Indiana Association of School Psychologists

Dyslexia Position Statement

The National Association of School Psychologists (NASP) and the Indiana Association of School Psychologists (IASP) endorse the provision of “effective services to help children and youth succeed academically, socially, behaviorally, and emotionally” (Standards for Graduate Preparation of School Psychologists, 2010b, p. 1). NASP and IASP’s position is that identification of and service delivery to children identified as having a specific learning disability (SLD) should be based on the outcomes of multi-tiered, high quality, research-based instruction. Such instruction best occurs in the least restrictive environment and is accompanied by regular data collection. School psychologists have long had a prominent role as members of school teams that identify students exhibiting SLD. Accordingly, NASP and IASP are dedicated to promoting policies and practices that are consistent with scientific research and that yield optimal student outcomes.

According to Indiana Code Title 20. Education § 20-18-2-3.5 “Dyslexia” means a specific learning disability that:

1. is neurological in origin and characterized by:
   - (A) difficulties with accurate or fluent word recognition; and
   - (B) poor spelling and decoding abilities;
2. typically results 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;
3. may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge; and
4. may require the provision of special education services after an eligibility determination is made in accordance with 511 IAC 7-40.

Dyslexia is commonly misunderstood as primarily letter and word reversals in reading and writing. However, it is often developmentally typical of children before the age of eight or nine to exhibit letter and word reversals. Reversals may indicate that orthographic representations (i.e., letter forms and spellings of words) have not been mastered, not that a child necessarily has dyslexia (Adams, 1990).

IASP believes learning differences related to dyslexia do not always require the provision of special education services and should first be addressed at the general education level through Multi-Tiered Systems of Support (MTSS). Appropriate screening of risk factors for dyslexia should be implemented at the general education level to determine an individual student’s need
for appropriate research-based interventions. When data suggests a lack of appropriate progress given research-based interventions, the public agency may determine that there is evidence to support completing a comprehensive psychoeducational evaluation, including components that address the distinct skill deficits associated with dyslexia, such as phonological processing/auditory processing, visual-spatial processing/orthographic skills, rapid naming, decoding, basic reading skills, reading fluency, reading comprehension, and spelling.

IASP believes the term dyslexia may be referenced in a report if assessment data indicate the presence of the specific skill deficits that are definitive of that disorder. Students with dyslexia may be found eligible for special education and related services under the category of Specific Learning Disability if the student’s Case Conference Committee determines the disability or impairment adversely affects the student’s educational performance and by reason thereof the student needs special education and related services. (7-32-34, 7-41-12) Specially designed instruction to address the student’s specific skill deficits should be defined and developed by the Case Conference Committee with appropriate provisions and accommodations within an Individual Education Plan.

References:


