



UNIT-6

Supporting children with Dyslexia

Learning Outcomes

By the end of this unit the learner will be able to:

- ✓ Understand the difficulties encountered by children with dyslexia
- ✓ Discuss the various signs and symptoms of dyslexia in children
- ✓ Support and assist children with dyslexia in the classroom



Unit 6

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Introduction

The extent to which a dyslexic child experiences difficulties with speaking, spelling, reading and writing differs significantly from one individual to the next. Dyslexia occurs when the brain development of a child differs from what's considered the conventional 'norm' – these developmental differences determining the degree of difficulty they may face and with which competencies.

Though what's important to note is that the brain of a dyslexic individual is typically considered normal, in terms of intelligence and general capacity for learning. Those who experience difficulties with speaking, spelling, reading and writing may excel in other areas *beyond* accepted norms.

One of the biggest issues with dyslexia being that the important and often significant differences in difficulties experienced by those concerned may go overlooked or ignored, until a relatively late stage. By which point, the condition may have already had a significant impact on both their development and their general wellbeing.

This is where the importance of building a detailed knowledge and understanding of the complexities of dyslexia lies. Whether working as a qualified teacher or as a teaching assistant, an understanding of fundamental dyslexia concepts will enable you to provide the support and encouragement dyslexic children need to reach their full potential.

What is Dyslexia?

Dyslexia is defined in different ways by different people, though is formally defined by the International Dyslexia Association as follows:

“Dyslexia is a specific learning disability that is neurological 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 the growth of vocabulary and background knowledge.”

Roughly summarised, dyslexia is a type of disability that affects an individual's capacity to develop and utilise language skills. Dyslexia is characterised by an extensive range of (often interconnected) symptoms, which can make it difficult for those affected to read, write or speak with confidence. Reading and writing difficulties are the most common symptoms of dyslexia, though dyslexic children may also find it difficult to pronounce words properly and communicate in general.

By its very nature, dyslexia is a condition that can make it extremely challenging for the individual in question to succeed in an academic setting. Where dyslexia is particularly severe, the pupil in question may need special educational support and additional services, which go beyond those typically offered in a traditional educational environment.

What is the Cause of Dyslexia?

Dyslexia affects millions of children and adults worldwide, though in terms of its exact cause remains something of a mystery. Extensive studies have shown that the brains of dyslexic individuals develop differently to those who do not have the condition, though this does not explain why the individual in question developed the condition in the first place.

It has, however, been confirmed that there is no correlation between dyslexia and the broader intelligence



level or desire to learn of the individual affected.

Dyslexia is a condition that can affect any person from any background, irrespective of their intelligence level or academic ambition. Even where cases of dyslexia are relatively advanced, those affected can be exceptionally gifted in other subjects and areas. For example, it's not uncommon for a dyslexic individual to excel in sports, computer science, mathematics, art, science and so on.

Research also suggests that children whose parents, grandparents or siblings are affected by dyslexia are more likely to be dyslexic than those with no family history of the condition. Dyslexia is typically identified at a relatively early stage of childhood, though in some instances goes unnoticed or overlooked until the person in question reaches adulthood.

What are the Effects of Dyslexia?

Cases of dyslexia can be almost undetectable or catastrophically life-affecting. The severity and resulting effects of the condition vary significantly from one individual to the next. This being one of the main complications associated with dyslexia and the provision of appropriate support – no two cases are ever the same.

The primary difficulties associated with dyslexia involve reading fluency, word recognition, spelling, reading and writing. In some instances, dyslexic children face few difficulties during early-stage language development, only to experience extreme difficulties when introduced to more complex language skills at a later point in their education.

While some struggle more with reading or writing, others face extreme difficulties with pronunciation and verbal communication in general. Again, to very different extents, from one individual to the next. Though where verbal communication issues occur, those affected may find it difficult or impossible to both express themselves and comprehend the spoken language of others.

The Most Common Dyslexia Myths and Misconceptions

Most people who think they understand the basics of dyslexia aren't quite as well informed as they think they are. The reason being that there is a long list of dangerous and counterproductive misconceptions about dyslexia, which continues to perpetuate even today.

