

Understanding Dyslexia Laws and Policies

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Over the past decade, 37 states have passed new legislation related to identification, remediation, and/or awareness of dyslexia in public schools.¹ Even as a sense of urgency for legislative action regarding dyslexia has surged, debates about the nature, definition, diagnosis, and remediation of dyslexia still continue. For example, in 2016, two major literacy-related professional organizations, the International Literacy Association (ILA) and the International Dyslexia Association (IDA), engaged in a public debate over definitions of and implications for dyslexia as a learning disability label (see ILA 2016a, 2016b; IDA, 2016). The exchange between these two organizations is only one example of the larger push and pull of controversy and contradiction that surrounds dyslexia-related policies and practices. This creates enormous challenges for families and educators who aim to be fully responsive to student needs in a polarized and complex policy context.

In this article I describe current trends in dyslexia legislation, consider the significance of current policy and advocacy efforts, and discuss the implications of recent state policy changes for educators of students with reading difficulties.

Dyslexia Legislation: A Brief History

Reading instruction has been a focus of state and federal legislation in the U.S. for more than 50 years. Literacy and literacy rates are so often framed as public policy issues that reading instruction—particularly beginning reading instruction—is a popular focal point for education and social reform efforts alike. Though federal legislation in particular had been focused on funding literacy programs, assessments, personnel, and materials, legislation related to the teaching of reading has become increasingly specific and prescriptive. At the state level, reading-related legislation specifies everything from how and where teachers are prepared and certified to teach reading, to how and when students are taught and assessed.

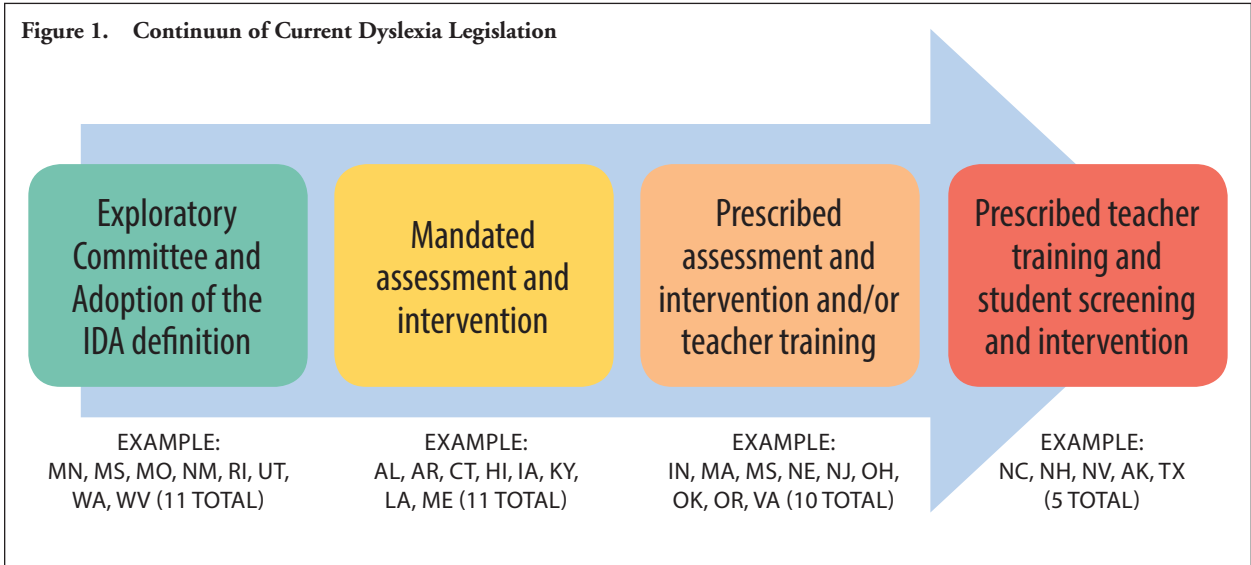
Dyslexia, a specific form of difficulty developing literacy, was identified during the 19th century and named in 1887 by a German ophthalmologist named Rudolph Berlin. Though it was known in some form 130 years ago, the first state law to reference dyslexia specifically was passed only 30 years ago. This was a note in Louisiana statute within a package of legislation that required vision and hearing testing for children entering

school. Since current understandings of dyslexia suggest that it cannot be diagnosed based on a vision or hearing test, one might consider the first modern law to be a 1990 addition to Title 2 of California's education code, which encouraged teacher preparation

