



## THE DEFINITION AND IDENTIFICATION OF SPECIFIC LEARNING DISABILITIES

*ORBIDA Position Statement adopted by unanimous vote of the Board of Directors on 09/26/2007*

ORBIDA supports changes in the identification process that will bring regulations in line with research-based definitions of learning disabilities, including dyslexia.

**Proposed Definition:** *The term learning disability refers to a class of specific disorders. They are due to cognitive deficits intrinsic to the individual and are often unexpected in relation to other cognitive abilities. Such disorders result in performance deficits in spite of quality instruction and predict anomalies in the development of adaptive functions having consequences across the life span. The definition of learning disabilities proposed above is compatible with and embraces the definition of dyslexia developed by the Research Committee of The International Dyslexia Association and adopted by the NICHD in 2002, to wit: “Dyslexia is a specific learning disability that is neurobiological 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 growth of vocabulary and background knowledge.”*

This definition does not depend upon an “IQ/achievement” discrepancy formula, but identification of core cognitive deficits (to choose among the terms offered) that are predictive of an imperfect ability to read (and) are markers for a learning disability. For example, phonological awareness is one of the core cognitive processes involved in the skill or function of reading. Such a deficient neurocognitive process is unexpected in relation to other neurocognitive abilities that are average or above. Sally Shaywitz, who has said that individuals with learning disabilities display a “weakness in a sea of strengths”, aptly and simply states the concept.

**The Identification Process:** The major goal of the identification process is to intervene with children who are not making appropriate progress, or who are at risk for failing in the general curriculum, before their learning disabilities become severe or intractable. We agree with the growing consensus that there should be primary, secondary, and tertiary levels of assessment and intervention.

At the primary level, teachers must use effective, research-based instruction and strategies. The classroom teacher and/or other highly qualified professional conduct periodic universal (classroom-wide) screenings with a validated assessment tool. Such tools use research-identified indicators of risk, such as phonemic awareness, vocabulary and rapid letter naming. They identify preschool, kindergarten, and first grade children who are at-risk for reading failure. The student support team reviews the results of these screenings. The team might include highly trained literacy coaches, general and special educators, administrators, teachers of English language learners, school psychologists, and speech and language pathologists. The collaborative team uses the data to design and implement further classroom and targeted interventions. Using primary level processes minimizes the “wait to fail” mentality, moves the responsibility for identification of at risk students from the classroom teacher alone to the team, and maximizes instructional time to facilitate remediation.

At the secondary level, children at risk have been identified on universal screenings that have happened frequently throughout the school year. Children at-risk receive more intensive and targeted instruction in small groups within the

general education setting. Groups are designed to remediate areas of children's academic weaknesses. Targeted research based instruction and intervention must be provided by qualified personnel, and implemented with fidelity and integrity at the needed level of intensity to address the student's individual difficulties. Frequent progress monitoring of critical learning goals, measuring rate of learning, and curricular and goal adjustments at this level provide teams with the information they need to accelerate children's response to intervention. Level one and level two (instruction, progress monitoring, intervention) occur in the general education classroom under the guidance of a student support team. The data derived is part of a comprehensive evaluation used in the special education referral process at level three.

Children at the third level have not responded to second level interventions. They need a comprehensive evaluation to determine the intrinsic presence of a learning disability. The assessment should include data from technically sound standardized tests including quantitative analysis (norm referenced tests), qualitative analysis, observation, analysis of work samples, and analysis of performance during standardized testing. All results must be interpreted with clinical judgment. A comprehensive evaluation should include, but is not limited to, the following components:

- History (school, family and developmental) and interview (teachers, parents, and student when appropriate to determine history and environmental supports for learning);
- Cognitive Assessment (a comprehensive assessment of cognitive abilities, including phonemic awareness, verbal reasoning / vocabulary, short-term / working memory, long-term memory, fluid reasoning, speed of processing and rapid automatic naming); and
- Academic Achievement (performance and achievement assessment including methods, integrity, and results of level one and level two interventions, tests and classroom observations of the child and of his / her instructional environment, spelling [orthographic, isolated and applied], phonic decoding [word attack], fluent and accurate word reading, fluent and accurate text reading, oral language comprehension, reading comprehension, written expression, and social, behavioral, and adaptive functioning).

The evaluation of older children needs to be expanded beyond the components listed above to identify areas such as study skills, learning strategies, and organizational strategies. In addition, State of Oregon regulations stipulate "procedures, tests and other evaluation materials used for evaluating handicapped children . . . are administered by trained personnel in conformance with the instructions provided by their producer." (34CFR Part 300 Sec. 300.532, OAR 58-15-072, ORS 343.055).

The goal of this comprehensive evaluation is to obtain research-validated information that helps the child, parent, and teacher to understand the child's strengths and weaknesses, and thereby aids in the identification of appropriate educational interventions, modifications, accommodations, and programs. Comprehensive evaluations may also be used to determine if other educational disabilities or other barriers to learning exist and if so, how to address them. Level three interventions, like level two interventions must use research-based instruction, be provided by qualified personnel, and be implemented with fidelity and integrity at the needed level of intensity to enhance the student's individual academic achievement. ORBIDA supports a full continuum of program and placement options for students at the third level of intervention.

Response to intervention (RTI) methods (primary and secondary levels) will allow staff to better address prevention and early intervention services, and to serve more students up front rather than at the point of special education referral and service. However, using response-to-instruction as the only criterion for identification is hazardous because it may prolong the process of identification and may deny needed services to children who are suspected to have an educational disability. These children need a prompt comprehensive evaluation and, if appropriate, an immediate placement into a level three program under an IEP.

#### Sources:

- "New Roles in Response to Intervention: Creating Success for Schools and Children" (IDA) 2007. (<http://www.interdys.org/rti.html>)
- "Response to OSEP Summit on Learning Disabilities" (IDA) Approved 1/7/2002. (<http://www.interdys.org/pdf/osep918.pdf>)