

Dyslexia Information for Covington Community School Corporation



Indiana Code [IC 20-35.5](#), requires all school corporations and charter schools to administer a universal screener for learning characteristics related to dyslexia within the first 90 days of school. All students in kindergarten, grade one, and grade two will be given the screener within the first 90 days of school. 3rd-5th grade students are selected for the universal screener by teacher request, review of student benchmark scores in reading, and student progress. Parents of students who are determined to be “at risk” or “at some risk” for learning characteristics related to dyslexia will be notified of screener results and be asked for permission to administer Level 1 diagnostic testing to see if the student needs interventions to assist with these “at risk” characteristics. It also requires schools to use specific response to intervention processes if screeners indicate certain characteristics of dyslexia are present. Parents of students who are not at risk will be notified of screener results and will resume regular instruction.

**This will not be a diagnosis of dyslexia but be a result that student may show characteristics. Such possible characteristics can be helped with dyslexia intervention programs. Students showing characteristics after Level 1 will receive direct explicit instruction using such a program. More information about this is listed further in this document. Again, this will not be a diagnosis of dyslexia but rather a sign of possible characteristics. Dyslexia is a medical diagnosis.

Dyslexia as defined by [IC 20-18-2-3.5](#) is 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.

In accordance with IC-20-35.5-6-2, Covington Elementary School now has an authorized reading specialist trained in dyslexia. **Jodi Snyder** is the Dyslexia Reading Specialist for Covington

Elementary School. In accordance with this new law, each school corporation and charter school shall report on the school corporation or charter school's website the following information:

What intervention programs are used to assist students with characteristics of dyslexia?

Dyslexia intervention programs must have explicit direction and instruction that is systematic, sequential, and cumulative. Instruction that follows a logical plan of presenting the alphabetic principle that targets the specific needs of the student without presuming prior skills or knowledge of the student. It must use meaning based instruction that is directed at purposeful reading and writing. Instruction that incorporates the simultaneous use of two (2) or more sensory pathways during the presentation of instruction and student practice. It is also important to keep in mind that the dyslexia program should be research based and be offered in a setting that also teaches the five (5) components of literacy.

Brain Based Literacy Instruction

Roxie Reading is Covington Elementary's phonics and spelling curriculum in grades K, 1 & 2. This curriculum meets the explicit instruction requirements from the state. Every kindergarten, 1st & 2nd grade classroom does at least 30 minutes of Roxie Reading daily. *RoxieReading** is a unique program that teaches the skills in reading in the same order the brain uses to process words. Click here for more details on Brain Based Literacy Instruction/ Roxie Reading.

<https://roxiereading.com/>.

All of our K-2 teachers have completed a 30 hour course to teach them about Dyslexia and learn the Brain Based Literacy Method of teaching phonics. This curriculum is in compliance with the Science of Reading mandates by the state of Indiana. We use this curriculum in our K-2 classes now on a daily basis to teach phonics. This really gives all students a chance to learn using a multi sensory approach and helps catch those students who may have dyslexic tendencies. We also have our 40 minute tier groups that meet 5 days a week in addition to our 90 minute reading block to help catch up and address gaps with our young readers.

School systems **will not** be diagnosing dyslexia, but will focus on finding and supporting students who are "at some risk" or "at risk" for characteristics related to dyslexia. The goal is to provide early intervention to students who show characteristics of dyslexia. Required screeners, teacher training, and intervention programs will continue to maximize learning in Covington Community Schools.

Please contact Jodi Snyder (765)793-2254 or snyderj@covington.k12.in.us with any questions you may have. [Click here to visit the IDOE website for more information on the new Indiana dyslexia law.](#)

*Attached is a list of skills that are tested during dyslexia universal screening and the definition.

This test consist of:

*finding rhyming words

*identifying beginning, middle, and ending sounds

*Identifying number of syllables in given words

*substitution and deletion of beginning, middle and ending sounds

What is alphabet knowledge?

Children's knowledge of letter names and shapes is a strong predictor of their success in learning to read. Knowing letter names is strongly related to children's ability to remember the forms of written words and their ability to treat words as sequences of letters.

This test is a prompt telling the student to click on the letter that is given by the speaker.

Example: "Click on the letter b. This tests capital and lowercase letters.

What is sound/symbol relationship?

One of the first skills that young children learn at school, is to recognize sound/symbol relationships. That is the connection between the sounds made by the letters and the letter names. Understanding sound/symbol relationships is a vital step in becoming independent with reading and writing. This test gives students a sound and the student must pick the letter that represents it.

What is decoding?

Decoding is the ability to apply your knowledge of letter/sound relationships, including knowledge of letter patterns, to correctly pronounce written words. Understanding these relationships gives children the ability to recognize familiar words quickly and to figure out words they haven't seen before. This test gives students parts of a word and students must select the picture of the word that is represented correctly.

What is encoding?

Decoding involves translating printed words to sounds or reading. Encoding is just the opposite: using individual sounds to build and write words. To master sound/symbol association children must understand that there is a correspondence between letters and sounds. This test gives a student a word and the student must select the letters that are used to write the word.

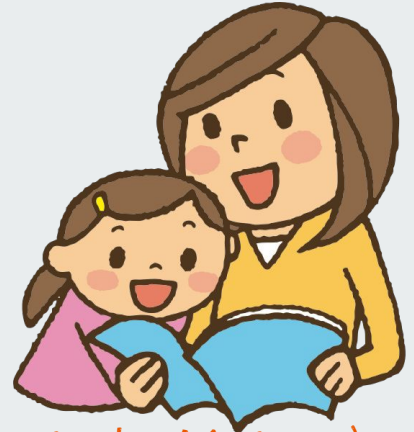
What is rapid naming?

Sometimes referred to as rapid naming, RAN (Rapid Automatized Naming) refers to the skill of quickly accessing presumably rote information (numbers, letters, colors or object.) Students slower than average with RAN typically struggle with word-level reading.

This test has students record themselves naming objects on a page.

CES 2023-2024

Dyslexia Information



★Dyslexia Specialist:

Jodi Snyder (Snyderj@covington.k12.in.us)

★Universal Screener:

NWEA Map Reading Fluency

★# of students who were given the Universal Screener (All K-2 are mandatory by state)

222

★Number of students identified to Receive Level 1 Screening:

29

★Level 1 Screener:

DIBELS 8th Edition

★# of students that received dyslexia intervention: 29

★Intervention used:

Roxie Reading (Teaching Basics)

★# of students identified to Level 2 screening:

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