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Issue 26



Vision & Purpose of the Iowa Branch of IDA:

- To increase awareness of dyslexia and promote services that address the importance of diagnosis and remediation for those who are not meeting their reading potential
- in a way that promotes unity, support and cooperation among those who work with these individuals
- so that all communities in Iowa benefit from the skills and talents of its citizens

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Iowa Branch News

In Memory of Samuel Orton

The President's Letter by Terri Petersen, IDA-IA Branch President

Dear Members and
Friends of IDA,

I have just returned from the International Dyslexia Association conference in Indianapolis, and what a great way to be renewed! Workshops and Symposiums were outstanding leading me to believe that we are making great strides in education, but we are also still facing some severe challenges.

It was interesting hearing the various ways of handling "Differentiated Instruction" in order to satisfy the new models of meeting the needs of children outside of Special Education. One is constantly reminded that we need to think outside of the norm, and in my case back to the '60's when we were doing differentiated instruction and didn't realize it!

Which all caused me to start wondering why "No Child Left Behind" has become such a big deal. When did we stop wanting to see each child have at least a year's growth? When did we stop wanting to meet the needs of all of the children in our room? When did we not want the kids to meet all of the objectives of our grade level? When did we stop testing to see if kids were actually learning?

I don't think that we ever did, but it does occur to me that we seem to have gotten away from one very important educational truth and that is that "not all children learn in the same way" and therefore we cannot teach in the same way to all children.

As I travel through various school districts, this is the one thing I see that perplexes me. When we wed ourselves to one "program" it seems that we automatically jeopardize the success of some children because they are not able to respond to that program. Joseph Torgeson expressed it well in his workshop involving the Florida schools. Differentiated instruction may well mean that you have differentiated programs in your room. He gave some great examples of why not all children will respond to "Guided Reading," for instance, without first having direct instruction in reading skills. Check out his web site, the Florida Center for Reading Research: www.fcrr.org for many interesting ideas regarding the latest in reading research.

Next year's conference is in Dallas! A great opportunity to learn . . . and did I mention that I won 2nd prize in the fund raiser? – two round trip airline tickets to anyplace in the U.S.!

Terri Petersen
IDA-IA President

You Are Invited to Meet Dr. Judith Birsh

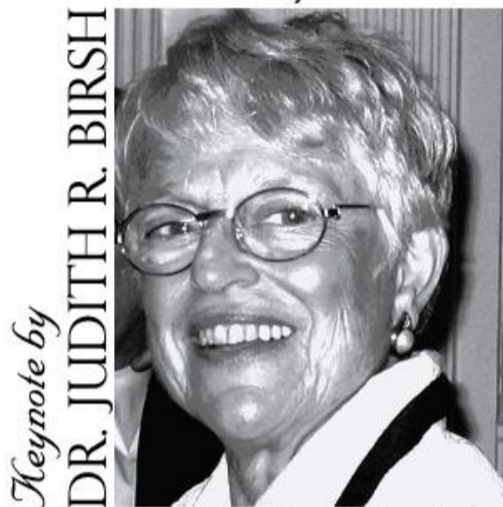
Judith R. Birsh, Ed.D. received her undergraduate degree from Vassar College, and her masters degree and doctorate from Teachers College, Columbia University. She was founder and director of the Multisensory Teaching of Basic Language Skills program from 1985 until 2000 at Teachers College, Columbia University, in the Department of Curriculum and Teaching, Program in Learning Disabilities. Her primary interests are the teaching of literacy skills and the preparation of teachers who work with students with dyslexia. She is a consultant to public and private schools as well as a Certified Academic Language Therapist and Qualified Instructor. She recently served for three years as the President of the New York Branch of the International Dyslexia Association.

Dr. Birsh is the editor of both the first and second editions of *Multisensory Teaching of Basic Language Skills* (2005) and co-author of *Multisensory Teaching of Basic Language Skills Activity Book* (2005) with Suzanne Carreker. She was educational consultant on two videotape series for teachers and parents for Vineyard Video Productions, *Teaching the Learning Disabled: Study Skills and Learning Strategies* (1991) and *Learning Disabilities/Learning Abilities*, (1997). She was the 1995 recipient of New York Branch of the International Dyslexia Association award for achievement in the field of dyslexia education.

Multisensory Learning

2007 Conference

It's Never too Early. It's Never too Late.



Mt. Mercy College
Cedar Rapids, IA

Save the Date
April 14, 2007
8:00-3:30

Editor of the first and second editions of

Multisensory Teaching of Basic Language Skills (2005)

and co-author of

Multisensory Teaching of Basic Language Skills Activity Book (2005).

Certified Academic Language Therapist and Qualified Instructor.

The
International
DYSLEXIA
Association

Founder and Director of the Multisensory Teaching of Basic Language Skills program at the Teachers College, Columbia University,

April 14, 2007
8:00 AM - 3:30 PM

Help, Now That Parent/Teacher Conferences are Over, Should I Test?

What is dyslexia?

Dyslexia is often referred to as a language based learning disability. It is the most common form of learning disability. Approximately 15-20% of the population has a learning disability and The National Institutes of Health report that 60% to 80% of those with learning disabilities have problems with reading and language skills. Individuals with dyslexia usually have difficulty with either receptive oral language skills, expressive oral language skills, reading, spelling, or written expression.

Dyslexia varies in degrees of severity. The prognosis depends on the severity of the disability, specific patterns of strengths and weaknesses with the individual, and the appropriateness of the intervention. It is not a result of lack of motivation, sensory impairment, inadequate instruction, environmental opportunities, low intelligence, or other limiting conditions. It is a condition which is neurologically based and often appears in families. Individuals with dyslexia respond successfully to timely and appropriate intervention.



Why is an evaluation important?

If you suspect dyslexia, it is important to have an evaluation to better understand the problem. Test results determine eligibility for special education services in various states, and they also determine eligibility for programs in colleges and universities. They provide a basis for making educational recommendations and determine the baseline from which remediation programs will be evaluated.

At what age should an individual be tested for dyslexia?

Individuals may be tested for dyslexia at any age. Tests which are selected will vary according to the age of the individual. Young children may be tested for phonological processing, receptive and expressive language abilities, and the ability to make sound/symbol

associations. When problems are found in these areas remediation can begin immediately. A diagnosis of dyslexia need not be made in order to offer early intervention in reading instruction.

Who is qualified to make the diagnosis of dyslexia?

Professionals who possess expertise in several disciplines are best qualified to make a diagnosis of dyslexia. The testing may be done by a single individual or by a team of specialists. A knowledge and background in psychology, reading, language and education is necessary. The tester must have knowledge of how individuals learn to read and why some people have trouble learning to read, and must also understand how to measure appropriate reading interventions is necessary to make recommendations.

What test is used to identify dyslexia?

There is no one single test which can be used to test for dyslexia. A battery of tests must be administered. Tests should be chosen on the basis of their measurement properties and their potential to address referral issues. Various tests may be used but the components of a good assessment should remain constant. Tests which measure expressive oral language, expressive written language, receptive oral language, receptive written language, intellectual functioning, cognitive processing, and educational achievement must be administered.

What should an evaluation include?

The expert evaluator will conduct a comprehensive assessment to determine whether the person's learning problems may be related to other disorders. Attention deficit hyperactivity disorder (ADHD), affective disorders (anxiety, depression), central auditory processing dysfunction, pervasive developmental disorders, and physical or sensory impairments are among the other causes of learning problems that a competent evaluator will consider in making the diagnosis of dyslexia.