For example, it is wrong to call dyslexia a 'disease' or to suggest it is something that can be 'cured'. In addition, the assumption that dyslexic individuals are of a lower intelligence level is completely unfounded – it's often the exact *opposite*.

There are also those who inaccurately associate any issues encountered with spelling, grammar or reading comprehension with dyslexia. The truth of the matter being that just because an individual struggles with language or literary skills does not mean they are dyslexic.

But at the same time, accurately identifying and diagnosing a true case of dyslexia can be surprisingly difficult.

Signs and Symptoms of Dyslexia

Learning how to spot the potential signs and symptoms of dyslexia is the first step on the journey to helping those affected. As with all learning disabilities and classroom challenges, it is essential to ensure that a diagnosis is reached as early as possible, in order to provide the child affected with the tailored support they need.

Just a few of the most common signs and symptoms of dyslexia in children include the following:

- Difficulties with verbal communication
- Ongoing issues with pronunciation
- Problems memorizing number facts
- Inability to learn a foreign language
- Difficulties making sense of maths problems



- Issues organising spoken and written language
- The inability to read at an appropriate speed
- Severe difficulties with spelling
- Falling behind on reading assignments

With children of nursery or primary school age, additional signs and symptoms that may indicate dyslexia include the following:

- Problems memorising sequences like days of the week
- The inability to remember or recite the alphabet
- Lack of recognition that certain words rhyme with each other
- Difficulties with rudimentary pronunciation
- Trouble clapping in time with the rhythm of songs or music
- Issues remember the names of people and places
- Problems with the interpretation of verbal instructions

There are also several more general (non-academic) signs that may be indicative of a case of dyslexia. Key examples of which include:

- The use of bizarre spellings and words that do not exist
- Apparent short-term memory issues
- Difficulties organising personal items and belongings
- Ongoing tiredness, lethargy and apparent laziness
- A poor sense of time and the inability to meet deadlines
- Issues with sense of direction and coordination
- Behavioural issues attributed to anger or frustration
- Lack of motivation and self-esteem
- Shyness, irritability and an unwillingness to communicate

In all instances, none of these symptoms or any combination thereof represents confirmation of dyslexia in its own right. Dyslexia can only be diagnosed by way of a formal testing and evaluation procedure, conducted by a suitably qualified and experience professional.

It's also important to note that a relatively high proportion of children diagnosed with dyslexia are also diagnosed (previously or subsequently) with another learning disability. For example, up to 30% of dyslexic children are also diagnosed with ADHD. Though in all instances, neither condition is considered the direct or indirect cause of the other.

Self-Esteem and Confidence Issues

Along with its obvious impact on a child's education and language development, dyslexia can also have a devastating impact on an individual's confidence and self-esteem. Despite the fact that there is no correlation whatsoever between dyslexia and intelligence, children with dyslexia often feel less intelligent than their peers and may encounter prejudice or bullying. Low self-esteem can make it difficult or impossible for them to take an active and motivated interest in their education in general.

In order for a dyslexic child to succeed at school, they need to be provided with the support and reassurance needed to fulfil their potential. Rather than feeling incompetent, powerless and unintelligent, dyslexic children must be proactively empowered with the confidence and motivation needed to succeed.

Studies have shown that when the average pupil or student succeeds, they attribute their success to their



hard work and effort. By contrast, when dyslexic learners succeed, they most commonly credit their success to pure luck. More importantly, dyslexic children who develop a strong sense of inferiority and failure usually do so before they reach 10 years of age. By which point, it can be exceptionally challenging to turn things around and improve their confidence, motivation and self-esteem.

An unfortunate finding that illustrates just how important it is to identify dyslexia at the earliest possible stage and provide all the support the child needs accordingly.

Depression and Anxiety

Even when a case of dyslexia is relatively moderate in terms of severity, it can still cause severe anxiety and depression in those affected. But what's important to note in this instance is the way in which children with depression experience and exhibit different symptoms to adults affected by depression. Rather than appearing sad, apathetic, lazy and lethargic, children with depression often misbehave and push the limits of what they can get away with to hide their true feelings.

