The relationship between Attention Deficit Hyperactivity Disorder (ADHD), particularly the attention component, and Reading Disorders, has been recognized for decades. Depending on the specific criteria for diagnosis, about 15-45% (and higher in some studies) of children with one diagnosis will also meet criteria for the other diagnosis. These rates are higher than the rates of either disorder in the general population. Children with both diagnoses have been shown to have more severe academic problems than children with one diagnosis. If symptoms instead of categorical diagnosis are used (some degree of learning problems in ADHD short of criteria for LD; some degree of attention problems in LD short of criteria for ADHD), the overlap is closer to universal.

Medications for ADHD, including methylphenidate, amphetamine, atomoxetine, and alpha-agonists, are well-documented to improve the symptoms of ADHD (in 75-95% of children with “uncomplicated” ADHD) based on parent and teacher ratings of ADHD symptoms, but what do we know about their ability to improve reading skills in children with both disorders? The superficial answer to this question, looking at “general reading performance” and the acute exposure to medication, is that there is often some improvement. But, at a deeper level, the answer to this question is complex, and still far from completely understood. Furthermore, sustained improvement and longer-term outcomes continue to be disappointing in ADHD alone, likely related to only recent broader recognition of the accompanying cognitive deficits.

It makes sense to break down the categorical diagnoses of ADHD and reading disorders into their “endophenotypes”, more circumscribed behavioral characterizations with potential genetic underpinnings. In this way, it is possible to evaluate which components of a diagnosis medication helps, what components overlap between the disorders, and what components may be medication-responsive in a given individual. Eventually, this may lead (based on differences in individual genetics and medication effects/responsiveness) to the choice of the best therapy for a given child and the development of new, targeted medications. Certainly the first level of complexity is that children with ADHD and reading disorders are not all the same just because they share the same diagnoses. The second level of complexity is that past assumptions of distinct deficits in different categorical diagnoses have not always held up to careful scrutiny.

ADHD Endophenotypes and their measurement- Multiple studies indicate that the endophenotypes that comprise the diagnosis of ADHD are best described as the individual executive functions, including attentional regulation, working memory, behavioral inhibition, planning/organization, and cognitive flexibility. The attentional regulation component is often further subdivided into sustained attention, selective or focused attention, and attentional control/attentional shifting. These characteristics are typically measured by either rating scales, such as the Behavior Rating of Executive Function (BRIEF) or by neuropsychological tests. Examples of some neuropsychological measures that have been used in studies of medication effects on executive functions include tests of sustained/focused attention (continuous performance tests, Test of Everyday Attention for Children) and inhibition from interference (a variety of go/no go or continuous performance tests, Test of Everyday Attention for Children) and inhibition from interference (a variety of go/no go or continuous per-
Letter from the President

As you know from reading the Editor’s letter on the next page, our two tireless and talented Focus editors - Nanie Flaherty and Marlyn Vogel -- have said they are ready to turn the job over to someone new. Nanie and Marlyn have been producing the Focus newsletter for about 12 years, and have shepherded it into the high-quality resource that we have come to rely on for news about what is happening in our Pennsylvania/Delaware Branch, and for information on so many aspects of dyslexia, reading and related material. I know I speak for the entire PBIDA community when I thank Nanie and Marlyn for their steadfast commitment to Focus. We are so very appreciative of all the time and effort they have contributed to PBIDA through this endeavor.

On another note, one of the rites of spring for IDA Branch Presidents is the Branch Council Meeting in Towson, MD, near the IDA home office. Nearly all of the 42 branches were represented. This is an opportunity to hear from other branches what is happening in their regions and may cover everything from conferences, to fund-raisers, to how to handle calls that come in seeking information. There are always some sessions planned by the home office as well.

Our program started Friday afternoon with a choice of sessions to attend. I chose “How to Lead a Non-Profit,” which covered the process of selecting Branch Board members and planning ways to represent demographics, member representation, community needs, and needs of the Board itself.

The final session of the afternoon was presented by the new IDA Executive Director, Rick Smith; and Paul Carbonneau, the new IDA Board treasurer. Their presentation highlighted the importance of envisioning a goal that may transcend the usual roadblocks so as not to be hampered by them, and then find ways to overcome the roadblocks. Specifically, the goal envisioned is that every teacher in every classroom will know how to teach every child to read, a goal that I know we all share. They also emphasized the importance of the work that is done at the branch level and the necessity for the home office to take its lead from what is happening in the branches throughout the country.

Following the afternoon sessions, the IDA Board, the Branch Presidents, and the Home Office Staff enjoyed a dinner and evening of networking. IDA has decided to sponsor an Olympic athlete (who is dyslexic) for his participation in the Summer Olympic Games. His name is Brad Tyra, and you will be hearing lots more about him in the coming months.

Saturday presentations covered a wide range of topics, among which were IDA’s new website and plans to use as many digital avenues as possible to spread awareness of IDA and its mission. There was an update on the IDA Reading Exam and Certification process which is well underway. The next task involved in creating the exam is developing the questions to be included in the test, and many of us may be involved in that process. We heard about insurance and liability coverage for branches and how to handle coverage of events that we hold. Several branches presented on legislative updates in their states. Fund-raising events that were successful -- or unsuccessful -- were discussed.

It’s always a full and exhausting weekend, with plenty of new ideas and good information to bring home.

Julia Sadtler, President, Pennsylvania Branch of the International Dyslexia Association

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Advertising in Focus

Focus is published three times a year by the Pennsylvania Branch of the International Dyslexia Association. We welcome submissions of articles, Calendar of Events, The Heroes of Dyslexia, and advertising. Please submit to Tracy Bowes at dyslexia@pbida.org or (610)527-1548.

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The International Dyslexia Association supports efforts to provide individuals with dyslexia appropriate instruction and to identify these individuals at an early age. The Association and the Pennsylvania Branch, however, do not endorse any specific program, speaker, product, or instructional material, noting that there are a number of such which present the critical components of instruction as defined by IDA.
Letter from the Editors

Over the last 12 years the PBIDA has been fortunate to have two very committed members serve as co-editors. Nanie Flaherty and Marlyn Vogel have done outstanding work to make Focus the respected publication it is today. Their leadership and commitment to excellence has permanently raised the bar for all future newsletter contributions. Many of you have saved previous issues as a resource tool because the content was so robust and empowering. We can all thank Nanie and Marlyn for making that the norm and not the exception.

On behalf of the entire PBIDA board we want to personally thank both Marlyn and Nanie for the untold hours they gave to their responsibilities as co-editors. They have been wonderful ambassadors to further PBIDA’s mission and served as dedicated advocates for people with dyslexia.

With Nanie and Marlyn moving on, new editors must step up so that our community can continue to enjoy and rely on Focus’ rich content, helpful guidance, and information about local events and happenings. To that end, in consultation with Nanie and Marlyn, a Focus Editorial Board has been formed, with members of varying backgrounds and disciplines so as to enrich the breadth and depth of Focus. The Editorial Board is a ‘work in progress’ so stay tuned to future Letters from the Editors for introductions to the individuals serving.

Together with Nanie and Marlyn, members of the new Editorial Board are excited to share this edition’s articles! A highlight is the article from PILCOP—the Public Interest Law Center of Philadelphia—on the state’s system of funding for education. You’ll find the third and final article in the series by Marianne Glanzmann, MD on ADHD. This issue of Focus begins a regular column by Bob Sager, edu-tech Academic Solutions, on the latest technology and digital apps that you will find both interesting and useful. We continue to have a piece in the "Coaches Corner" and a column dedicated to parents. This edition also includes a very informative review of the new IDA publication "The IDA Dyslexia Handbook: What Every Parent Should Know". A truly important read for every parent.

You can always access this and previous issues on the newly updated PBIDA website (www.pbida.org).

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Pennsylvania schools spend widely different amounts to provide their students with the skills they need to flourish as adults: the range is from $9,800 to $27,000 a year. State appropriations account for a lower percentage of the total cost of education than in almost any other state in the country – approximately 34% – making districts highly dependent upon the local wealth of their community. The result is widespread inequity and insufficient resources in rural, urban and even many suburban schools. Students face larger class sizes and fewer support services than they need.

Six school districts and seven parents, along with the Pennsylvania Association of Rural & Small Schools (PARSS) and the NAACP Pennsylvania State Conference have filed a lawsuit in Commonwealth Court challenging the state’s school funding system as violating the state Constitution.

Represented by the Public Interest Law Center of Philadelphia, the Education Law Center-PA, and a national private firm, the petitioners allege that state officials have adopted an irrational school funding policy that has failed to deliver adequate resources to students and discriminates against children based on the wealth of the communities in which they live.

Specifically, the lawsuit is against legislative leaders, the Governor and other state officials for failing to “maintain and support” a “thorough and efficient” public education system that gives every child in Pennsylvania the essential resources needed to meet state-imposed academic standards – enacted to enable students to successfully transition into college or careers – and for violating the state’s equal protection clause.