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programs to discuss dyslexia with preservice teachers. Over the next 20 years, only eight states passed laws that included the word dyslexia, though most were not exclusively focused on dyslexia (e.g., appeared within larger bills related to special education funding). However, in 2011 and 2012 alone, an additional 10 states added dyslexia-specific legislation, and initial or revised policies have been consistently under consideration by state legislatures across the country ever since.

¹ Several online resources can be used to track trends and changes in state dyslexia policies at the state level, including www.dyslexia.com, a website devoted to state and federal dyslexia and reading laws; and the International Dyslexia Association website's legislation page, which includes a color-coded map showing patterns in the presence and coverage of dyslexia laws across states.



The recent swell in legislative activity has not led to uniform policies across states; however, the majority of U.S. states have considered and/or passed some or all of an identifiable package of legislation with a particular framing of dyslexia as a problem that can be remedied by public policy. Recent dyslexia-specific legislation can be understood along a continuum from least to most prescriptive policies (see Figure 1) with states falling at different points along the continuum with the passage of each new piece of legislation.

Of particular note when considering this framing is the work of a group called “Decoding Dyslexia, a parent-led grassroots movement” (Decoding Dyslexia, 2013). They have planted chapters in every state and several other countries and led lobbying efforts and letter-writing campaigns focused on a consistent set of policy goals, arguments, and statistics. Their five policy goals, displayed in Figure 2, appear either in part or in their entirety in nearly all new dyslexia legislation across the country. Therefore, their efforts seem largely responsible for the recent surge in legislative activity related to dyslexia.

The significance of each goal will be examined in the section that follows. By examining this set in detail, I argue that a particular set of terms and ways of thinking and talking about dyslexia are identified, and these provide insight into productive and ethical responses in the current policy context.

Unpacking the Advocacy Agenda

At first glance, the list of five policy goals seems mostly parallel to existing legislation in most states about reading in general. Replace “dyslexia” with the term “reading difficulty” and you will have a similar list of policies that already exist in states where response to intervention (RTI) or other multi-tiered systems of support (MTSS) are in place. So, many people are left wondering what’s really new, or whether dyslexia-specific legislation merely reiterates or parallels existing guidelines. For example, many states have required early screening and diagnosis of reading difficulties, as well as appropriate research-based interventions for both general and special education students for more than a decade. The

first goal, however, marks a departure: No other legislation requires reinforcing the very definition and meaning of reading difficulty.

#1. A universal definition of dyslexia

The Diagnostic and Statistical Manual-5th edition (DSM-5), published by the American Psychological Association (APA), is the standard classification reference for mental disorders in the U.S., and it has no entry for dyslexia. The only instance of the word is where it appears as “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” (2013, p. 67), under the broader category of “specific learning disability.” Other resources that do include dyslexia often provide varying definitions and descriptions of it. Just as Vellutino pointed out that existing definitions of specific learning disability “were based more on social and political expedience than on any compelling research” (2010, p. 7), there is no official definition of dyslexia that is universally accepted by academics and researchers.

This is important to advocates because, without specific reference in the DSM-5, there is no official or authoritative definition or set of diagnostic criteria in the scientific or medical community. Therefore, criteria can vary across states, disciplines (e.g., neuroscience, linguistics, psychology), and even individual practitioners. A student given a dyslexia label by a pediatrician in one region based on parent reports may or may not qualify when assessed by an educational psychologist in another after neuropsychological testing, or when tested by a neuroscientist using brain imaging techniques. Though a range of assessments may be considered potentially appropriate—especially in combination—there is no single gold standard, definitive assessment system for diagnosing dyslexia in school

settings. There is also some debate about whether dyslexia is separate and unique from other reading difficulties, or just one of a few possible patterns of reading difficulty (Spear-Swerling, 2016). This is why the first step to creating dyslexia-specific legislation is to identify and impose a universal definition.