There are, however, several important similarities between depressed children and depressed adults, which include the following:

- Those affected have a negative image of themselves, often considering themselves to be worthless or a failure.
- They also have a negative view of the world in general, getting little to no enjoyment out of life and finding it hard to have fun.
- Depressed adults and children alike cannot envisage a bright or positive future, instead expecting to continue failing.

Depression can be catastrophically life-affecting at any age, though has the potential to be particularly problematic when experienced by a child or adolescent.

What Teachers and Teaching Assistants Can do to Help

Evidence has shown that when the appropriate support is provided by teachers and teaching assistants, children diagnosed with dyslexia are far more likely to be successful in school.

It is therefore the obligation of all teachers and teaching assistants to ensure the necessary support is provided, which means focusing heavily on the following:

- Encourage children with dyslexia to talk about their feelings and make every effort to see things from their perspective. As it can be difficult for a dyslexic child to express what they're feeling, you'll need to provide plenty of support and encouragement.
- Progress should be prioritised over grades and results, when working with children with dyslexia. This means recognising and rewarding all efforts and progress made along the way, as opposed to focusing too heavily on the final result.
- Difficult and occasionally unacceptable behaviour occasionally need to be dealt with along the way, but it is important to avoid any words or phrasing that could further harm their self-esteem – lazy, failure, stupid etc.
- Children with dyslexia should always be encouraged to establish realistic and reachable objectives, which when achieved will instil them with a feeling of success, accomplishment and the motivation to continue.

Most importantly, it is essential to invest as much time and effort as necessary in the child affected by dyslexia, in order to provide them with the ongoing one-on-one support needed to succeed. This will always include working closely with parents and other personnel – all of whom will play an equally important role in the child's education and development.



Tools, Tips and Strategies for the Classroom

Allowances and accommodations must become a standard part of the classroom environment, in order to ensure children with dyslexia are appropriately supported. It is the responsibility of teachers and teaching assistants to foster a flexible and inclusive learning environment, which doesn't disproportionately favour children who do not encounter any identifiable learning difficulties.

Classroom Materials

For example, much of the time children spend in a classroom will involve interactions with various materials. Children of all ages will always learn in different ways and at a different pace, but it is nonetheless important to factor the unique needs of dyslexic learners into the equation.

Examples of accommodations and modifications that can be made involving classroom materials include the following:

- **Simplification of written instructions.** If an exercise involves the provision of written instructions, simplification or clarification can make the exercise easier for a dyslexic child. Rewriting the written instructions entirely is the best option, though it can also be helpful to highlight or underline the most important parts.
- **Present work in stages.** A dyslexic child may be overwhelmed by the prospect of how much work needs to be done, which is why it can be helpful to present them with smaller tasks one at a time. Instead of handing the child an entire workbook and directing them to Page 10, try handing them a photocopy of Page 10 on its own.
- **Help them stay focused.** Remove or hide all unnecessary distractions from pages and workbooks handed to learners who find it difficult to stay focused. It can also be useful to print materials in larger fonts and avoid typefaces that may be difficult for the child to make sense of.
- **Highlight important extracts.** As with written instructions, it can also be helpful to highlight important extracts and essential information in a textbook or worksheet, so that they can be easily identified and understood by the learner.
- **Include a glossary.** As the as the dyslexic learner may encounter difficulties deciphering the meaning of the more complex terminology in a task or workbook, the inclusion of a basic glossary of terms can be extremely useful.
- **Audible recordings.** Depending on the nature of the task, it can also be useful and helpful to provide the child with an audio recording of the text, which they can listen to using headphones while reading the written content. Some dyslexic children struggle with reading, though have perfectly adept listening comprehension skills.
- **Use technology to your advantage.** The use of laptops, tablets, PCs and so on can all be beneficial when educating dyslexia learners, who may benefit from functionalities like text to speech, dictionaries, spellers and so on.