The lawsuit notes that the General Assembly directed a statewide study to determine the basic cost per pupil necessary to provide an education that enables students to meet the state’s academic standards and assessments.

That “Costing Out Study” reported that 95 percent of Pennsylvania’s school districts required additional funding in the amount of $4.4 billion. In response, the General Assembly passed a bill in 2008 to establish funding targets for each school district totaling $2.4 billion and a formula for distributing education funds in accordance with need.

However, in 2011 the legislature abandoned that formula, cut funding to school districts by more than $860 million and passed legislation that severely restricts communities from raising funds locally. As a result of these slashes to education funding and the continuing rise in costs to meet state academic standards, the dangerous gap between the costs needed by school districts and the resources available to them has widened.

These funding cuts have had a disastrous effect on students, school districts – especially less affluent ones – teachers and Pennsylvania’s future. Figures from the 2012-13 school year indicate that more than 300,000 of the approximately 875,000 students tested cannot meet state standards in reading, math or science.

Due to insufficient funding, many school districts have been unable to provide the basic elements of an adequate education, such as appropriate class sizes, sufficiently experienced and effective teachers, up-to-date books and technology, adequate course offerings, sufficient administrative staff, academic remediation, counseling and behavioral health services and suitable facilities. As a result of the inadequate funding to school districts and increasing state requirements like the Keystone Exams, many students in Pennsylvania will leave high school without a diploma.

(Continued on page 5)
The lack of adequate funding from the state and unusually high reliance on local taxes under the current financial arrangement has created gross funding disparities among school districts, disproportionately harming children who reside in districts with low property values and incomes. This funding imbalance is not justified by any difference in student needs. On the contrary, districts with the largest numbers of students with high-cost needs, like English-language learners and students living in poverty or with disabilities, receive the fewest resources to prepare them for success. In addition, many low-wealth districts actually have higher tax rates than property-rich districts, yet some of these districts are so poor that they’re simply unable to raise enough money to improve education without more assistance from the state.

For example, Panther Valley School District, a low-income district and one of the Petitioners in this lawsuit, raised only about $5,646 locally per student for the 2012-13 school year, while Lower Merion School District raised four times that amount, despite having half the tax effort of Panther Valley’s.

Although the state has made some effort to close the gap, and contributes twice as much to Panther Valley as it does to Lower Merion, Panther Valley is still left with less than half of the combined state and local funding of Lower Merion: $12,022 per student versus $26,700. That amount is simply not enough to provide each Panther Valley student with an adequate education. The Costing Out Study showed that Panther Valley School District needed $13,427 per student based on 2005-06 costs, and over the past nine years those costs have consistently increased.

Given the state’s failure to address the long-term education funding needs of students and the ongoing harm that failure has inflicted on children throughout Pennsylvania, the petitioners are asking the court to declare the existing school financing arrangement unconstitutional and to direct the legislature to enact a financing system which will enable students to meet state educational standards—no matter where they live.

For more information and case materials, visit www.edfundinglawsuit.wordpress.com or search Commonwealth Court Docket No. 587 M.D. 2014.

Sonja D. Kerr is the Director of Disabilities Rights for the Public Interest Law Center of Philadelphia. Michael Churchill is Of Counsel for the Public Interest Law Center of Philadelphia.

Jonathan Holin is an intern for the Public Interest Law Center of Philadelphia.

The Public Interest Law Center of Philadelphia uses high-impact legal strategies to improve the well-being and life prospects of vulnerable populations by ensuring they have access to fundamental resources including a high-quality public education, access to health care, employment, housing, safe and healthy neighborhoods and the right to vote. For more information visit www.pilcop.org or follow on Twitter @PILCOP1969.

The Education Law Center-PA works to ensure that all of Pennsylvania’s children have access to quality public schools, including poor children, children of color, children with disabilities, children in the foster care system, English Language learners, and other vulnerable children. For more information visit www.elc-pa.org or follow on Twitter @edlawcenterpa.
Developing Interpersonal Soft Skills in an Impersonal Hi-Tech World
By Bob Sager, M.Ed.

We see it all day, every day, everywhere. People (adults, teens and children), walking the streets with their heads tilted down, looking at their phones, or tablet devices. People sit in coffee shops interacting more with their computers than all of the people who are sitting around them. We even sit in our own living rooms with one person on their phone texting, another on a tablet playing a game and yet another on a laptop updating Facebook. Let’s face it; we live in an immersive digital world! A new world that creates hard boundaries between people, while opening up virtual access to information and resources that we could not have even dreamed of just a few years ago.

Those familiar with technology often refer to a theory known as “Moore’s Law” – so named for Gordon Moore, the co-founder of Intel who predicted in 1965 that transistors on computer processors (greater speed) would double every two years. Many industry colleagues predicted this would be a short–lived notion, yet 50 years later, it is continuing and has shifted to define the overall exponential growth of technology in general.

This rapid change in technology has been significant in the K-12 education environment and has forced teachers and students to evolve dramatically in a very short period of time just to keep up. In today’s classrooms, there is much less interaction that relies on the traditional approach of human interface and conventional study methods, when compared to classrooms of just 15 or 20 years ago.

Step back in time with me for a moment and consider how you would have researched and written a collaborative report in high school just twenty years ago. Your teacher would assign you to a group of three to five people. You would have called each other on the phone, maybe met at the library, or even at someone’s house that happened to have a set of encyclopedias. The real techies at that time happened to have an encyclopedia on a CD-ROM and became a very popular member of the team! Typically, you would have worked on the subject independently and then came back together again as a group at the library, or at someone’s house. Probably that same techie who also had a really cool computer with a dot matrix printer! This process took days, sometimes weeks to complete and may not have included all the possible answers that were available since it was difficult to find all of the data available worldwide on the subject for your report.

Today, technology has made that entire process easier, with access to an almost endless supply of detailed content from every corner of the world available not just in books, or even by computer, but by a device carried by almost every member of society, a mobile phone. But, what have we lost with these newfound resources? First and foremost, the process used today is much less interactive on a purely personal level. Your group of five students might never actually get together. They might jump into a Google Hangout, or a group Skype call to talk over the project. Then they might research the subject – on their own – on the Internet at their own house. They might type up their part of the report in a shared Google Doc while the other members of the group observe and edit their own section at the same time. They could even communicate via text chat in the same window while doing so before putting it together in a slideshow and sharing it on Google Drive, or via e-mail with their teacher. All of this work is fairly standard in today’s classrooms, but some schools have opted to take distance learning even further. With a tremendous wave of energy, many schools have recently decided to provide a “blended learning” model for their students. This model combines traditional class instruction with online classroom options. The goal is to provide students with access to a wider range of content and electives that most schools cannot provide internally.

Consider some of the differences in the mechanics of working in this manner. When you used to meet in groups at the library or even at someone’s house, it required interfacing with people outside your group. You probably had to ask a librarian where to find certain material, interact with the media person to access the microfiche catalog (remember those?) and then bring it back to the table and discuss it with your group. Think about how you would have done that – with face-to-face interaction, looking each other in the eye, making a case for your opinion within your group. Learning through debate and constructive criticism. You were learning how to talk to peers, recognize various facial expressions and address superiors who had information you needed. You had to make decisions both independently and with the group in mind, solve interpersonal problems, plus reflect a level of respect and professionalism to people inside and outside of your peer group. In short, you were developing soft-skills that would impact you for the rest of your life.

Compare that to the scenario of today. Students are able to avoid working in groups by working independently and

(Continued on page 7)
sharing information virtually. There is little, or no need to learn how to interact with superiors in a professional manner, and the interaction with their peers is behind a screen, providing a digital barrier between themselves and other human beings, even during online video conferences, or chats. These soft-skills are imperative for the future success of our up and coming youth, and they are diminishing at an alarming rate.

So how can we, as parents, help our students develop soft-skills at home that carry over to all of their human interactions? And specifically, how can we do it with our young students who have dyslexia, ADHD, or other learning differences? As with any problem, the challenge is not only identifying the cause and effect, but also a reliable solution. Earlier, we discussed that students have evolved from face to face learners to virtual communicators. We also discussed how that change has resulted in a lack of basic soft skills. So why is this so important and what skills are really needed to succeed?

As an adjunct professor, business owner and parent, I have seen first hand how vital these soft skills can be for success. They can mean the difference between success and failure in secondary education, a career, personal relationships and more. Working with students with learning differences, we often encourage them to self-advocate and communicate with others to make them aware of their needs. This can be downright frightening and even impossible for a student with a lack of soft skills. Developing soft skills can be even more critical for students that cannot rely upon “hard skills” like reading, writing, math, etc. In the mid 1990’s, the National Institute for Literacy (NIFL) conducted a study on the value of the development of soft skills needed in the workplace and as productive members of a family and society. They identified 16 key skills that remain relevant today in our technology driven environment, skills that are critical for successfully migrating from childhood to adulthood and entering the workplace. NIFL narrowed down the skills and lists them by category as follows.

**Communication Skills**
- Read with Understanding
- Convey Ideas in Writing
- Speak So Others Can Understand
- Listen Actively
- Observe Critically

**Interpersonal Skills**
- Guide Others
- Resolve Conflict and Negotiate
- Advocate and Influence
- Cooperate with Others

**Decision Making Skills**
- Use Math to Solve Problems and Communicate
- Solve Problems and Make Decisions
- Plan

**Lifelong Learning Skills**
- Take Responsibility for Learning
- Reflect and Evaluate
- Learn Through Research

One of the most important jobs we have as parents is to reinforce what is happening at school and enhance it wherever possible through interaction with our kids. Odds are, your children are being given projects like the one I described earlier. While you can’t change the parameters of those projects, and it isn’t a great idea to dictate how they complete their work, you can inject methods for building soft skills into your everyday home life, especially through examples and personal modeling. While the following suggestions may seem simple and common practice to many of us, our children may be completely unaware of their importance. We have become conditioned through our use of technology to slowly begin to avoid our use of these traditional practices in favor of impersonal, digital correspondence. That is what we must try to help our children overcome. I encourage you to consider some of the following suggestions:

- Hold regular family meetings (dinner is ideal) and ask your children to stand up and present their weekly schedule, discuss family conflicts and how best to resolve them. They can be an eye-opening opportunity for everyone. Make sure to rotate who is in charge of running the family meeting to give everyone an opportunity to learn how to organize

(Continued on page 27)
formance tests, Stroop Color-Word Test), auditory working memory (digit span), visual working memory (Finger Windows of the WRAML, Rey Osteriethe Complex Figure Drawing), planning (Tower of Hanoi), and cognitive flexibility/set-shifting (Wisconsin Card Sorting Test). In addition, there are batteries of tests that include several of these measures (Cambridge Neuropsychological Test Automated Battery= CANTAB and A Developmental Neuropsychological Assessment=NEPSY).

There are additional ADHD endophenotypes that are not part of the executive skill construct, but appear to be clinically relevant, including variable response time (on continuous performance tests) and fluency/processing speed deficits.

Reading endophenotypes and their measurement- The component parts of successful reading that might be considered endophenotypes include phonemic processing (decoding, or grapheme-phoneme mapping), orthographic processing (word recognition or semantic mapping), and rapid naming/verbal retrieval speed. In addition, verbal working memory deficits have been identified in reading disorders.

Typically, studies have indicated that endophenotypes differentiate the two disorders (i.e., phonological processing/decoding deficits are characteristic of reading disability and not ADHD, while inhibitory control deficits are characteristic of ADHD and not reading disability), and that individuals with both disorders have both sets of cognitive deficits. However, several studies also indicate more overlap and complexity than this. Deficits in inhibition at the cognitive level may also be present in reading disability. Working memory deficits and slow processing speed or rapid naming overlap both disorders, both in children and adults. Differences among studies may relate to the specific ways in which working memory and processing speed are measured. Though not universal, subjects with ADHD tend to have prominent visual working memory and processing speed deficits while those with reading disability tend to have more prominent verbal working memory and verbal processing/retrieval deficits, though they are not mutually exclusive. Naming speed may be differentiated even further into object naming, color naming, or letter naming. Subjects with ADHD alone may have deficits in object and color-naming but not letter-naming speed or calculation fluency, whereas those with reading disorders are more likely to have letter and number naming speed deficits and more severe global rapid naming deficits in general. Some studies indicate that deficits in global rapid naming, more severe working memory deficits, and additional effortful processing deficits such as automaticity of number facts are unique to the comorbid group.

The potential overlapping role of developmental language/language processing disorders may also add to the complexity of studies of endophenotypes in ADHD and reading disorders. Specific Language Impairment (SLI) is a frequent precursor to reading disorders. Slow processing speed and impaired rapid temporal processing are present in both SLI and ADHD. Effortful semantic processing is now recognized as characteristic of ADHD, and not unique to reading disorders. In fact, children with ADHD appear to have slower processing speed than those with SLI. In addition, there is growing evidence that even in the absence of frank language delay, deficits in auditory processing can be associated with poor listening and disengagement due to poor understanding, which can contribute to observed behaviors that result in the diagnosis of ADHD. Likewise, verbal working memory deficits can be present in SLI. Performance on the subtests of a classic evaluation for central auditory processing disorder do not tend to respond to methylphenidate, however, auditory continuous performance measures can, thus the component on continued mental effort exertion may be helped by methylphenidate.

Medication effects on endophenotypes and reading- This discussion will be limited to methylphenidate (i.e., stimulant medication) and atomoxetine (i.e., nonstimulant) effects because of the limited availability of controlled studies of other medications.

Methylphenidate effects on endophenotypes- Studies of the effects of methylphenidate on executive functions in children with ADHD show a great deal of variability. What is fairly consistent? First, methylphenidate does not appear to have a detrimental effect on measures of cognitive function. Second, rating scales such as the BRIEF show greater effects than neuropsychological tests of medication on executive function. Third, visual measures are more likely to improve than verbal/phonological measures. One source of variability may be the medication administration paradigm itself. In the same study, different doses may have different effects, not just more or less of the same effect. Also, acute dosing in medication naïve subjects may improve (for example) performance on a delayed matching to sample task, whereas this effect is attenuated with chronic administration. Age may be another factor contributing to variability of study results since pre-frontal circuitry underlying executive functions is continuously developing, and significant
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The little boy’s parents began to describe their son’s learning difficulties as they sat across from me in my office. Currently in second grade, Javier’s difficulties began in Kindergarten when his teacher noted his reluctance to take part in letter, shape, and number recognition activities. A child described as loving and vibrant, his parents and teacher hoped that immaturity was the reason for his lack of readiness to participate.

As a first grader, Javier’s difficulties acquiring beginning reading skills became apparent to his teacher and to his parents. Never a behavioral problem, Javier was a model first grader. He listened carefully to the stories his teacher read to the class and demonstrated impressive thinking and reasoning ability during discussions. During independent work, he quietly did his best as classmates worked on skill application and reinforcement activities from reading instruction. When recess time arrived, he frequently was held back from it by his well-meaning teacher who wanted him to grasp the skills by reviewing the lessons at a slower pace. An active child, Javier took the work in stride and complied but continued to struggle.

Further into the school year, his confused parents requested testing from the school that would hopefully shed light on what the problem was. Javier had been complaining of stomach aches and changed from the child eager to go to school to one who “soldiered” through the day by falling through cracks. He routinely broke down crying in the safety of his home, especially during homework time. Gastrointestinal studies, thankfully negative, were followed by an evaluation that mostly declared the problem to be ADHD and recommended a trial of stimulant medication as a first step.

In disagreement with the ADHD explanation, Javier’s parents continued to seek answers. Armed with results from testing conducted by someone else, they sought greater understanding of what might help their son acquire the elusive reading skills he so desperately wanted.

Typical of many families, Javier’s parents were confused and anxious about how to help him learn to read. They wanted their only child to achieve the success in school that he was striving for but not reaching. Following a discussion about Javier, his personal strengths, interests, being a desired friend to others, and a careful review of school, it was recommended that a full psycho-educational evaluation be conducted to help determine the best educational program possible. Speech and language, occupational therapy diagnostics, and a psychological evaluation would be important to study and compare to Javier’s current academic performance and level of emotional coping with daily disappointment and frustration. A plan was put into motion.

True of many families faced with this upsetting situation, most of us seldom think about HOW our children will learn to read until it is ALL we think about. To that end, the International Dyslexia Association (IDA) designed and produced a well executed and practical guide to help families navigate these unchartered and personal waters.

The IDA Dyslexia Handbook, What Every Family Should Know was developed and is available at no cost to serve as a guide for parents, therapists, and educators. Its straightforward and easy to navigate style should appeal to a broad audience who will find its contents manageable, timely, and enlightening.

Based upon the most current thinking and experience in the field, this valuable publication is a must read for any education major, teacher, speech/language pathologist, tutor, reading specialist, psychologist, and others. It should be considered a mainstay of support for parents of children like Javier who bravely struggle each day.

The Handbook is well organized and moves along in a developmental manner that “begins at the beginning” by defining dyslexia as a specific learning disability. Proceeding sequentially are lists of common characteristics parents may recognize in their child including oral language development, reading, written language, and a list of other symptoms that may or may not occur with the presence of dyslexia. Related learning difficulties and disorders are next described in the same list format and make it simple for readers to recognize any concomitant weaknesses.

The contents of the Handbook are put into context by relating the history and evolution of knowledge in the field. From
research and devotion to unwrapping the mysteries of learning disabilities, 1920’s physician Dr. Samuel Orton’s work to unlock answers to confounding reading problems experienced by otherwise intelligent children is described. Then, noting the work in the 1930’s of psychologist Anna Gillingham, who developed a systematic approach to teaching the 70 phonograms, letters, and letter pairs that represent the sounds found in the English language, the practice of multisensory teaching evolved. Writers of the Handbook describe Drs. Orton and Gillingham as influenced by the kinesthetic and tactile strategies developed by Dr. Grace Fernald and agreeing that movement and sensory strategies could strengthen basic reading skills. Readers of the Handbook will learn about the historical path of the Orton-Gillingham teaching method that is considered the most important and prevalent form of remediation of dyslexia and other types of reading problems.

Of great importance is IDA’s emphasis on structured, explicit, systematic and cumulative instruction taught by a highly qualified teacher. What is apparent and clear in this publication is that effective remediation must be planned and conducted by someone with training beyond that of a teacher or a traditional reading specialist. So often it seems that in our schools children with the greatest need are put in the hands of those who have good intentions but may lack the targeted training and knowledge to help make a significant and effective difference.

This Handbook fortunately devotes an entire chapter to what a thorough diagnostic evaluation should include. Written in the same clear style, this chapter explains what areas should be investigated to achieve the most helpful information. Testing results will become the basis for instructional planning; therefore, it is crucial to obtain a full understanding of the depth and breadth of the learning problems. Equally important to consider is the emotional toll that unmitigated learning problems may be having on the child.

From a speech and language perspective, it is important to gain information about a child’s grasp of the phonology representing the basic sounds of the English language. Accurate auditory processing of phonemes requires a reader to recall and sequence the individual sounds and syllables of a word with automaticity. For children with memory or expressive language deficiencies, language therapy can partner well with reading instruction to support growth in these foundational skills.

The Handbook makes a meaningful distinction when applying the label “dyslexia” to a child based upon results from a battery of tests. If a child responds quickly to more appropriate reading instruction, perhaps earlier skill gaps in the student’s profile had not been recognized or addressed. In this case, “dyslexia” would not be a fitting diagnosis. True dyslexia is neurological, lifelong, and does not respond quickly to remediation and strategies to generalize skills over the curriculum. It is exciting that in today’s landscape options such as Learning Ally exist to circumvent a reader’s slow visual processing speed and allow a struggling reader to experience books and materials at higher thinking and interest levels. This accommodation is recognized in the Handbook as one to continue throughout a student’s educational life and beyond.

Elaborating upon a parent’s responsibility to manage a child’s dyslexia, the Handbook goes on to outline important strategies for organizing information, and includes suggestions about keeping a sense of humor, being involved in school as much as possible, tolerating the “off” days that are bound to occur, and, perhaps as important as anything else, finding ways for a child to enjoy his or her strengths and interests. Many children with dyslexia and other reading problems have low self-regard. Because confidence is a byproduct of success, it is critically important to stack small attainable expectations for success that are celebrated achievements toward learning to read with recognition that providing time for a child’s preferred activities and strengths is equally necessary.

From a biochemical perspective, academic risk-taking must also be encouraged in order to overcome reading and other learning challenges. When we as human beings are involved in enjoyable physical or preferred activities, hormones are released in our brains to make us feel good. When stress and anxiety enter the scene in the case where a child proves unsuccessful in carrying out her “job” to learn in school, different hormones invoke a “fight or flight” reaction and shut down the availability to learn.

So, it is vital to regard the whole child when planning for the specialized instruction described within this Handbook. Identifying areas of interest and strength and paying attention to them will provide healthy balance to help offset feelings of inadequacy. One of the final chapters in the Handbook is about transitioning to college. It contains an excellent outline of what should be accomplished each year from ninth grade to high school graduation. Consistent documentation of learning
changes are seen between early childhood and early to-mid adolescence. In non-controlled studies (generally avoided in this discussion), placebo and practice effects can be problematic. Comorbid diagnoses also impact results, as described below for language, conduct, and anxiety disorders.

Given these potential confounders, individual studies suggest positive effects of methylphenidate on color naming speed, but less robust or absent effects on letter/number naming speed, positive effects on visual-spatial but not verbal working memory, improvements on visual matching to sample tasks that do or do not involve working memory, more rapid reaction time and reduced reaction time variability, and more variable, but generally positive effects on response inhibition. The variability in effects on this measure may have to do with the degree of “interference” to response in the particular test (for example, in a study of effects on the Stroop Color Word Test which requires overcoming prominent interference and inhibiting initial responses, methylphenidate does not uniformly improve performance). Many (but not all) studies find little to no improvement on global executive batteries (such as the CANTAB). Meta-analyses find small to no effects on working memory.

Methyphenidate effects on reading in children with ADHD with or without co-existing reading disorders- Earlier studies looking globally at academic performance indicate that students with ADHD on acceptable doses of medication attempt more reading and math items per unit time and are more accurate in their responses compared with students with ADHD not on medication. In studies looking at more specific measures, medication appears more likely to have positive effects on measures of language processing than oral reading, but if oral reading improves, reading comprehension may also improve.

Children with conduct disorders are more likely to show reading improvements, whereas children with anxiety disorders are less likely to show improvement. One theory that may help to explain these differing comorbidity effects is dose-response. Over the years, there has been some suggestion that optimal cognitive effects occur at lower doses than optimal observed behavioral effects (though this is controversial). Standard dosing in a study protocol may tend to under-dose the behavioral symptoms of children with conduct disorder and over-dose the behavioral symptoms of children with anxiety disorder, leading to relatively better cognitive effects for those on relatively lower doses for their behavioral needs. The presence or absence of a learning disability in reading does not appear to make a difference (interestingly, paralleling the effects of instructional interventions), however, the presence of a learning disability in math tends to lead to less response to methylphenidate on a variety of achievement measures. Number of words read correctly increases in children with ADHD and comorbid dyslexia with medication, but does not normalize. Medication can improve the use of decoding strategies in word/nonword reading when rapid naming is improved as well. Given the more prominent effects on visual than verbal measures, it would be useful to design a study looking specifically at the orthographic aspects of reading with and without a naturalistic medication protocol.

Atomoxetine effects on endophenotypes- As with methylphenidate, studies using the BRIEF rating scale (in young adults rather than children) show improvements with atomoxetine in each of the composite scales (Global Executive Composite, Behavioral Regulation Composite, and Metacognitive Index), however, improvements were not significant in the specific subscales Initiate, Organization of Materials, and Emotional Control. Non-controlled studies of Strattera show improvements in non-verbal executive functions, including set-shifting/flexibility, spatial short-term and working memory, response inhibition and reaction time which are similar to some findings with methylphenidate. These studies also find improvements in spatial planning and problem-solving in children and adults, which will be interesting new information if confirmed in controlled studies. Continuous performance variables including attention (omission errors), response inhibition (commission errors), reaction time and reaction time variability and visual-spatial working memory and inhibition have been shown to improve under placebo-controlled conditions, as with methylphenidate. When methylphenidate and atomoxetine are compared in the same study paradigms, methylphenidate appears more likely than atomoxetine to improve verbal fluency, more complex verbal working memory, and set-shifting, whereas both improve measures of visual-spatial working memory (Rey Complex Figure Test), digit span, and inhibition/interference (Stroop Color Word Test). Several functional imaging studies suggest that methylphenidate and atomoxetine show some overlapping and some distinct patterns of brain activation.

Atomoxetine effects on reading- Early studies suggested that atomoxetine might have unique effects on reading/academic performance due to its selectivity for inhibiting the re-uptake of norepinephrine rather than dopamine, and the more widespread involvement of norepinephrine (compared with dopamine which is more selectively affected by methylphenidate).
methylphenidate) in cortical networks associated with learning. Reading measures (Kaufman Test of Educational Achievement) have been shown to improve in open-label studies, but controlled trials have not been completed.

In summary, the role of medication for ADHD in treating executive and reading-related deficits remains unclear because of multiple factors that make conclusions difficult to draw, including the use of different measures, overlapping domains related to executive skills typically assessed by most measures, differential effects of different medication paradigms, and the use of categorical diagnoses (with different diagnostic methodologies used in different studies). Working memory, language processing, and processing speed are areas of cognitive weakness that may be present with either attention or reading deficits. Accumulating evidence suggests that visual memory and processing, and inhibition/interference management are characteristic of ADHD, not dyslexia, and are more likely to improve with medication than are the phonological deficits and verbal working memory weaknesses characteristic of reading disorders/dyslexia. Some aspects of language processing, rapid retrieval, and cognitive inhibition may overlap, and these, or more non-specific increases in mental effort/motivation, may contribute to apparent medication benefits on general reading performance.

Teachers and psychologists play key roles in instructing and evaluating children’s component reading skills in the natural instructional environment of school. They are in a unique position to assess effects of medication on measureable executive and reading endophenotypes in their students. Perhaps what is most meaningful to take away from this review is the critical need for collaboration between prescribing physicians and school personnel in the development of functional measures of medication response for individual children.

A few selected references:

Most people know the word dyslexia, but few understand it. Diane Reott is one local parent who knows a great deal about it. She just wishes she had learned it earlier for the sake of her son.

People generally think dyslexia means switching letters or having difficulty learning to read. It is much more than that. Dyslexia is a genetic, language-based disability that affects not only reading, but also writing, spelling, handwriting, and the ability to express oneself, even in speaking.

When Reott’s son, Matt, entered kindergarten, he was bright and happy, able to recite his alphabet, had a great vocabulary, and his parents read to him every day. But he could not identify any letters.

The school told Reott what parents frequently hear: “He’s a boy; he will catch up.” In fact, dyslexic students do not “catch up.” Without early intervention, they fall further behind, and their self-esteem plummets. Matt was on that trajectory.

By the second semester of kindergarten, Reott requested that her son be tested by the school. The diagnosis came back as attention deficit disorder, for which the school developed an Individualized Education Program (IEP). Reott attended the IEP meeting, not really understanding but trusting all would be fine.

For the next five months, she reviewed sight words with Matt every day, but he made no progress. Both mother and son were confused and frustrated. She began begging him to “pay attention!” One day Matt looked at his mother with big tears rolling down his face and said, “I am the stupidest kid in the class.”

This happy, bright little boy had given up. Reott realized that something was really different in the way her son’s brain was seeing and hearing the words.

Matt eventually had further testing and was diagnosed with dyslexia. Today at age 17, while Matt’s learning issues are profound, he understands that dyslexics have other gifts and thinks of himself as intelligent and worthwhile.

If parents sense their child is struggling, they should familiarize themselves with the signs of dyslexia and act as their child’s advocate. As Reott learned, kids need early support for their learning challenges – by the end of kindergarten at the latest.

By preschool, the signs of dyslexia are clear. They include an inability to recognize letters and trouble learning common nursery rhymes. By kindergarten or first grade, signs include reading errors that show no connection to the sounds of the letters on the page (the child will say “puppy” when the written word is dog accompanied by a picture of a dog). Additional signs include an inability to read simple words such as “cat.” Even the ability to recall a new friend’s name is challenging.

If your child shows signs of dyslexia, especially if there is a family history of reading problems, here’s what you can do:

Take responsibility for your child’s education. Learn about dyslexia. Work with the school – but trust your own instincts.

Ask for regular meetings, about every two months, to review objective data on progress. If the instruction is ineffective, ask for changes in instruction. Have a knowledgeable person accompany you to IEP meetings. Parents need to understand everything said in the meeting.

The Yale Center for Dyslexia and Creativity offers a useful list of signs of dyslexia and other resources.

Nancy M. Scharff, M.Ed., Special Education is an active member of the Pennsylvania Dyslexia Legislative Coalition and Literate Nation. Diane Reott is also a member of these groups.
Summer Enrichment Program
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<table>
<thead>
<tr>
<th>Program Options</th>
<th>1:1 Class Offerings (included in tuition)</th>
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| Morning 1: 8:30-10:30 am  
Morning 2: 10:30 am-12:30 pm | • Wilson Reading  
• Reading Comprehension  
• Technology  
• Writing  
• Math |
| Half Day: 8:30am-12:00 pm  
Mid-Day: 10:30am-3:00 pm |  |
| Full Day: 8:30am-3:00 pm |  |

Academic enrichment in the morning and a recreational program in the afternoon. The afternoon includes swimming, art, drama, music, science, woodshop and weekly field trips.
“Children do well if they can” was the overarching theme of a workshop on Executive Function hosted by the Pittsburgh Regional Group of the Pennsylvania Branch of the International Dyslexia Association on May 2, 2015.

Cheryl Chase, Ph.D. presented a six-hour training for over 100 teachers, parents, and mental health professionals at the Allegheny Intermediate Unit in Pittsburgh. The workshop, entitled “Executive Functions: What Are They, Why Are They Important, and How Can I Help?” provided a clear overview of what is meant by executive function, gave examples of some of the problems caused by executive dysfunction, and gave practical suggestions for helping someone with executive dysfunction.

Dr. Chase asked participants to think of a difficult child or student in their lives. This child interrupts others, gets out of control easily, struggles with large assignments, has trouble when routines are too rigid or too loose, and seems to have no sense of time. This child often looks like someone who is not trying hard—parents and teachers often say he or she should be able to do what is being asked. But Chase asked us to drop the “shoulds” and instead start working from the point of view that children do well if they can, so if a child is not doing well, we need to look for the underlying problem and figure out how to help. She explained that executive functioning is controlled by the frontal lobe of the brain which only reaches maturity by the time people are in their twenties, and someone with executive dysfunction is likely to be 30% behind in that development. Understanding the elements of executive functioning can be a good starting point to evaluate why a child may not be doing well.

Dr. Chase then gave an overview of Dr. Russell Barkley’s framework of executive functioning. Barkley identifies five primary cognitive processes that are required for mental and behavioral self-control:

- Inhibition – the capacity to stop and think before acting. Barkley identifies this as the most important element of executive functioning. Without this ability, a person cannot interrupt ongoing behavior when appropriate such as a child who cannot turn off gross motor movement to sit and do schoolwork.
- Sensing to the Self – the ability to use non-verbal working memory. This element of executive functioning gives someone an awareness of time and gives a person the ability to learn vicariously by seeing what someone else does and to apply past learning to a present situation.
- Self-Speech – the ability to make and follow rules, to problem-solve, and to evaluate solutions.
- Emotions/Motivation to the Self – the ability to manage emotions in order to achieve goals, complete tasks, or control and direct behavior. This ability is essential to be able to cheer oneself up, calm oneself down, and to follow through on the completion of a goal and not be put off by competing interests.
- Reconstitution to the Self – the rapid assembling of complex, hierarchical, goal-directed actions; to come up with novel ideas, to revise plans when faced with obstacles or new information, and to adapt to changing conditions.

Dr. Chase explained how each of Barkley’s five elements serve most typically functioning individuals and then gave examples of how people with executive dysfunction are impacted by deficits in one or more of these areas. Then for the remainder of the day, Chase gave suggestions for helping someone with executive dysfunction. Her suggestions again started from Dr. Barkley’s model and the five general elements he recommends for any treatment plan for executive dysfunction. All of these elements are geared toward externalizing the functions that would otherwise be handled by the frontal lobe.

- Externalize important information: use lists and signs cuing important reminders, and post them at the point of performance—e.g. “pack for home” sign on the inside of the school locker door.
- Externalize time periods related to tasks: use timers to train children to feel the passage of time, and have them time themselves doing daily tasks such as brushing teeth, showering, getting dressed, so they know how long various tasks actually take and can plan time accordingly.
- Break up future tasks into many small steps and explicitly walk the child through the steps of complex routines.
- Externalize sources of motivation by giving immediate and quick praise and by using stickers, charts, etc.
- Permit more external manipulations of task components. Use multi-sensory experiences and manipulatives for learning wherever possible.

The purpose of these strategies is to minimize the amount of information a child is expected to hold in memory while giving practice with how to organize, how to pay attention to time, how to create routines, and how to look for options when a plan needs to be changed. Dr. Chase challenged teachers and parents to “be your child’s frontal lobe” while teaching strategies to help a child learn to be better at executive functioning.

This workshop was practical in tone throughout, and participants left with greater understanding of executive function and with many practical suggestions for helping children and students with executive dysfunction to be able to be more successful in performing the tasks asked of them.

The Pittsburgh Region – PBIDA thanks Dr. Cheryl Chase for her excellent presentation and also thanks Dr. Denise Morelli, Director of the Allegheny Intermediate Unit Non-Public Schools Program, for providing the location for the workshop.

Maria Paluselli, Education Consultant and Christine Craig Seppi, PBIDA Board Member
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What’s the first thing you think of when you think of summer? If you’re like most people, you think of swimming or relaxing on the beach. According to statistics, swimming—whether in a pool, a lake or in the ocean—is the most popular summer activity for children and their families.

While that statistic may not impact your family’s summer plans one way or another, there are facts concerning your child’s learning and education that might. If you are wondering whether you should “give your child a break” from school over the summer, you may want to think again, and especially if your child has learning struggles.

Research (meta-analysis, Cooper 1996) indicates that students, on average, lose one month of instruction over the summer (i.e., children’s grade-equivalents on standardized tests were one month lower when they returned to school in the fall as compared with scores from the previous spring).

Research (on all children, not just on those with learning disabilities) shows that facts and procedural skills are more vulnerable to loss over the summer than are other kinds of learning (math concepts, problem-solving, reading comprehension), and this suggests that students with learning disabilities who struggle to master such learning will benefit from summer programming (Cooper, 2003).

Studies have found that students whose reading skills are behind in high school were not reading proficiently and at grade level in the 2nd and 3rd grades. Participation in a summer learning program may help students retain learned skills and experience gains that they might otherwise not make.

Students who are behind their peers academically require more time to learn and that time must be tailored to their specific learning needs.

Rigorous studies of summer programs have found positive effects on student skill development and indicate that involvement in summer learning may lead to achievement gains. (Rand Corporation, 2011).

While the above research does not cite the most popular vacation spots or favorite hot weather desserts, it does provide important information for parents to consider when planning their children’s summer schedules. Many parents believe that summer is a time for their children to take a break from learning, to go to camp, swim in the pool and just have fun. As important as it is for children to enjoy down time, research spanning 100 years shows that it’s critical for children to continue to learn over the summer months.

Although all children benefit from participating in a summer learning program, children with learning disabilities such as dyslexia stand to benefit the most as they continue to close the gap between their academic skills and those of their peers.

There are many schools, both public and private, that offer summer learning programs. How do you know if the summer learning program you choose will benefit your child? Fortunately, research provides us with a list of criteria families can use to determine the effectiveness of a summer learning program.

The program should:
- Be taught in small class sizes
- Be taught by highly-trained teachers using research-based and evidence-based instruction
- Align summer curricula with school year curricula
- Provide students with enriching content beyond remediation
- Track the effectiveness of instruction
- Utilize individualized instruction tailored to the student’s specific learning needs
- Include parental involvement.

Given those criteria, parents are able to evaluate the summer learning programs they are considering for their child. Parents may also find the following reference helpful: Finding a Great Summer Program: A Checklist for Parents by the National Summer Learning Association.

(Continued on page 21)
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WE’RE ONLY A 4-MINUTE WALK FROM THE PAOLI TRAIN STATION
The Pennsylvania Dyslexia Literacy Coalition began in the spring of 2012 when a few parents/professionals met over coffee to discuss their discouragement about education of children with dyslexia. Initially, we had two broad goals: first, to create more awareness of dyslexia and reading problems, and second, to improve the educational results for our children, parents, teachers, schools and communities. The group was termed a Coalition rather than an organization, because there were already many organizations in PA working toward the same goal and we wanted a forum where those organizations could meet and support each other. The Coalition now includes individuals and groups representing parents, teachers, psychologists, school superintendents, attorneys, and advocates. The Coalition has become a PBIDA Standing Committee, to focus on legislative initiatives.

We meet on a monthly basis; our current missions are to increase awareness of dyslexia and of reading problems, to improve teacher education and training regarding literacy, and to support selected state level legislation efforts. We work on projects together as a group and we support each group member’s individual initiatives. Our first three years have been productive, successful and very busy! We have all learned a great deal from each other and although we’ve each been faced with setbacks along the way, the support of the group strengthens the drive to push forward, and that continued drive has translated those setbacks into successes.

Our efforts during the past three years include:

- PA DLC members have been a part of the writing, passing and implementation of HB198 (ACT69, 2014); and as members of the Advisory Group we will oversee the 3-year pilot. The Pilot works in selected PA school districts; the Pilot provides screening for all Kindergarten students, and evidence-based intervention for Kindergarten students shown to be at-risk for reading failure by the screening. Students will be monitored and continue to receive intervention if necessary, through second grade at this point. The goal is to reduce reading failure through early intervention and to decrease the number of students referred to special education.
- Members of the Pennsylvania Senate and the House have worked with the Coalition to pass yearly resolutions making October officially Dyslexia Awareness month in PA.
- The Coalition hosts a yearly Dyslexia Day in October in the Capitol Rotunda in Harrisburg.
- The Coalition partnered with Drexel University to bring the national dyslexia awareness event, the Big Picture Road show, to Philadelphia.
- The Coalition organized a lunch meeting with Reid Lyon, a leader in the field of educational research and implementation of reading programs, and Senator Mike Folmer, Chair of the PA Senate Education Committee to provide an understanding of dyslexia/literacy and of the importance of early screening and intervention to the basic foundation of education in PA. The discussion was lively and informative, and all came away feeling they had learned a great deal.
- A PA DLC member has worked with St. Joseph’s University to develop an Urban Teaching Residency. UTR graduate students teach for one year with strong supervision in a Philadelphia public school, and earn an IDA accredited degree combined with strong social justice training. The UTR will begin in the 15/16 school year.
- A PA DLC member served on the new Governor’s Education Transition Team, and supported teacher education and evidence-based instruction.
- Members of PA DLC sit on the Instructional Strategies committee of the Philadelphia Read by 4th Grade initiative.
- As a state representative to Literate Nation, PA DLC has worked with other states as a team to better create, define and bring a national focus and voice to the work we are all doing.
- The PA Coalition is a member of the International Dyslexia Association’s Coalition for Reading Excellency.
- The Coalition has worked closely with PA Decoding Dyslexia, and has supported the growth of this parent advocacy group.

We have had some successes in using social media to deliver a message about dyslexia and reading challenges. These include two articles in the Philadelphia School District newsletter, The Notebook, a feature in Parents Magazine (March 2015), and a WHYY interview about dyslexia.

Our successes are the result of a team effort of hard work, diligence, support and grit. We are proud to say that our hard work and goal-oriented approach mean that the Coalition continues to move forward with our plans for future initiatives.

Diane Reott is a parent of a dyslexic son. She works for S. R. Wojdak & Associates, is a PBIDA Board member, a member of the Instructional Strategies committee of the Read by 4th Grade Initiative, and a member of Advisory Group on the implementation of the Dyslexia and Early Literacy Pilot Program.

Daphne Uliana is the mother of three dyslexic children, a former PA House of Representatives staff and campaign consultant, a PBIDA Board member, and a member of the Advisory Group on the Implementation of the Dyslexia and Early Literacy Pilot.
It is important to keep in mind that in addition to providing more opportunities for your child to practice and master the skills that are most challenging, summer learning may also offer enriching experiences that build background knowledge, boost motivation to learn, and increase desire to practice academic skills. To that end, parents may enhance their child’s summer learning program via home-based activities and experiences, such as reading together from books of interest to the child, listening to audiobooks on car rides to vacations spots, spending summer afternoons playing board, dice, and card games to practice math skills, and building writing skills by keeping a journal of weekly summer activities. Parents may find additional ideas in the reference: *Summer Activities for Children with Learning Disabilities* (Learning Disabilities Association of America).

After choosing the summer learning program and experiences that best meet your child’s needs, you can make plans to take your family to the pool or the beach. After all, everyone knows that, above all else, kids love to swim in the summer!


*Allison Einslein, M.S., Lower School Head, AIM Academy*
In a 20-year longitudinal research study conducted by Marshall H. Raskind, PhD., Roberta J. Goldberg PhD., Eleanor L Higgins, PhD., and Kenneth L. Herman, PhD. of the Frostig Center in Pasadena, Calif., pioneers in the diagnosis and treatment of learning differences, the lives of individuals with learning disabilities were followed from childhood into adulthood to identify factors that lead to successful life outcomes. During the study, six key success factors, or attributes, emerged: Self-Awareness, Proactivity, Perseverance, Goal Setting, Presence and Use of Effective Support Systems, and Emotional Coping Strategies. (For an overview of the study, see http://pbida.org/FocusFall12.pdf ) In this series of articles, each key success factor will be discussed along with ways for parents to help their children develop them.

Support is something all of us tap into during our lives. Sometimes we are ready to accept support and other times we don't even realize we need it. Successful people with learning disabilities know when they need help and have learned how to ask when they need it. Support can be a conversation that clarifies options or provides encouragement. It can be a tutor helping to teach a concept that isn’t quite grasped or a coach that helps think through the steps to attainment of a big goal. With or without learning disabilities, we all benefit from support sometime in our lives.

In this article, the sixth in a series exploring what children with learning issues need to grow into successful adults, we will explore what support looks like. This will help parents explore attitudes and actions to create support plans that really work. The result of this effort is kids getting the help they need to be the best they can be.

In this article parents and caregivers can explore how to:

- Define the support their child needs.
- Learn how to create a support plan tailored to their child.
- Create an environment for their support plan to flourish.
- Recognize signs the support plan is not working.
- Help their child learn how to be comfortable asking for support.

WHAT SUPPORT DOES MY CHILD NEED?

Before your child’s diagnosis with a learning disability, it was probably a confusing time. What support is needed? Why do some aspects of the child’s life seem easy and others so hard? A diagnosed learning disability can lead to overwhelming concerns ranging from how to keep up with schoolwork or social life to worries about how it is all going to work out in the long run.

The diagnosis is the first step toward making life easier. By having a certified professional’s assessment you begin to understand how to support the learning disability you, your child and other members of your family are experiencing.

THE PSYCHO-EDUCATIONAL EVALUATION-A ROAD MAP FOR SUPPORT

In order to better understand your child’s learning, cognitive, academic, and social/emotional needs, you may request an evaluation from your local public school and/or pursue an evaluation privately (and at your cost). Should you choose the latter, make sure the professional you work with is a PA Certified School Psychologist. In either case, you can familiarize yourself with the process and law through excellent resources including Pennsylvania Training and Technical Assistance Network (PaTTAN), Wright’s Law, National Center for Learning Disabilities, and books such as Straight Talk about Psychological Testing for Kids by Ellen Braaten, PhD and Gretchen Felopulous, PhD.

The testing professional meets first with the parents/caregivers, then often does an observation of the child in the school setting, and finally meets with the child for two/three testing sessions. After finishing up the testing, the professional, whether based in the school district or private, writes a psychoeducational evaluation report which includes complete testing results, explains how the tests translate into specific strengths and weaknesses, and if appropriate, provides a diagnosis/es with supporting data for each diagnosis. The report will also contain detailed recommendations (e.g., necessary interventions, accommodations) based on testing findings. You will want to become familiar with all aspects of the report; this understanding may take several readings and more than one meeting/telephone call with the testing professional. Having a clear understanding of the report findings allows parents/caregivers to be effective liaisons between the child’s home, academic, and extracurricular settings.

After the completion of the evaluation report you will have a meeting with the testing professional during which he/she

(Continued on page 25)
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Individually with dyslexia and other related difficulties face a broad array of challenges with regard to reading. Most predominantly, they have difficulty with decoding and word recognition. Neurobiologically, not only do these individuals differ relative to typically developing readers, but also their neurobiological structure and function has been found to be useful for predicting responsiveness to intervention. Another aspect of reading that has been less of a focus is understanding how the higher level linguistic and cognitive processes important for reading comprehension differ across readers. Although less is known about these processes, recent findings have shed some light on the neurobiological mechanisms of comprehension.
will review the evaluation findings and recommendations. The process of initiating and conducting this meeting will vary in public school and private evaluation contexts (e.g., in the public school, you might meet with a team of individuals, including the testing professional and other specialists, teachers, etc. to discuss testing findings; for a private evaluation, your meeting is usually with the testing professional only).

What happens after you have been provided with the evaluation findings varies as well. If your child has been evaluated by the public school, there is a process to be followed if you and the testing professional agree that your child needs services and/or accommodations to be provided through the public school (e.g., an Individual Education Plan – IEP, or Section 504 Accommodations Plan may be developed). If your child has been evaluated privately, you can decide if you want to share the evaluation findings with school officials. When deciding to share private evaluation findings with public schools, you should request in writing a meeting with the school to discuss your child’s report. It is important to understand that the public school is not required to implement the recommendations in the independent evaluation, although the school is obligated to consider the independent evaluation. When deciding to share private testing findings with nonpublic schools, you can ask the school psychologist or another official (e.g., the principal) to explain the protocol for how a report may be used, who has access to it, and the process for implementing recommendations in the school setting (again recognizing that the school is not required to follow through with all of the recommendations).

Many nonpublic schools prepare a ‘learning plan’ which outlines the child’s strengths and needs and lists specific recommendations for instruction and support. You will want to review the ‘learning plan’ before it is disseminated to teachers and other support staff.

**HOW TO IMPLEMENT A SUCCESSFUL SUPPORT PLAN**

For a successful support system to be implemented, there are several steps for parent and child to consider. When these steps are working, a well-designed support system has a great chance of succeeding. As challenges working with the support plan arise, reviewing the steps below can help uncover the difficulty.

- The child, with help from parents, teachers and specialists, knows what is needed to support his/her specific learning issues.
- The child is able to recognize when he/she needs to activate support.
- The child will actively seek the help needed.
- The child is willing to use technology if it is determined a viable addition.
- The child, as he/she is approaching independence, takes time to understand the basics of the laws that support his/her learning disability: IDEA (Individuals with Disabilities Act) & ADA (Americans with Disabilities Act)

The support plan will work if all involved understand the steps and are committed to success. Although these steps seem simple, they can be challenging to implement. Patience and diligence are required.

Remember, the support plan itself is dynamic and will need adjustment as the child grows in his/her capacity. Attentive caring, combined with regular communications with all involved in the support plan, will ensure the highest probability of success.

**WARNING SIGNS SUPPORT SYSTEM NEEDS ADJUSTMENT**

If these steps are not in place, or not working, there will be warning signs to parents and support givers that changes need to be made.

Some common signs are:

- Frustration: Frustration can come from having work that is too difficult or not enough of a challenge. Is the complexity of the work or the amount realistic?
- Shunning Help: Counter intuitive to many adults, children will often reject help when they need it most. When rejection of help is noticed, it is time to ask open-ended questions and listen carefully to see what is needed.
- Rigid Thinking: Rigid thinking can be a roadblock to results. Often, getting to a desired result requires rethinking how to get there in mid-stream. Flexible thinking is one way to move toward a goal.
- Emotional Outbursts: When stress and strain become too much, the result can be an emotional outburst. If high emotion is present it can signal not enough or not the right kind of support for the child.
- Changes in Social/Family Interactions: Is your child quieter than normal, removed from or having issues with friends? This can signal a time to check in on how the support structure is working for your child.

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CREATING AN ENVIRONMENT FOR SUPPORT STRATEGIES TO FLOURISH

For the support system and its implementation to be effective a few guiding principles can be helpful. From the child’s point of view, it isn’t always easy to ask for help. It also isn’t easy to stay the course of requesting a child to follow through on a support plan. Guiding principles help everyone involved stay on course.

By agreeing to a set of guiding principles, a family can adopt a positive mindset toward the support plan. A positive attitude will help the plan be successful. Work with your coach or mental health care provider to come up with your families guiding principles.

Here are some examples of guiding principles:

- **Establish Realistic Goals** – Set realistic goals that are age appropriate. Review the Coaches Corner article in the PBIDA magazine where setting goals is discussed [http://www.pbida.org/FocusWinter14-15.pdf](http://www.pbida.org/FocusWinter14-15.pdf)
- **Be Flexible** - Be ready to discuss and change support if needed when difficulties arise. Expect change. Growth and change is constant with a support plan and learning issues.
- **Be Consistent** – When there is push back to using the plan, review calmly why the support was chosen and why it still is the best choice.
- **Reach out to others** – Teaching a child to reach out for help strengthens kids’ resilience. If this is a new skill, parents can role model how to reach out. Engage in role-play to increase comfort of using this skill.
- **Accept Help When Offered**- Accepting help when offered can be challenging for some. Be on the look out for the shunning of help because of embarrassment or pride. Offering suggestions for how to graciously accept help and saying thank you afterward can help smooth the path.

HELP YOUR CHILD FEEL COMFORTABLE SEEKING SUPPORT

Practice asking for help will create familiarity when actually seeking support. This can easily be done as part of family life. Building the skill of asking for help or support will serve your children with learning issues as well as your children without learning issues and acts as a foundation for collaboration and teamwork.

Here are some ideas for things to do with your family that are fun and skill building at the same time:

- **Model the “Confident Ask”** – At a family meeting, introduce how each of us needs help from time to time. Share examples from your life. Teach that HOW you ask for help is important. Demonstrate asking for help in a confident manner. Next, ask your child to practice with you. If you hear a whiny, sheepish, less than confident tone, simply ask your child to repeat the request in a different tone of voice and with different body language. Be patient; it takes time to teach confident asking behavior. Why bother? Asking for assistance in a confident manner is more effective for both the sender and the receiver.
- **Read Success Stories** - Literature, newspapers and the web are full of stories of people overcoming odds by asking for help. Seek out these stories and engage with them as a family. Create a discussion asking family members what they learned. In addition, share the stories your family members have of asking for help and how it improved the end result.
- **Show your kids how to analyze, discuss and share possible solutions** before deciding on a path. So many children don't realize there is a process to choosing a path when a challenge is present. Instead, they think the answer just comes to people in a time of need. Nothing could be further from the truth! Slow down the process of problem solving so the phases of initial confusion, discussion, seeking other opinions, analyzing and ultimately choosing a path becomes normalized.
- **Understand the Legislation that Supports Them** - IDEA (Individuals with Disabilities Act) legislation is in place to support children through secondary education. At 18 years old (21 in some cases) the protection of their rights shifts to the ADA (Americans with Disabilities Act). The basic parts of both pieces of legislation are important for everyone who has a disability to understand. Don't overlook this important step, especially as young adults are headed off to college.
- **Try a new Ap!** Look into mobile applications and PC software programs that can support your child’s learning disability. Examples of helpful software are available by searching the web.

A few examples are:

- For students who have difficulty writing, voice dictation software has been available for over 10 years and is easy to use.

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and lead a productive meeting.

• Play games together as a family – they can be traditional board games, or even digital board games on a tablet. Our family plays Monopoly on our iPad at home and it works very much like the original board game. We limit the time to two hours, but they are two hours packed with fun and learning. We learn how to take turns, follow rules, cooperate, control emotions, budget, discuss and execute deals with other players and much more. Plus, the game on the iPad shows the information, and reads the text aloud with us to help us along when we need it. A great benefit of digital games for students with dyslexia.

• When your young adults are on their computer or tablet talking to friends, take the opportunity to discuss how to answer phone calls and greet people. That may seem unimportant to them, and they probably won’t understand why they have to know how to answer a phone with a cord attached to it. However, the skill is invaluable when it comes to getting an interview – let alone obtaining and keeping a job.

• Have your child look people in the eye and shake hands when introducing him/her to other adults. Practice the non-verbal language that often takes place at a job interview. Let your son or daughter know that it’s important to have eye contact with the person conducting the interview and to limit fidgeting, or nervous movements as much as possible. For students with ADD/ADHD this can be a very difficult challenge, but one that is very important to master. One strategy can be to look at a person’s nose or cheek if looking directly eye-to-eye is too distressing. It will appear as though he/she is actually making eye contact.

• Model proper posture, such as standing up straight instead of slouching. Remind your child that proper posture communicates confidence.

• Show and explain that communication skills and personal boundaries may differ based on the setting and situation. For instance, a friend could demonstrate an acceptable distance between two people who are not related to one another, usually 1.5 to 4 feet. Have your child practice this.

• Discuss potential strategies to improve communication skills with your child’s IEP team and include soft skills development as a related goal, if he/she has a disability. If your child does not have an IEP, discuss strategies and related goals directly with his teachers and/or advisors.

• Reading a person’s facial expressions is also an important part of soft skill development. This can be very difficult for some students with learning differences. This is especially true for students that may be on the autism spectrum.

In the end, remember that all of these suggestions require compromise and long-term conditioning. None of us developed these skills overnight and your child will not be an exception. It takes time and no one can be ideal at every aspect of the skills listed above. Once you’ve started this process of helping your children learn to develop soft-skills, you soon realize that it truly is a journey and not a destination. Once your child starts to build the skills and the confidence to begin this journey, he/she will begin to acquire new opportunities that were previously out of their reach and never look back.

For more information about developing soft skills with your child, visit the following website produced by The National Collaborative on Workforce and Disability for Youth (NCWD/Youth). http://www.ncwd--youth.info/information--brief--28

REFERENCES


Bob Sager, M.Ed., is the President and Founder of Edu-Tech Academic Solutions, the leading provider of technology support, management and classroom integration solutions specifically designed for independent schools throughout the Philadelphia region
What’s Happening in the Eastern Region?

PBIDA’s EXPERIENCE DYSLEXIA, A SIMULATION Program

• “I wish every single elementary educator would participate in a simulation. As a parent, it was emotional, fascinating, devastating, enlightening, and one of the single most valuable things I have done.” Parent

• “I expected the process to be more of an intellectual exercise. While it certainly was, I was beyond moved, impressed and inspired by the powerful emotions which were elicited. It is the emotions stirred in me which will endure for the rest of my life.” Parent

• “It was extremely worthwhile. My son has dyslexia and no matter how much you read about it you cannot truly understand the frustration in a standard classroom setting.” Parent

• “This experience gave me insight as to how challenging & frustrating it is to be dyslexic. I can see that behaviors can go off of the frustration, exhaustion, and possible giving up disposition.” Parent

• “I have a 7 year old daughter just diagnosed with dyslexia and it is humbling to have a small idea of what she may feel every day at school.” Parent

• “Totally opened my eyes to the experience and will empower me as a parent to more constructively address the issues and resulting frustrations.” Parent

• “I had always been ready to adapt my teaching style to the needs of any and all students in my room. With the presentation (particularly the six simulations), I now have a better idea of what to focus on in terms of academic needs. More wait/think time, clearer instructions and the ability to advocate for themselves whenever possible.” Speech language pathologist in a private clinic

• “(The simulation) gave great insight on how much mental effort they use to complete things and why homework can be an issue. I will give them chances to skip when called on, or allow them to ask for help from a neighbor when reading.” Special education teacher

• “The simulation was absolutely worth the time. It really gave a feel how a student might feel tired, or frustrated, or worthless. It makes you realize that, at times, a teacher might be asking too much.” Educator

• “I will allow for more wait time when calling on students to answer. I will also be more aware of who I call on to read aloud in class.” Educator

• “I will be more aware of my actions in the classroom. I am more aware of things to look for that could be dyslexic behavior.” Educator

• “The presentation and the simulations helped me to think of ways that I could support families and children who have dyslexia. I will be more mindful of the difficulty that children with dyslexia have with attention.” Researcher

Experience Dyslexia® continues to elicit a strong positive response from parents and professionals alike. The Philadelphia region ended 2014 with a simulation open to the community in the NE region of Pennsylvania at the Hillside School, and started 2015 with a simulation in Delaware at the Pilot School. It is gratifying to reach people in a wide geographic area with this powerful, hands-on program.

Over 1,475 people have attended Experience Dyslexia® simulations through the Philadelphia region since 2009.

For information on how PBIDA can tailor the dyslexia simulation for your organization, contact Betsy Boston at dyslexia@pbida.org or 610-527-1548
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to use. These programs take the burden of spelling and the physical mechanics of writing off student’s shoulders.

- Lining up columns for math problems can be difficult if a spatial relationship issue is present. Software can help dramatically and raise the chances of finding the right answer.
- Check out this source for academic (and FUN!) Apps: https://www.commonsensemedia.org
- Raise your awareness of LD organizations and advocacy groups that can keep you up to date on the latest knowledge surrounding learning disabilities.

Some helpful sites are:
- PBIDA - http://www.pbida.org offers support and information for dyslexia and learning issues.
- LDOnline - http://www.ldonline.org this site provides information on learning issues and ADHD.
- NCLD – (National Center for Learning Disabilities) http://www.ncld.org provides information about legislation, parent support groups, summer programs and more designed to serve individuals and families with learning issues.
- Try some of these resources and exercises. Incorporate one or two suggestions per month into your parenting and see what new insights arise within your family.

IN SUMMARY

Although many think a “Do It Alone”, “Buck Up” or “Push Until It’s Done” strategy is a sign of strength and fortitude, it doesn’t work in many situations and rarely when a diagnosed learning issue is involved. Asking for help is a much better solution.

Creating a support plan and using that plan creates a circle of safety that engenders an environment of success. Knowing there are people to turn to promotes a feeling of confidence and improves self-esteem. Having a support plan in place that is used at home, school and in extra curricular activities provides consistency while strengthening the child with learning disabilities.

Most successful individuals with learning disabilities have learned to ask for help. Support is necessary at sometime in everyone’s life and that support can take different forms and come from different places. The life skill of using a support plan and asking for help when needed is important for those with learning disabilities to embrace.

Reach out for help in developing or implementing support structures or any of the other topics covered through this ongoing series.

Becky Scott, Family & Personal Coach, CPCC, ACC, Principal at The Navigators Way
Past President of the Philadelphia Chapter of the International Coaching Federation 2014
www.thenavigatorsway.com, 610-783-5676. BScott@TheNavigatorsWay.com

Summer SAT/ACT Preparation Course for the LD Student, July 13-30, Monday-Thursday, 9am-12:30pm, Delaware Valley Friends School. This test prep course will prepare students for all college admissions standardized tests. Designed for students entering 11th and 12th grades with diagnosed learning differences. Contact Hallie Ciarlone, hallie.ciarlone@dvfs.org.

Woodlynde School Open House, July 14, 8:45 a.m. Register at www.woodlynde.org/openhouse.

Wilson Introductory Workshop, July 14-16, 9am-3pm, AIM Academy. Contact kkeesey@aimpa.org.

Delaware Valley Friends School Admissions Open House, July 15, 9am. Contact Kathy Barry at kathy.barry@dvfs.org to register.

Wilson Just Words Workshop, July 21-22, 9am-3pm, AIM Academy. Contact kkeesey@aimpa.org.

AIM Academy Parent Open House, July 23, 9am-11am, AIM Academy. Contact abedrosian@aimpa.org

August

Wilson Introductory Workshop, August 17-19, 9am-3pm, AIM Academy. Contact kkeesey@aimpa.org.

Wilson Advanced Strategies, WRS Group Mastery Workshop, August 24-26, 9am-3pm, AIM Academy. Contact kkeesey@aimpa.org.

“Making Math Work for K-12 Special Education Students” by Steve Leinwand, August 28, 9am-3pm, AIM Academy. Contact kkeesey@aimpa.org.
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