Should I Test? (cont'd from page three)

The following elements should be included in an assessment for dyslexia:

- 1) a developmental, medical, behavioral, academic and family history,
- 2) a measure of general intellectual functioning
- 3) information on cognitive processing (language, memory, auditory processing, visual processing, visual motor integration, reasoning abilities, and executive functioning),
- 4) tests of specific oral language skills related to reading and writing success to include tests of phonological processing,
- 5) educational tests to determine level of functioning in basic skill areas of reading, spelling, written language, and math -- testing in reading/writing should include the following measures:
 - single word decoding of both real and nonsense words,
 - oral and silent reading in context (evaluate rate, fluency, comprehension and accuracy),
 - reading comprehension,
 - dictated spelling test,
 - written expression: sentence writing as well as story or essay writing, handwriting,
- 6) a classroom observation, and a review of the language arts curriculum for the school-aged child to assess remediation programs which have been tried.



should take place when the evaluation is completed. This meeting should include the student's teachers, parents, and individuals who did the testing. When there is a reading problem, the report should suggest recommendations for specific intervention techniques. This instruction should be provided by skilled teachers, specifically trained in structured language, multisensory programs.

Dyslexic adults should receive specific suggestions for coping strategies and remediation. Additional help to implement these strategies and recommendations can also be considered. If the testing was done in connection with a current professional problem, the report should include specific suggestions for modifications and accommodations related to job performance.

How long does testing take?

An average test battery will take approximately three hours. Sometimes it will be necessary to conduct the testing in more than one session, particularly in the case of a young child whose attention span is very short. The extent of the evaluation is based on clinical judgment.

Results of Testing

Individuals with Disabilities Education Act (IDEA) provides for free testing and special education for children attending public school. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) provide protection against discrimination in federally funded programs for individuals who meet the criteria for qualification. This includes individuals diagnosed with dyslexia.

The International Dyslexia Association (IDA) thanks Lorna Kaufman, Ph.D. for her assistance in the preparation of this fact sheet.

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What happens after the evaluation?

Discuss the test results with the individual who did the testing. You should receive a written report consisting of both the test scores as well as an explanation of the results of the testing. Administered tests should be specified. The strengths and weaknesses of the individual should be explained and specific recommendations should be made.

In the case of school-aged students, a team meeting

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DeWitt, Iowa

IDA-Iowa Provides a Tutoring List

ALGONA

- Bangert, Susan (515) 295-7784
- Great Minds Learning Center (Susan Bangert) (515) 295-4292

AMES

- Atkins, Barb (515) 292-3779

ANAMOSA

- Sanborn, Richard (319) 821-1289

CEDAR FALLS

- Sawin, Alice (319) 266-5975

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- Bordignon, Cathy (319) 363-8291

- Hawkins, Karen (319) 558-2452

- Hofmann, Sally (319) 363-8092

- Julson, Karen (319) 294-3628

- Kinkead, Mary (319) 632-3021

- Little, Denise (319) 366-3759

- Luedtka, Ann (319) 366-4711

- McCammant, Christy (319) 330-3762
- McGuire, Dr. Patricia, MD (319) 365-1006
- Menken, Susanne (319) 364-8773

- Parsley, Sherry (319) 743-3598

- Ritonya, Alma (319) 265-0064

- Summit Schools (319) 377-0700

- Ulrich, Kathy (319) 365-2702

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- Laughlin, Patricia (319) 243-6444

- Reyes-Fry, Claudia (563) 242-2429

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- Wiese, Barbara (563) 659-3937

DUBUQUE

- Conklin, Marilyn (319) 583-0538

- Shaw, Donna (563) 556-0655

Gilbertville

- Rosauer, Janice rosauer@mchsi.com

IOWA CITY

- Hanson-Dixon, LeeAnn (319) 351-5550

- Richman, Dr. Lynn (U of I) (319) 356-2434

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- Arnold, Cindy (319) 447-4911

- Dolphin, Audrey (319) 373-1964

- Holmes, Denise (319) 310-0420

- Petersen, Theresea (319) 362-0766

- Yanecek, Lori (319) 329-2877

Moville

- Metcalf, Susan (712) 873-3011

Mount Auburn

- Winters, Doris (319) 475-2342

OLON

- Robards, Jan (319) 841-9007

WEST LIBERTY

- Ruess, Emily (319) 530-3425

If you would like to be added to this list email Kathy Conrad: conradrl@mchsi.com.

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