boards to recognize and use the term ‘dyslexia.’ Similarly, students with dyslexia are not able to successfully access French language instruction.

There is also great inequity among school boards and schools in availability and quality of early screening, in the identification of dyslexia, and effective reading instruction. Unfortunately, parents are often treated without dignity and denied full participation while advocating for the services and supports that their child with dyslexia needs to succeed at school (Horizon Educational Consulting, 2016). This runs contrary to the Guidelines on Accessible Education (OHRC, 2004) and the Policy on Ableism and Discrimination based on Disability (OHRC, 2016). Furthermore, not all parents can dedicate the time and resources to advocate to the extent necessary for their children.

The term ‘dyslexia’ is absent from most of the Ministry and school board publications, websites and policies, including the Ministry of Education’s Policy/Program Memorandum No. 8 – Identification of and Program Planning for Students with Learning Disabilities (OME, 2014) and the Special Education Policy and Resource Guide (OME, 2017b). As well, many teachers, school administrators, Special Education Advisory Committees (SEACs) will not use the term despite its widespread use by other jurisdictions, institutions and researchers around the world, including in thousands of peer-reviewed research articles.
IDA Ontario knows of parents who have been denied their request that the term ‘dyslexia’ be used on their child’s IEP. We know of a student who requested that the teachers and school use the term ‘dyslexia’ not ‘learning disability’ when addressing the student and in documentation, but they refused because they don’t believe it exists. It seems a violation of human dignity that the school staff can insist on the use of a label that the individual rejects. Furthermore, when the term “dyslexia” is withheld within the education system, parents are denied access to valuable community resources, such as professional service providers, literature and support groups, to help them understand, advocate for, and support their child.

In summary, there is systemic discrimination in not acknowledging that dyslexia is a completely acceptable term to describe a very real learning disability, which is one of the disability categories covered by the Ontario Human Rights Code.
2.12 OTHER JURISDICTIONS


Many jurisdictions outside Canada have implemented legislation mandating dyslexia awareness training, early screening and identification, and appropriate, effective structured literacy instruction. In the U.S., at least 43 states have passed or are about to pass dyslexia legislation. Many states have developed handbooks, guides or reports related to implementation of dyslexia-related legislation. Numerous other organizations around the world have called for dyslexia awareness training, early screening and effective literacy instruction (Decoding Dyslexia Ontario, Dyslexia Canada, Decoding Dyslexia, Australian Federation of Specific Learning Difficulties Association, Learning Disabilities Association of Australia, National Council on Teacher Quality).

These efforts demonstrate the need to improve literacy instruction for students with dyslexia in the classroom and identify the students who need more support, so all students can embrace their “Right to Read”.

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