Interactive Instruction

Difficulties may also be encountered by dyslexic children where interactive instructional activities are concerned. Communicating instructions clearly to an entire class of pupils with different learning styles and capacities is always challenging, though can be particularly difficult when working with dyslexic pupils.

Where there are dyslexia could learners in the group, the following tips and guidelines may prove helpful:

- **Keep it simple.** Where possible, do what you can to simplify your instructions and verbal interactions, keeping things as clear and concise as possible. It's also worth repeating your



instructions at least once, for the benefit of those who may not have fully understood you the first time around.

- **Write key points down.** Highlight the most important aspects of your instructions and verbal directions in writing on the blackboard. Provide a clear visual reference of the primary points of your spoken instructions.
- **Provide lesson notes.** Children who find it difficult to keep up during presentations or when given verbal instructions can benefit from a copy of the lesson notes, which should be handed out at the beginning of the class with a breakdown of the lesson plan.
- **Use visual aids.** When providing instructions for conducting a presentation of any kind, use visual aids such as pictures, colour-coded words and so on to make the interaction as easy to understand as possible.
- **Step-by-step instruction.** When presenting something even remotely in-depth or complicated, ensure it is presented in sequential steps that are as small and digestible as possible. Ensure each step/stage is fully comprehended, before moving on to the next.
- **Lesson structure.** By getting into a regular and predictable routine – i.e. certain activities on certain days at certain times – *all* pupils will know what to expect and when, which will make it easier for them to gain the maximum value from their time in class.
- **Verify understanding.** Rather than assuming your instructions have been understood by everyone, ask those you expect may be struggling directly if they require verification. Not in front of the whole class in an intimidating way, but discreetly on a one-to-one basis after providing your instructions.

Pupil Performance

The classroom performance of no two pupils is ever identical. The same is also true where dyslexic learners are concerned, who in all instances struggle in certain areas and excel in others. The capacity of a dyslexic learner to process visual or auditory information will always be unique to them, which is why appropriate allowances must be made in the classroom.

Steps that should be taken to enhance pupils' performance will vary in accordance with the nature and severity of the case in question. Though in most instances, one or more of the following may prove beneficial for learners struggling with dyslexia:

- **Different testing formats.** Where a dyslexic child may find it impossible to provide a detailed written response to a question, they may easily be able to indicate the correct answer as part of a multiple-choice test. Or perhaps, an exercise where pupils are required to fill in the blanks, rather than pen complete answers from scratch.
- **Provide lesson plans.** As touched upon above, it can be extremely helpful for pupils with learning difficulties to be presented with a lesson plan at the beginning of each session. This ensures they know exactly what to expect next and are never taken by surprise with an exercise or activity they hadn't anticipated.
- **Encourage the use of learning aids.** This could be anything from a calculator to a dictionary to a tablet computer, if its incorporation could help the child in question with any given exercise or evaluation.
- **Provide samples of work.** Rather than expecting pupils to accurately visualise the final result you expect from them, it can be much more helpful to provide samples of completed projects and



assignments. This will give them a clearer indication of what's expected of them, along with the opportunity to ask questions and seek clarification if necessary.

- **The buddy system.** Peer-mediated learning is the technical term given to the strategic partnering of pupils with different ability levels. Oftentimes, dyslexic children are far more confident and motivated to learn with the help and support of their peers, as opposed to when working on their own.
- **Flexible schedules.** Dyslexic learners will almost always complete written tasks and assignments much more slowly than their peers. Hence, it is essential to demonstrate a certain amount of flexibility, ensuring they are given an appropriate amount of additional time to complete their assignments accordingly.
- **Substitute or modify assignments.** In addition, the complete substitution or modification of tasks and assignments should be considered, for the benefit of dyslexic pupils. For example, a written test could be substituted for an oral test, in accordance with the capabilities and preferences of the pupil.

Screening, Evaluation and Diagnosis

As previously touched upon, identifying and diagnosing a case of dyslexia can be surprisingly difficult. The reason being that no two cases are ever the same, and even when a child displays several possible signs and symptoms of the condition, they may not in fact be dyslexic.