The lack of consensus around definition and diagnosis creates challenging dilemmas for public school personnel — dilemmas which often create conflict between schools and parents. Many disability categories have specific diagnostic criteria which are conventionally applied by a school psychologist, pediatrician, or relevant professional in order to make an official diagnosis. When it comes to learning disabilities in general, or dyslexia in particular, it is not always clear which professional should make the diagnosis, or which criteria should be applied. Many professionals do not feel qualified to diagnose and are unsure of where to refer students (National Public Radio [NPR], 2016). Since schools are vulnerable to lawsuits when parents' expectations for assessments and services are not met, it is common for educators to receive guidance or even direct orders not to discuss any disability label until an official diagnosis has been made. Parents often report that the school denied the existence of dyslexia, was afraid to diagnose it, or put off diagnosis for too long (Gabriel & Woulfin, 2017; NPR, 2016) either because no one was willing to name it in official communication, or because confusion within a school system led to delays in diagnosis.

Another layer of complexity is added when individual researchers or research organizations argue there is

no meaningful distinction between dyslexia and 'garden-variety' reading disability — pointing out that the starting point for instruction should always follow the individual instead of the label, and that studies of dyslexic readers show that even those who carry the label and the genetic markers can be successfully remediated using techniques that can be applied to a range of reading difficulties (e.g., Gebauer et al., 2012). This has led to a backlash among parents and advocates against "dyslexia deniers" who do not deny that some students have great difficulty learning to read, but do deny that dyslexia is different from reading disability in general and/or that it should be synonymous with a particular approach to instruction/remediation.

In 1994, the IDA brought together a group of professionals to create and popularize a 'consensus definition.' Advocacy goal #1 is aimed at state recognition of an updated version of IDA's consensus definition in order to assert legitimacy and authority through state statutes influenced by dyslexia advocates rather than professional diagnostic manuals published by academics and leaders of professional organizations (e.g., the APA). This definition is not without critics, but has gained substantial recognition in recent years. Once enshrined in state law, it may become a taken-for-granted given that dyslexia is a natural and incontrovertible phenomenon with agreed-upon characteristics and features.

IDA's definition

The IDA defines dyslexia as "a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor

Figure 2. Five Policy Goals of Decoding Dyslexia

An Advocacy Agenda

1. A universal definition and understanding of "dyslexia" in the state education code
2. Mandatory teacher training on dyslexia, its warning signs and appropriate intervention strategies
3. Mandatory early screening tests for dyslexia
4. Mandatory dyslexia remediation programs, which can be accessed by both general and special education populations
5. Access to appropriate "assistive technologies" in the public school setting for students with dyslexia

SOURCE: Decoding Dyslexia, 2013

spelling and decoding abilities” (IDA, 2002, n.p.). The definition goes on to note:

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 vocabulary and background knowledge.

The definition identifies the root problem as phonological, but notes that secondary difficulties with comprehension and exposure to text may also occur, which explains why students with dyslexia might have more limited vocabulary and background knowledge despite normal or advanced cognitive abilities. This narrows what counts as dyslexia and supports the idea that it is unique from other general reading difficulties. This definition also contributes to the construction of dyslexia as naturally occurring (biological) and undeniable because it has a particular origin rather than being a diagnosis of exclusion.

The inclusion of neurobiology connects the definition to research that has identified particular genetic markers and neuroimaging patterns that have been associated with dyslexia (cf. Elliott & Grigorenko, 2014; Pugh & McCauley, 2009; Cornelissen, Hanson, Kringelbach, & Pugh, 2010) which further legitimize the assumption that dyslexia is natural and incontrovertible phenomenon with agreed-upon characteristics and

features. In practice, even neuroscientists conducting imaging studies warn about differences in diagnostic criteria used from one study to the next. Kalra (2014) notes:

The biggest challenge in understanding dyslexia is “equivinality,” the idea that multiple causes and pathways can lead to the same (or similar) situations. In dyslexia research, that means that at least a handful of underlying problems could result in a specific reading impairment. (n.p.)

However, the IDA definition uses language to construct a version of dyslexia that is singular, real, clear, and cannot be denied.

Despite advances in neuroscience technologies, methods for diagnosing dyslexia are not always clear or common. Given the range of potential assessment tools, some states approve a specific assessment to standardize criteria across the state, or approve a menu or assessment options to offer some standardization and some professional leeway. It is important to know that the lists of approved assessments vary both in length and content (some do not overlap). Given the complexity of addressing a language or literacy-based disability, the best approach to diagnose likely includes multiple professionals, including (but not limited to) classroom teachers, reading specialists, school psychologists, speech-language pathologists, and special educators. Indeed most state menus include assessments traditionally given by reading specialists, school psychologists, and speech-language pathologists. Each professional should bring a unique perspective

on language and literacy and a set of unique assessment tools that can be used to identify a persistent pattern of difficulty associated with dyslexia across settings.

#2. Mandatory teacher training on dyslexia

Policy goals 2–4 are dyslexia-specific versions of existing legislation in most states related to reading/literacy as described above. A logical extension of the idea that dyslexia is universal is that there are agreed-upon approaches to instruction for students with dyslexia. Part of the argument of the IDA is that “popularly employed reading approaches, such as Guided Reading or Balanced Literacy, are not effective for struggling readers. These approaches are especially ineffective for students with dyslexia because they do not focus on the decoding skills these students need to succeed in reading” (IDA, 2017). Instead, they argue “What does work is *Structured Literacy*, which prepares students to decode words in an explicit and systematic manner. This approach not only helps students with dyslexia, but there is substantial evidence that it is more effective for *all* readers” (n.p.).

By arguing that Structured Literacy is best for all students, the organization positions its term, *Structured Literacy*, as the only or best solution for reading instruction, thus positioning its program accreditation as the only or best measure of teacher preparation programs. This contrasts with ILA which currently serves as the accreditation body for most university-based reading teacher/specialist preparation programs.

The move towards advocating for Structured Literacy rather than multisensory or Orton-Gillingham-based approaches was admittedly strategic. Hal Malchow, IDA president, writes:

The term “Structured Literacy” is not designed to replace Orton Gillingham, Multi-Sensory, or other terms in common use. It is an umbrella term designed to describe all of the programs that teach reading in essentially the same way. In our marketing, this term will help us simplify our message and connect our successes. “Structured Literacy” will help us sell what we do so well. (Malchow, 2012, n.p.)

Thus, the term is explicitly linked to a purposeful positioning of IDA’s brand(s) of reading instruction (Orton-Gillingham-influenced approaches such as Wilson Reading® and Barton Reading & Spelling System®) in order to sell it for use in teacher preparation and school settings. It also complicates the process of determining whether the approach is research-based. Since Structured Literacy is an *umbrella term* that has only recently been applied to a small set of similar approaches, there is no research base on its effectiveness — let alone one that suggests that Structured Literacy (or any approach) is effective for all students. As ILA has pointed out, there is limited evidence for the effectiveness of many of the approaches included under that umbrella (2016). Yet, mandating teacher training on dyslexia implies that current training is not adequate to prepare teachers to work with dyslexia and that something else is required (in this case Structured Literacy may be implied). This means

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that IDA will get to ‘sell’ Structured Literacy. The implications of states’ use of this term will be discussed below.

The last phrase of goal #4 “which can be accessed by both general and special education students” demonstrates the distancing of dyslexia from the stigma of disability in general and the inclusion of a wide range of students under the umbrella of dyslexia. Both are significant trends in the history of popular understandings of dyslexia (Elliot & Grigorenko, 2014). In fact, Texas requires that dyslexia be identified as a “health impairment” rather than a learning disability in order to distinguish it from any cognitive impairment. This positions dyslexia as a genetic difference rather than a disability, which may reduce some of the social stigma attached to special education services and students with disabilities.

Between the first two advocacy goals an interpretative repertoire for understanding dyslexia as natural and incontrovertible has been identified by examining the contexts of terms like *neurobiological*, *structured literacy*, and *universal*. This “dyslexia as natural and incontrovertible” (Wetherell, 1998) repertoire includes discussions of neuroscience and genetics,

while minimizing or marginalizing those who question the definitions or boundaries of dyslexia.

#3. *Mandatory student screening*

As understandings of dyslexia have evolved over the past 130 years, estimates of prevalence have varied dramatically. The inclusion of a student screening provision in new dyslexia legislation mandates ongoing efforts to screen public school children for reading difficulties. Dyslexia advocates have recently popularized the ‘1 in 5’ estimate which suggests that up to 20% of the population may have dyslexia, though most are undiagnosed. This implies that public schools have been missing significant numbers of students — casting public school personnel as either ignorant or negligent. Thus, a distrust of public schools is inherent in a construction of dyslexia that highlights liberal or open-ended prevalence statistics.

More modest estimates place prevalence at 5–10% of the population (Siegle, 2006). Given that 20% of school-age students are diagnosed with a learning disability, and 80% of students with learning disability labels were referred for difficulties related to reading, an estimate around 10% is far closer to current identification levels (National Center on

Learning Disabilities, 2017). So, more conservative estimates are more supportive of current practice in public schools and do not point to the need for new or additional testing. New legislation that requires screening for dyslexia is aimed at increasing the number of children with dyslexia labels and/or the confidence with which schools determine whether dyslexia is present by specifying particular assessments that schools should use. By questioning existing testing practices, advocates

#4. Mandatory access to dyslexia remediation programs

Similar to the two previously described goals, the provision for access to remediation programs lies over and above existing special education law which requires all students with all disability labels to have access to free and appropriate education in the least restrictive environment. Notice that the provision is not for “appropriate” or “least restrictive” programming or instruction, but to “dyslexia remediation programs.”

One function of an increase in dyslexia diagnoses might be that more students get more assistance earlier. Another is that it fuels a rapidly expanding market for dyslexia-specific assessments, tools, trainings, and techniques. Though increased access to a now booming marketplace of educational materials and services is good news in terms of awareness and accessibility of relevant tools, it also means options proliferate and may be difficult for parents and professionals to evaluate. For example, in a 2002 news article in Britain’s *The Guardian*, the mother of a child with a dyslexia label described the range of failed therapies she tried in order to minimize the effects of her son’s dyslexia. Based on the advice of parent groups and private providers, her trials ranged from diets to supplements; from visual and reflex therapies to muscle and nerve realignment (Bedell, 2002). No doubt some of the many therapies advertised as treatments for dyslexia have some benefit for some children—and even some scientific basis—but without consensus on diagnostic criteria, assessment, or intervention, it is nearly impossible to assess the efficacy of advertised treatments and cures or to police the claims of a growing dyslexia industry.

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open the door for new/additional testing, which expands the market for companies that generate and collect such assessment data.

Some states go as far as specifying which assessments must be used, while others provide a menu of options for districts. In either case, the consequence of the interpretative repertoire that constructs dyslexia as a natural, universal, unique phenomenon creates a need for dyslexia-specific assessments to be applied to more children than ever before. Within this repertoire, the knowledge and effectiveness of public school educators is questioned and portrayed as lacking.

This suggests that the instruction available in special education settings is not viewed as sufficient and that students with dyslexia need dyslexia-specific programs (not just individualized instruction), which, according to IDA, means Structured Literacy.

As mentioned in the discussion of the definition of dyslexia, the inclusion of “all students,” even general education students, may be viewed as both an effort to make these approaches seem universal/universally good and a way of distancing dyslexia from special education/learning disabilities in general. If good instruction for students with dyslexia is good instruction for all students, then dyslexia does not separate a student from his peers as much as another disability label might.

Nevertheless, frustrated with the speed and difficulty with which public schools diagnose or acknowledge diagnosis of dyslexia, parents continually turn to private providers for outside tutoring, assessments, and therapeutic experiences. This, perhaps more than the research base for any particular dyslexia remediation program, is the compelling reason for state legislators to act: When parents believe schools have failed to adequately diagnose and address

dyslexia, they take on significant financial burdens for outside testing and tutoring. When such resources are not available, advocates warn that dyslexia may be going unnoticed and unaddressed.

#5. *Assistive technology*

The fifth and final goal is a dyslexia-specific version of existing legislation related to the rights of all students with disabilities. Again, the need for a provision which reiterates the rights of students with disability labels may be rooted in the perception that these rights are not enforced, but also has roots in the idea that dyslexia is a difference-not-disability, which distances dyslexia from the stigma associated with disabilities that would be included under special education law. This provision allows students, parents, educators, and others the right to assistive technologies such as readers, dictation devices, and spelling tools, without requiring an official disability diagnosis. Once again, by requiring such tools to be made more widely available, it also fuels the market for companies that produce them.

Reading difficulties may represent an urgent emotional and financial burden on families and there is a large and powerful industry that stands to benefit from more frequent diagnoses and less trust in public schools. Thus, school-based educators are often caught between the desire to recognize and address reading difficulty and the demand for particular labels, programs, and tools that may or may not be central to the conceptions of literacy learning espoused in that school. Where this is the case, new dyslexia laws often leave some room for responsible interpretation while ensuring dyslexia is explicitly addressed.

Dyslexia and the Law: What is Required, What is Implied?

Advocacy for recent dyslexia legislation has been strongly influenced and informed by groups like Decoding Dyslexia and the programs, terms, and repertoires espoused by the IDA. However, the letter of the law is in many cases less ideological than pragmatic, which means implementation efforts can be inclusive of a range of approaches.

In other words, though one might imagine that advocates had particular branded programs in mind, in many cases, the law leaves room for any program that can be described as a program for dyslexia remediation based on certain criteria. IDA describes Structured Literacy as instruction that is characterized by six criteria (Figure 3). Though these criteria were drawn from a specific set of branded programs that focus on explicit, systematic phonics instruc-

Figure 3. IDA Definition of Structured Literacy

1. **Simultaneous, Multisensory (VAKT)** Teaching uses all learning pathways in the brain (i.e., visual, auditory, kinesthetic tactile) simultaneously or sequentially in order to enhance memory and learning.
2. **Systematic and Cumulative** Multisensory language instruction requires that the organization of material follows the logical order of the language. The sequence must begin with the easiest and most basic concepts and progress methodically to more difficult material. Each concept must also be based on those already learned. Concepts taught must be systematically reviewed to strengthen memory.
3. **Direct Instruction** The inferential learning of any concept cannot be taken for granted. Multisensory language instruction requires direct teaching of all concepts with continuous student-teacher interaction.
4. **Diagnostic Teaching** The teacher must be adept at flexible or individualized teaching. The teaching plan is based on careful and continuous assessment of the individual's needs. The content presented must be mastered step by step for the student to progress.
5. **Synthetic and Analytic Instruction** Multisensory, structured language programs include both synthetic and analytic instruction. Synthetic instruction presents the parts of the language and then teaches how the parts work together to form a whole. Analytic instruction presents the whole and teaches how this can be broken down into its component parts.
6. **Comprehensive and Inclusive** All levels of language are addressed, often in parallel, including sounds (phonemes), symbols (graphemes), meaningful word parts (morphemes), word and phrase meanings (semantics), sentences (syntax), longer passages (discourse), and the social uses of language (pragmatics).

SOURCE: International Dyslexia Association, 2017

tion, other instructional approaches might also fit or exceed these criteria.

Even though the term Structured Literacy was coined in order to rebrand and unify a collection of approaches, its definition could apply to any approach that can claim the 10 bolded words as descriptors. Educators with expertise in approaches such as Reading Recovery® should be prepared to articulate how their approach qualifies as “structured” but also “research-based.” Indeed, Reading Recovery has clearest claim for a research-based designation based on a review by the federal government (What Works Clearinghouse,

the ‘neurobiological origin’ of dyslexia represents a “visible pedagogy” (Bernstein, 1975), which is easy to identify, monitor, package, and sell or replicate. A more holistic approach might be viewed suspiciously because it amounts to what sociologist, Basil Bernstein (1975) referred to as “invisible pedagogy,” one that is child-centered and therefore variable due to its emphasis on nurturing individuals, rather than training all children to master particular skills.

Part of the power of the dyslexia advocacy movement is that it promotes taken-for-granted assumptions of what is good (e.g., no one would

Recovery and other programs will need to build a case for inclusion as viable options for dyslexia-specific policies. All invisible pedagogies with a track record of success outside of programs most closely associated with Structured Literacy will require some explanation and demonstration in order to show how they fit in the current policy climate.

Over and above the letter of current state laws, the policy context now seems to call for a small set of coordinated responses from public schools, especially those that wish to maintain support for approaches that are not limited to Structured Literacy. This set of responses both proactively communicates adequate attention to screening and diagnosis and defensively demonstrates the alignment of invisible pedagogies with taken-for-granted criteria for dyslexia programs. First, schools and districts must ensure transparency regarding their diagnostic processes and criteria. This may mean making descriptions, flow-charts, or manuals public, either online or in pamphlet form for parents and advocates. Where such transparency is a challenge, schools should embrace the opportunity to be more intentional and accountable to an assessment system that supports all children, including those with dyslexia labels.

Second, given the range of ways to diagnose dyslexia, the possibility that approved lists of assessments will change over time, and fears regarding legal ramifications of misdiagnosis or delayed diagnosis, a multidisciplinary team approach to assessment and remediation is the most responsible, defensible way forward. This means consulting if not engaging the services of more than one literacy-

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2013) as well as a long track record of success in preventing learning disabilities (Lyons, 1991). However, the phrases “scientifically based reading research” or “research-based” are not included in the universal definition, or dyslexia-as-difference repertoires. Therefore, programs with tight alignment with recent advocacy and policy documents (e.g., Structured Literacy approaches with an emphasis on explicit, systematic phonics instruction) will be taken-for-granted as good while others may be held under suspicion. The exclusive focus on the areas most tightly linked to

argue that instruction should be *unsystematic*) therefore making such choices common sense decisions for legislators. The danger, however, is that it might artificially limit what counts as good instruction based on a particular framing of dyslexia as a policy problem. Though it could be understood as such, Reading Recovery is not often explicitly described by such terms as *multisensory*, *systematic*, or *cumulative*. These are mere brand names for principles of instruction and pedagogy with deep, wide-reaching roots across the ideological spectrum. Therefore, Reading

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related professional when considering a dyslexia diagnosis in a school setting (e.g., classroom teachers, reading specialists, speech-language pathologists, special educators, ESL teachers as necessary). Not only does this distribute the important responsibility, it also ensures triangulation of observations and professional judgment.

Finally, educators must be able to articulate a coherent statement of the ways in which current approaches address state requirements and definitions using terminology used in the text of the law and/or by IDA. In other words, to whatever extent educators believe that adequate screening and remediation are in place, it must be framed in the specific language of current policy and advocacy efforts. To whatever extent assessment and/or remediation of individual reading difficulties have not been adequate, new legislation provides the opportunity and impetus to address inadequacies by building more transparent, coherent systems for assessment and support.

The prescriptiveness of dyslexia policies varies across states, but the majority leave room for a range of approaches, provided that educators can make the potential of these pedagogies visible by engaging with the emerging vocabulary of dyslexia. That is not to say that the discourses of dyslexia are the only discourses

that matter for students with reading difficulty, or that these ways of understanding and describing reading difficulty are static rather than dynamic. It is to say that a combination of desperation and capitalism (supply and demand) in the educational marketplace has coalesced into privilege for this particular version of dyslexia at this moment in time. If educators fail to engage productively within current understandings of dyslexia, they will be written out of any major role in the public's understanding of how to identify and address dyslexia. If, instead, educators take up, negotiate, and engage with the specialized vocabulary and current concepts, they may have the opportunity to partner with those who are willing to invest tremendous resources toward the shared goal of every child a reader.

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