



## **Buranda State School Professional Development**

### **Literacy Challenges in the Classroom**

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*Written and compiled by Jason McGowan, Literacy Care*

**Table 1**

## Writing Process for Dysgraphia

### Step 1: *Creative Thinking*

**Resources:** *Pictures, photos, drawing*

Task	Explicit Teacher Action	Teacher Guided Action	Independent Student Action
Simple Single Visual Stimulus	Direct Q's. WHQ's	Record Vocab	Sentence Writing
Simple Sequential Visual Stimulus	Direct Q's. WHQ's	Record Vocab	Sentence Writing
Complex Visual Stimulus	Provide List of inclusions	Record Vocab	Short Story Writing

### Step 2: *Lexical Knowledge - Syntax, Punctuation, Grammar, Parts of Speech, Prepositions, Tenses, Persons*

**Resources:** *List of sentences, Flapcard Chart*

Task	Explicit Teacher Action	Teacher Guided Action	Independent Student Action
Learn Definitions	Provide Examples and Explicit Instruction	I.D and Examine the Lexical Features of Written Sentences	I.D and Examine the Lexical Features of Written Sentences

### Step 3: *Simple, Compound, Complex Sentences*

**Resources:** *Lists of Sentences*

Task	Explicit Teacher Action	Teacher Guided Action	Independent Student Action
Learn Definitions	Provide Examples and Explicit Instruction	Teacher Provides Part of Speech and Student Provides Word	Sentence Building Writes simple – turns into compound – turns into complex

### Step 4: *Top Level Structures*

**Resources:** *Information and Exercise Pages*

Task	Explicit Teacher Action	Teacher Guided Action	Independent Student Action
Learn Definitions	Provide Examples and Explicit Instruction	Teacher assists ID of cue words in simple sentences	ID Cue words and record TLS and SLS

**Step 5: Poetic Device**

**Resources:** *Definitions and Example Resource*

<b>Task</b>	<b>Explicit Teacher Action</b>	<b>Teacher Guided Action</b>	<b>Independent Student Action</b>
Learn Definitions	Provide Examples and Explicit Instruction	Teacher assists	Create sentences to demonstrate understanding

**Step 6: Plans**

**Resources:** *Examples Diagrams*

<b>Task</b>	<b>Explicit Teacher Action</b>	<b>Teacher Guided Action</b>	<b>Independent Student Action</b>
Learn Definitions <ul style="list-style-type: none"> <li>• Ideas Web Plan</li> <li>• WHQ Plan</li> <li>• Sequential Plan</li> <li>• Paragraph Flowchart Plan (persuasive argument)</li> </ul>	Provide Examples and Explicit Instruction	Commence Plan 1 for Simple Story. Eg. Shark Attack, Car Crash	Complete plans for teacher review

**Step 7: Mould and Gold**

<b>Task</b>	<b>Explicit Teacher Action</b>	<b>Teacher Guided Action</b>	<b>Independent Student Action</b>
Learn Definitions	Explain concept of building content	Generate matter and content using WHQ plan	Complete Plan WHQ plan for Paragraph 1

**Step 7: Paragraph Construction – Inclusions**

<b>Task</b>	<b>Explicit Teacher Action</b>	<b>Teacher Guided Action</b>	<b>Independent Student Action</b>
Learn Definitions <ul style="list-style-type: none"> <li>• Grab</li> <li>• Content</li> <li>• LIS (Lasting Impression Statement)</li> <li>• Bookends</li> </ul>	Demonstrate concept of building content	Generate matter and content using WHQ plan	Complete Plan WHQ plan for Paragraph 1

**Step 8: *Write Paragraph***

See *Diagram 1* on page 14

**In Brief .....**

**Step 1: *Creative Thinking***

**Step 2: *Lexical Knowledge - Syntax, Punctuation, Grammar, Parts of Speech, Prepositions, Tenses, Persons***

**Step 3: *Simple, Compound, Complex Sentences***

**Step 4: *Top Level Structures***

**Step 5: *Poetic Device***

**Step 6: *Plans***

**Step 7: *Mould and Gold***

**Step 8: *Paragraph Construction – Inclusions***

**Step 9: *Write Paragraphs***

**Step 10: *Check for Inclusions, Integrity of Story***

**Step 11: *Proofread and Correct***

**Step 12: *Final Version***

Table 2

**Literacy and Learning Terminology**

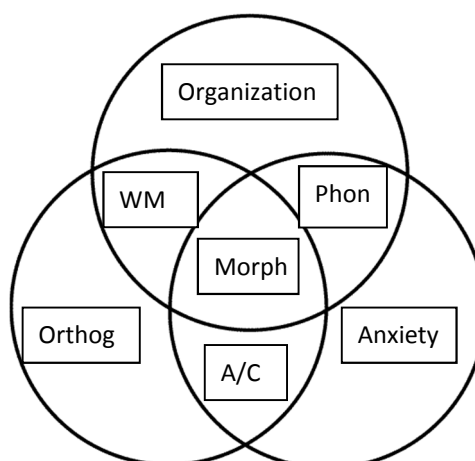
Labels	Dx Areas	Dx Terms	Spectrum Terms
Learning Difficulty	Orthography	Orthophonological	Mild
Specific Learning Disability	Phonology	Phonologically Dominant	Moderate
Specific Reading Disorder	Morphology	Orthographically Dominant	Severe
Literacy Disability	Working Memory	Surface Dyslexia	Profound
Reading and Spelling Disability		Deep Dyslexia	Treatment Resistor
Learning Differences		Dyseidetic	
		Dysphonetic	

	Descriptive Terms	
	Orthographically Based Dyslexia with Poor ARN	
	Phonologically Dominant with Poor Eidetic Memory	

**Dyslexia as a Spectrum Disorder as to 1. Severity of 'Gap' between Chronological age and Literacy Development Age and 2. Symptomatology**

Mild → Moderate → Severe → Profound → Treatment Resistor

**Symptomatology**



## Article 1

# Are Reading Disorders Hereditary?

*Edited by Dr Jason McGowan*

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Research suggests that reading disorders or struggles are caused by the interaction between genetic and environmental factors which will produce a higher or lower risk of having dyslexia (Snowling, et al., 2003). Environmental factors have to do with how much the growing child has been exposed to language and print, for example, parents reading books aloud to their children or dinner table conversations. However, science agrees that reading disorders do run in families, so parents with reading disorders are likely to have children with reading disorders (Lagae, 2008). There is about 50% chance of a boy having dyslexia if his father has a reading disability and about 40% if his mother has a reading disorder; the chances are lower for girls (Snowling, 2004). It is clear then that a parent with dyslexia will not automatically have a child with dyslexia.

The genetics of reading disorders have been studied for the past 25 years and different studies have linked four genes to dyslexia. (Galaburda et al., 2006, Harlaar, et al., 2007; Kovas et al., 2007; Snowling et al., 2003). In general, these genes are related to brain development; hence what is inherited is not the reading disability itself but the manner in which the brain development differs from most, resulting in the difficulties with phonological processing that typically underlie dyslexia. It has been shown that identical twins have a higher probability of having dyslexia (58%) than non-identical twins (39%) (Lagae, 2008).

Snowling and colleagues (2003) followed children from families with reading disorders during 5 years and found that around 60% of these high-risk children were identified as dyslexic. The remaining group did not fulfil the criteria for dyslexia but nevertheless showed mild weaknesses in reading-related skills (e.g., spelling, non-word reading, phonological awareness and reading comprehension), as compared to typically developing children. This finding matches other research concluding that family risk of dyslexia is continuous, meaning reading disorders are not an all-or-none condition and that children born in families with a history of reading disorders have an increased risk of struggling with reading at different levels (Pennington & Lefly, 2001). In those inheriting the brain development abnormalities, the seriousness of the problem will depend on how affected the component skills are (e.g., phonological processing, language skills) and the early compensation strategies adopted (Snowling et al., 2003).

## Application

Since family background is a major factor in the early identification of children at risk of reading difficulties, it is highly recommended to screen these children by doing a dyslexia test at an early age (KG-Grade1) and —if indeed at risk — provide these children early on with appropriate reading instruction programs. In the future, genetics will probably help to select children at risk for reading disorders as well (Lagae, 2008; Snowling et al., 2003).

## References

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Dynaread has been developed in the trenches of actual remediation, with our feet firmly planted on the ground. Scientific research is essential (and we consistently use it), but we also understand the realities at home and in school. Not all homes have two parents, not all Dad's or Mum's are always home, there is oftentimes no money, schools lack staff or funding. We listen, we observe, we discuss, and we build the best solutions we can for older (ages 7+) struggling readers.

## Article 2

# Myth Busting Dyslexia

*Edited by Dr Jason McGowan*

It is also important to be aware of the misconceptions and myths surrounding Dyslexia. Some of the more common ones are highlighted below.

**Myth:** Smart people cannot be dyslexic or have a learning disability.

**Fact:** Dyslexia and intelligence are NOT connected. Many dyslexic individuals are very bright and creative and have accomplished amazing things as adults.

**Myth:** Dyslexia does not exist.

**Fact:** There has been over 30 years of documented, scientific evidence and research proving the existence of dyslexia. It is one of the most common learning disabilities to affect children.

**Myth:** Dyslexia is rare.

**Fact:** In the United States, NIH research has shown that dyslexia affects 10% of the population, with estimates as high as 20%. Some people may have more mild forms, while others may experience it more severely. Dyslexia is one of the most common causes of reading difficulties in primary school children.

**Myth:** Dyslexia can be outgrown.

**Fact:** Dyslexia is a lifelong issue; yearly monitoring of phonological skills from first through twelfth grade shows that the disability persists into adulthood. Although many dyslexics learn to read accurately they may continue to read slowly and not automatically.

**Myth:** Dyslexia is a "catch-all" term.

**Fact:** Research has shown that dyslexia is a specific neurological learning disability that is characterized by difficulties with accurate and/or fluent word recognition, poor spelling, and decoding abilities. Other secondary problems in vocabulary, reading comprehension, and writing may also arise.

**Myth:** Dyslexia is innate, incurable, and permanent.

**Fact:** While dyslexia is a lifelong learning disability, early, intensive, and systematic intervention can help a student keep up and retain his grade level in school, as well as minimize the negative effects dyslexia can have, such as low self-esteem and poor self-concept as a learner.

**Myth:** There is no way to diagnose dyslexia.

**Fact:** We can accurately identify those who are at-risk for dyslexia as early as prep and identify dyslexia as early as 1st grade.



**Myth:** Dyslexia cannot be diagnosed until third grade.

**Fact:** Professionals with extensive training in diagnosis can accurately identify the precursors to developing dyslexia as early as age 5. We can make a definitive diagnosis as soon as the child begins to struggle with learning to read, spell, and write. The sooner a diagnosis is made, the quicker the child can get help, and the more likely we are to prevent secondary blows to their self-esteem. A combination of a family history of dyslexia and symptoms of difficulties in spoken language can help identify a vulnerable child even before he/she begins formal schooling.

**Myth:** Dyslexia can be accurately diagnosed by an educational psychologist or a 'specialist dyslexia teacher' by using special tests.

**Fact:** Technically, yes. Although, depending which professional is doing the assessment, the diagnosis may differ. Often, specialists will use phrases in a written report such as "child has a specific weakness in phonological development" instead of saying "child has dyslexia." Additionally, many times the school personnel will say that they don't diagnose dyslexia. It's a matter of semantics - in most states in America and the UK, dyslexia falls under the special education code. In Australia Learning Disability has been 'hijacked' by Allied health.

**Myth:** Dyslexia is a medical diagnosis.

**Fact:** Dyslexia is not characterized as a medical problem and is not typically diagnosed by doctors because they don't have training in oral language, reading, writing, or spelling assessment and diagnosis. That said, developmental paediatricians have additional training in cognition and learning, and some have expertise in the clinical and neurobiological features of dyslexia. There is no pill or medication that can heal dyslexia. Additionally, dyslexia is typically not covered by medical insurance (i.e., it is not a medical problem), although it does have lifelong negative effects that can encompass feelings of wellbeing.

**Myth:** fMRI brain scan studies show that dyslexics' brains work differently from those of non-dyslexics.

**Fact:** When a brain scan is done on someone who struggles to read while he is trying to read, the scan will look different than that of someone who has no trouble with reading.

**Myth:** Dyslexia is caused by a lack of phonics instruction.

**Fact:** Increased phonics instruction will not help a child with dyslexia. Children with dyslexia are able to learn phonics once they have the underlying phonemic awareness abilities; although they may continue having trouble applying it. This is why difficulty with phonics and word pronunciation is a good warning sign of dyslexia.

**Myth:** Dyslexics are compensated for their lack of phonological ability by being gifted in the artistic/visual-spatial sphere.

**Fact:** Systematic research and investigation has found little evidence to support this theory, comforting though it may be. Yet, there are many successful dyslexics who have gravitated towards fields of these types.

**Myth:** People with dyslexia cannot read.

**Fact:** Incorrect. Most children and adults with dyslexia are able to read, even if it is at a basic level. Spelling is one of the classic red flags alerting parents and teachers of a serious underlying problem. The child may be unable to understand the basic code of the English language and cannot break down or reconstruct (with spelling) words using codes (letters).

**Myth:** Dyslexic children will never read well, so it's best to teach them to compensate.

**Fact:** Individuals with dyslexia can become terrific readers with the appropriate intervention (i.e., systematic, explicit, and research-based). It is important to test a child early in his/her school career in order to identify any problems and attempt to prevent major reading difficulties before they even start.

**Myth:** Every child who struggles with reading is dyslexic.

**Fact:** Dyslexia is the most common cause of difficulties with reading, but it is by no means the only cause. Children with problems understanding spoken language also have problems with reading comprehension since oral language undergirds learning to read, spell, and write. Dyslexia does not only cause difficulties in reading, but may also be manifested in challenges in spelling, verbal expression, speech, writing, and memorization. If a child is dyslexic, she most likely will show other warning signs besides having trouble with reading.

**Myth:** If a dyslexic child reads out loud for 20 minutes per day, it will improve his or her reading.

**Fact:** Reading out loud will not help a child sound out unknown words. Instead, he will continue to try to memorize the shape of a word and use pictures and context clues to try and guess it which will not help his reading development. That said, being exposed to the same texts that his or her peers are reading and learning from is very important, so a dyslexic child should be read to (or read along to audiobooks) every day.

**Myth:** If you don't teach a dyslexic child to read by age 9, then it's too late for them to ever learn how to read.

**Fact:** It is never too late to improve the reading, spelling, and writing skills of someone with dyslexia.

**Myth:** People with dyslexia see things backwards.

**Fact:** Dyslexics do not see things backwards because dyslexia is not a problem with the eyes. While new research has demonstrated that letter reversals of kindergarten children predicted spelling at 2nd grade, typical learners can reverse letters when initially learning.

**Myth:** Dyslexia is a visual problem – dyslexics see words backwards and letters reversed.

**Fact:** This was proven inaccurate by a study by Professor Frank Vellutino while at the University at Albany. He asked dyslexic and non-dyslexic American students to reproduce a series of Hebrew letters that none of them had ever seen before. The dyslexic students were able to perform the task just as accurately as the non-dyslexic students, showing that their dyslexia did not affect their eyesight.



**Myth:** Children with dyslexia are just lazy. They should try harder.

**Fact:** If there is ONE myth that we'd like to see disappear, it is this one. Lack of awareness about the disorder among educators and parents has often resulted in the child being branded as "lazy." What frequently happens is that these children learn that they are going to fail at tasks of reading, spelling, and writing; it becomes an attempt at self-preservation (i.e., rather than try and fail, it is safer to just not try or work laboriously to no avail). Research has shown, with the technology of functional magnetic resonance imaging (fMRI), that those with dyslexia use a different part of their brain when reading and working with language. Dyslexic people show an abnormal pattern of brain function when reading: underactivity in some regions, overactivity in another which, according to research, accounts for the difficulty they have in extracting meaning from the printed word. The findings provide evidence that people with dyslexia are not poorly taught, lazy, or stupid, but have an inborn brain difference that has nothing to do with intelligence. If students with dyslexia do not receive the right type of intervention and/or classroom accommodations, they often struggle in school -- despite being bright, motivated, and spending hours on homework assignments.

**Myth:** Gifted children cannot be dyslexic or have a learning disability.

**Fact:** Many dyslexics have very high IQs and have gone on to accomplish outstanding things in their lives. Many famous authors, researchers, actors and actresses, politicians, athletes, and others from all different professions are dyslexic.

**Myth:** Retaining a child (i.e., holding them back a grade) will improve their academic struggles.

**Fact:** According to several institutions around the world (U.S, UK, NZ, Aust, Sweden, Denmark, France, Norway, Germany) there is no benefit to retention because it has never improved a student's academic struggles. These students do not need another year of the same instruction, they need differentiated intervention that is research-based, systematic, and explicit.

**Myth:** Accommodations are a crutch, and the student for whom they are made will become lazy.

**Fact:** Accommodations are not an advantage; it is an attempt to level the playing field. To paraphrase Richard Lavoie, fair doesn't mean everyone gets the same thing; fair means everyone gets what he or she needs to be successful. Even with certain accommodations, such as extra time on a test, a slow reader will still feel the same time constraints compared to the ordinary reader.

**Myth:** Most teachers know the warning signs of dyslexia, so they can alert a parent if their child is showing symptoms.

**Fact:** An individual with dyslexia often is confronted with challenges when attending school. Most classroom teachers have not had formal training in dyslexia. Since there are so many different types and severities of a learning disability that could potentially be in a classroom at a given time, it is difficult for one teacher to be an expert and identify all of the needs of the students. Therefore, if your child is struggling and not achieving, it behoves you to talk with your child's teachers and building principal to begin the steps toward requesting additional help, and, if necessary, a special education referral for a suspected learning disability (LD).

**Myth:** More boys than girls have dyslexia.

**Fact:** Boys' reading disabilities are indeed identified more often than girls', but studies indicate that such identification is biased. The actual prevalence of the disorder is nearly identical in the two sexes. So why are more boys sent for testing than girls? Largely, it's because of their behaviour. It seems when boys in first, second, or third grade can't do classroom assignments or homework, they get frustrated and act out their frustration. Parents and teachers notice that behaviour and then try to figure out why they are behaving that way -- by sending them for testing. But often, when girls in the early grades can't do the work, they tend to get quiet, move to the back of the room, and try to become invisible. So they don't get noticed as early. Often, their dyslexia is not discovered until much later.

**Myth:** Schools test children for dyslexia.

**Fact:** Most public schools do not screen students for dyslexia because they are lawfully not required them to do so. A school, however, may test a child with dyslexia to see if he qualifies for in-school special education support.

**Myth:** Only children with an IEP or equivalent can get classroom accommodations.

**Fact:** Teachers can give classroom accommodations to any student, regardless of whether that student has an IEP or any formal diagnosis

**Myth:** There is not enough money in the education budget to pay for accommodations or additional teacher training.

**Fact:** Most classroom accommodations don't cost anything, nor do they require any special teacher training.

**Myth:** Teachers can't make accommodations for a dyslexic child because they can't change the curriculum.

**Fact:** Accommodations do not alter the curriculum. Accommodations are a slight change in the way a teacher will present new ideas, have students practice new skills, or tests the new subject material. Accommodations change methods of teaching, not classroom material.

**Myth:** It isn't fair for a teacher to make accommodations for one dyslexic child in a classroom when these accommodations are not given to every student.

**Fact:** A fair approach to teaching means providing each student with what he/she needs in order to succeed. A student has to be willing to utilize the accommodations made for him in order to succeed so ultimately, a child with accommodations made for him still has to work just as hard to succeed as any other student.

**Myth:** Some schools are reluctant to use the "D" word and don't allow their teachers to say the word "dyslexia"

**Fact:** Some schools are in fact reluctant to use the term "dyslexia" because it has become taboo by "over-zealous and demanding parents" and many consider it a medical versus an educational diagnosis; however, as more school personnel are learning about dyslexia and how common it actually is, more are starting to recognize it and look for the warning signs in students.



**Myth:** Most Learning Support and Special Education Teachers are highly trained in dyslexia and its remediation methods.

**Fact:** Unfortunately, this is not true. Recent graduate students with a Bachelor degree in Education have not had any training in dyslexia. Additionally, few designated literacy teachers in schools have had training in dyslexia.

**Myth:** Most reading specialists know the latest research on dyslexia.

**Fact:** Unfortunately, recent research has shown that most teacher-training programs aren't teaching the science of reading including early identification of children at risk for reading failure, daily training in linguistic and oral skills, implicit instruction in letter sounds and syllables, and teaching phonics in a sequential order that research has shown will be most beneficial to students.

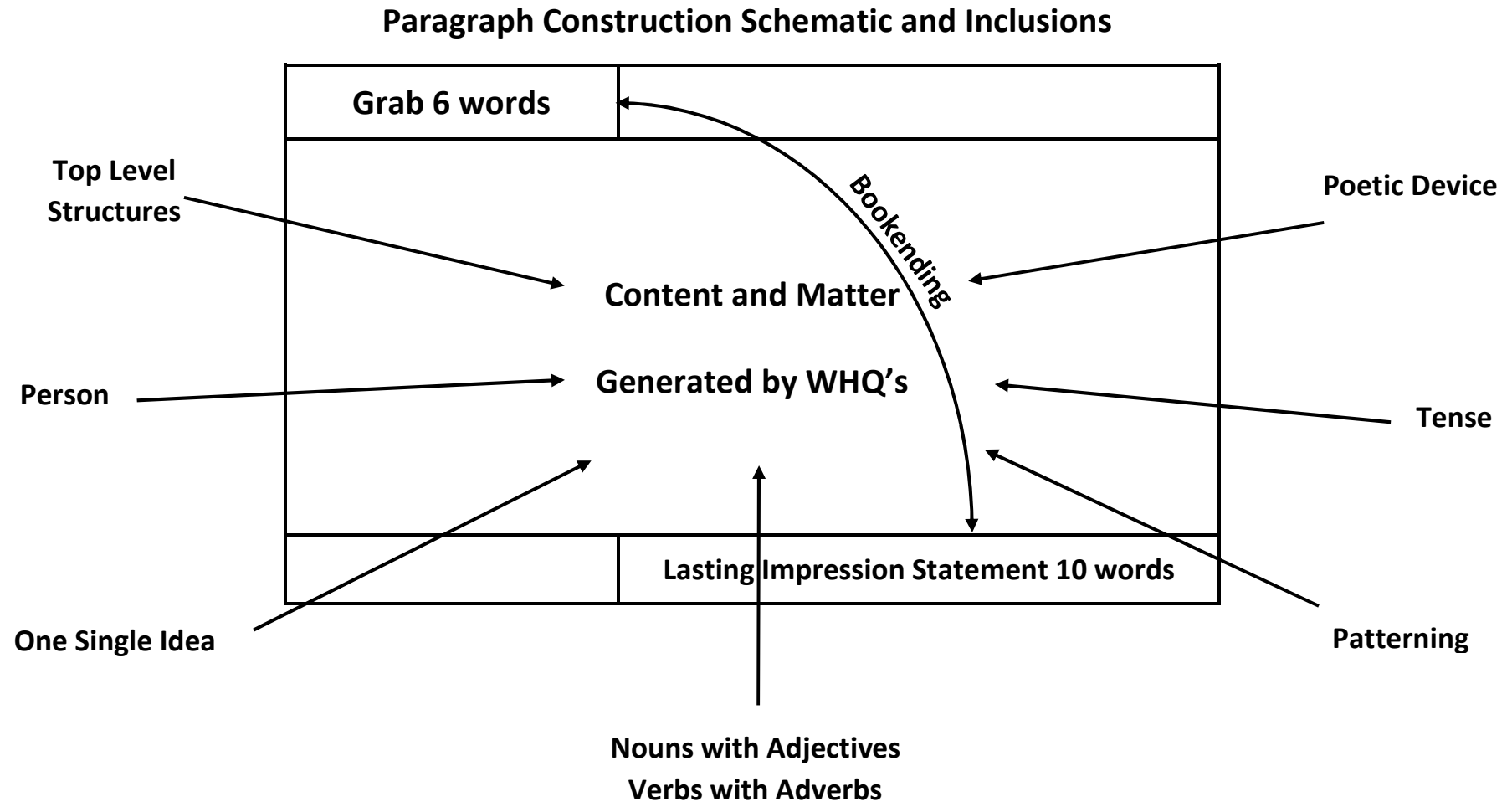
**Myth:** Left-handedness, difficulties with spatial (including right-left) orientation, trouble tying shoelaces, and clumsiness are associated with dyslexia.

**Fact:** These are certainly not core findings that we would expect in most people with dyslexia, but of course there are clusters of people within the larger population of individuals with dyslexia who are also left-handed or who have spatial difficulties. Whatever subgroups of dyslexia may exist, it is clear that the vast majority of the dyslexic population share a common phonologic weakness.

**Myth:** Dyslexia can be cured or helped by special balancing exercises, fish-oils, glasses with tinted lenses, vision exercises, NLP magical spelling, modelling clay letters, inner-ear-improving medications, training primitive reflexes, eye occlusion (patching), etc.

**Fact:** None of these remedies have been found to be effective based on scientific evidence. Dyslexics require explicit and systematic instruction in phonological awareness, phonics, and spelling patterns and rules. Additionally, they may need strategies for vocabulary, reading comprehension and writing, as well as verbal expression and word retrieval.

Diagram 1



## Essay Inclusions

### ***Inclusions***

IG: Initial Grab - opening sentence to essay

PS: Paragraph Starter - opening sentence in each paragraph except the first

MC: Mini Conclusion - final sentence of each paragraph

LIS: Lasting Impression Statement - final sentence in final paragraph

CAT: Central Argument or Theme - represented by a red line

### ***IG: Initial Grab***

The IG is the very first sentence of the essay. Therefore it is the first sentence of the introduction. It should be brief and 'catchy' like the headline of a newspaper article. It can be somewhat vague as the point is to be showy and attention grabbing.

### ***PS: Paragraph Starter***

The PS is the opening sentence in each paragraph except the first. Like the IG it should be catchy but remain connected to the subject of the paragraph

### ***MC: Mini Conclusion***

The MC is the final sentence of each paragraph. By successfully concluding the single argument in each paragraph it makes writing the conclusion to the entire essay a lot easier. The final conclusion is therefore a culmination of each individual paragraph conclusion.

### ***LIS: Lasting Impression Statement***

The LIS is the final sentence in the conclusion. In other words it is the last sentence in the essay. Like the IG it can afford to be somewhat vague as no new information is being added. It should complement the IG and obviously agree with the central argument.

### ***CAT: Central Argument or Theme***

The CAT is a reminder that each paragraph must contribute to the central and main argument. It is represented by a red line.



## THE LEGALIZATION OF MARIJUANA – GRADE 7

Grab	Lasting Impression Statement	Sentence Connectives	Argument Phrase	Content

Light me up baby! Soon every Australian could be able to smoke Dope legally. *The author advocates that after reading this article the audience will be convinced that marijuana will be legalised in Australia within three years.*

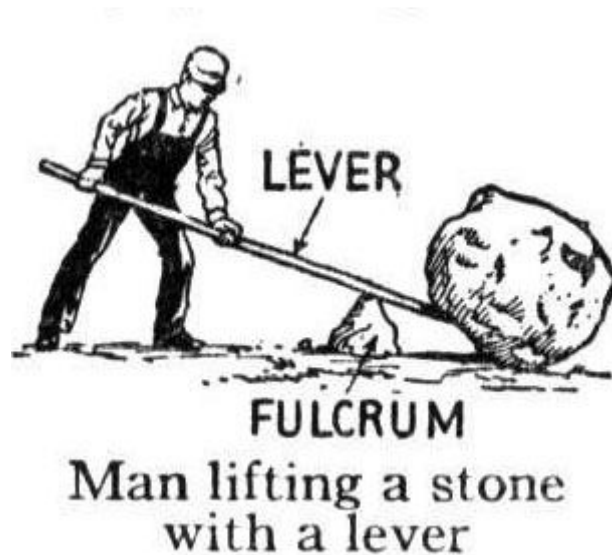
This paper will show that the Australian government is set to pass legislation to legalise 'Dope' within the next 36 months. Further to this, the author will argue that on the basis of a successful trial in NZ that the use of marijuana will be common place in Australian society. In addition to these arguments this document will contend that there is sufficient scientific and medical evidence to indicate that marijuana will be publically accepted in Australian society within the foreseeable future. Finally, it is the author's belief that the experience of a man addicted to marijuana will also put beyond doubt that marijuana will be a legally obtainable drug in the very near future. It is time to bring the bong out of the cupboard.!



## Diagram 2

### Poetic Device and the Concept of Leverage

Leverage is a tool that converts a small expression into a large expression



You have heard of the saying, 'a picture is worth a thousand words'. When using **Poetic Device** this could be changed to say, 'a few words are worth a thousand pictures'.

A **Poetic Device** is usually made up of just a few words. Eg: 'It is raining cats and dogs' ( a common cliché). However, because of the unique presentation of the words they have an uncanny ability to elucidate and clarify meaning and create significant and often entertaining visual imagery for the reader.