Nevertheless, the importance of identifying and diagnosing cases of dyslexia at the earliest possible stage cannot be overstated. In most instances, problems encountered by children of nursery age that are addressed immediately can be effectively remediated with specialist programmes taking no longer than 30-45 minutes each day. The longer it takes for a case of dyslexia to be identified and diagnosed, the more difficult and time consuming it becomes to address it.

Diagnosis of Dyslexia

In order for a case of dyslexia to be formally diagnosed, an extensive evaluation must be carried out by an appropriately qualified professional. This will usually include a detailed review of the child's academic performance and achievements, along with a variety of tests to assess the child's receptive and expressive language skills, phonological skills and so on.

Should the child subsequently be diagnosed with dyslexia, a personalised intervention plan will then be developed – a collaborative effort on the part of the child's educators, parents and the parties involved in his or her diagnosis.

Trained specialists working within schools and educational institutions may perform the testing process and diagnosis in-house, or it may be necessary to involve external specialists.

Early-Stage Evaluation

In an ideal situation, a dyslexia evaluation should be carried out at the earliest possible stage. Though it can be difficult to differentiate between dyslexia and general everyday language competency issues where younger children are concerned, identifying 'at risk' pupils as early as possible holds the key to successfully addressing their difficulties.

The evaluation procedure often begins by conducting a basic screener, which can be used to get something of a base-reading of a child's language and communication difficulties. There are dozens of different types of screeners available and none are considered 100% accurate, nor capable of providing a formal indication of childhood dyslexia. Nevertheless, it can be a good starting point to indicate whether or not further analysis is necessary for the benefit of the child.

One of the more commonly used screeners being as follows:



		Never/ not at all	Rarely/ a little	Sometimes	Frequently/ quite a bit	Always/ a great deal
1.	Has difficulty with spelling	1	2	3	4	5
2.	Has/had difficulty learning letter names	1	2	3	4	5
3.	Has/had difficulty learning phonics (sounding out words)	1	2	3	4	5
4.	Reads slowly	1	2	3	4	5
5.	Reads below grade level	1	2	3	4	5
6.	Requires extra help in school because of problems in reading and spelling	1	2	3	4	5

With the above screener, it's a case of answering each of the six questions and summarily calculating the total score. At which point, an estimated 'risk level' for the child can be determined, using the guidelines below:

- **Total Score** <16 = Low Risk
- **Total Score** 16-21 = Moderate Risk
- **Total Score** >21 = High Risk

The 'risk level' of the child in question can then form a basis for the action that should be taken next, as summarised below:

Low Risk

Where an individual scores within the low risk bracket, this indicates that there is nothing specific about their current performance or educational history that suggests they are at risk of dyslexia. Nevertheless, this should under no circumstances be interpreted as a formal diagnosis – any concerns you have regarding the academic performance or language skills of the child should warrant a conversation with an appropriately qualified practitioner or psychologist.

Moderate Risk

In this instance, there are indications that the educational history and developmental performance of the child may not be in line with accepted norms. Many children encounter reading and spelling difficulties at some point or another during their education, but anything considered to be worrying or out of the ordinary should be taken seriously. As such, any child considered to be within the moderate risk bracket should undergo a full and formal evaluation, performed either by the school (where the required resources are available) or by a licensed practitioner.

High Risk

Children within the high-risk bracket are those that have clearly demonstrated multiple and potentially severe issues with their education and development to date. Though it is important to acknowledge the fact that even the highest score on the above screener in no way constitutes a formal diagnosis, children within the high-risk bracket should be formally tested and evaluated at the earliest possible stage. This is to ensure that any issues they are currently facing are identified and addressed as quickly as possible, in order to prevent further complications with their ongoing education and development.

If in doubt, it is always better to be safe than sorry. Irrespective of whether you believe you are being overcautious or perhaps even jumping to conclusions, acting in the best interests of the children you work with is your number-one priority.

Never overlook what could be a potential sign or symptom of dyslexia, irrespective of how remedial or inconsequential it may seem at the time.



Further Reading: