

Re: H.716

Senate Education Committee Testimony

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Thank you for taking testimony from parents and others concerned about delaying the revised special education rules. I am asking the Senate Education Committee to **remove** the second part of the House Miscellaneous Education Bill H.716 that **delays** the revised special education rules. We **should not delay** for another moment the revised rules. They remove two ineffective practices that hurt our children, the first called “adverse effect” and the second often referred to as the “discrepancy model.” Since our goal is to improve educational outcomes for children with disabilities, let’s set our policies and rules using evidence-based research.

Let me introduce myself and my family. My name is Cynthia Gardner-Morse. I trained as an elementary teacher at the University of Vermont. I taught primary school in Bakersfield and Cabot, Vermont. After earning my Master’s degree from Harvard, I taught near Paris, France, and in Andover and North Andover, Massachusetts. For more than 45 years I have been improving my skills as a teacher.

I have intimate experience with the specific needs and challenges dyslexia brings, being the mother of three children with dyslexic. One of our children only required a little tutoring. Another required several years of tutoring and in high school received accommodations through Section 504. One required extensive year-round tutoring. High school began a year of building frustration that led to angry outbursts. Our district, either unwilling or unable to provide her the necessary accommodations, placed her in a private out-of-state school where she was appropriately taught with structured literacy. She was challenged and she flourished, but Vermont sent her **out of state** to get what she needed. I am proud that all three of our children graduated from the University of Vermont and are gainfully employed at MBF Bioscience, OnLogic and Middlebury College, all here in the State of Vermont. With the right support, children with disabilities can be successful contributing members of our communities.

For 15 years, I have worked as a private literacy tutor, helping children with dyslexia. While I can help these children, what about the children whose families cannot afford private services? We have a growing epidemic of reading failure yet we have the scientific evidence to treat this epidemic effectively.

Children have a right to read. Right now about half of Vermont’s children are failing to learn to read. In Fourth grade, 9 out of 10 children with diagnosed disabilities are failing to read. [Based on the 2019 NAEP 4th grade reading scores, 93% of Vermont students identified with disabilities are below “at Proficient.”]

Three actions will improve literacy in Vermont:

1. Screen early for struggling readers in grades Kindergarten to Three and provide timely early intervention,
2. Adopt curriculum based on Structured Literacy with its basis in the science of reading for ALL children, and
3. Train teachers – both pre-service in our colleges and universities, and in-service training for our current teachers – with the knowledge and skills to use structured literacy.

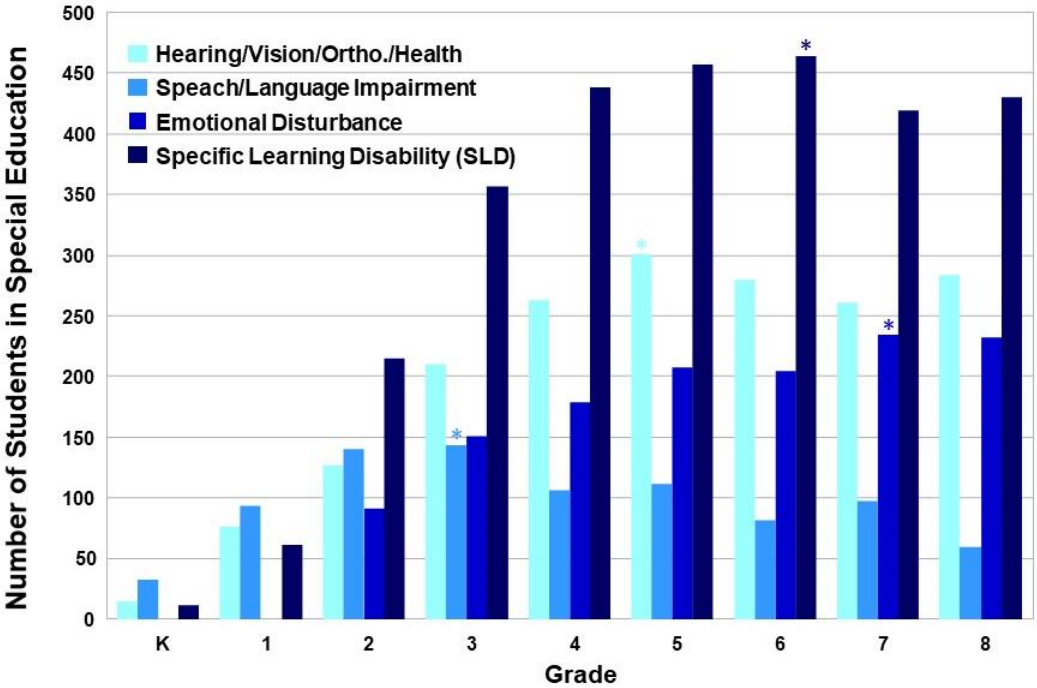
Vermont needs to make all three improvements so that all children are taught to read. The rule changes are a big step toward improved literacy.

The revised special education rules encourage catching struggling readers **early**, and EARLY is key. Children with a specific learning disability in reading (dyslexia) need help in Kindergarten and First grade. If we delay implementation, they won't get what they need when they need it.

The National Institute of Health reports that by the 4th grade, 2 hours of specialized daily instruction is required to make the same gain that would have resulted from only 30 minutes of daily instruction if begun when the child was in Kindergarten [Reid Lyon, 1999]. Special education costs tax dollars, so let's spend those dollars most effectively in these early grades instead of delaying, spending much MORE down the road, and, worst of all, harming our students.

As the data shows, currently very few children with a specific learning disability are getting services in Kindergarten and First grade, when instruction is most effective. Because of our current practices (the ones these new rules will remove), the number of children with specific learning disabilities getting special education services continues to grow grade by grade. Consequently, Fourth, Fifth, and Sixth-graders are getting services they should have had access to in Kindergarten and First grade.

Most SLD students receive services after 1st Grade as typical students begin to read



This unnecessary and damaging delay is the result of our current special education practices. We “wait for them to fail” before we offer services. We WAIT for signs of what educators call “adverse effect.” We WAIT for “discrepancies,” that show need for services. We WAIT for our kids to start drowning before we offer them swimming lessons.

How would the new rule changes help? The revised rules allow a child with a specific learning disability to:

1. Get services without waiting to show adverse effect, and
2. Be identified using a research -based assessment.

These changes allow appropriate direct instruction to begin early, without the child “waiting to fail.”

To identify a child with a specific learning disability, such as dyslexia, the discrepancy model compares the difference between a child’s aptitude (as measured on an IQ test) and performance (as measured on academic assessments). However, IQ and performance discrepancies often do not present with a meaningful discrepancy until 3rd, 4th, or 5th grades. The child must wait for the skill gaps to widen over time before getting the any remediation.

Research does not support IQ as a useful evaluation tool. A 2002 meta-analysis of studies of the use of the discrepancy model found “little evidence supporting the validity of the IQ-discrepancy classification ... and cast doubt on the need for IQ tests ...” (Stuebing et al., 2002).

1. IQ is not a good predictor of achievement or reading ability,
2. IQ testing has no diagnostic or instructional utility, and
3. IQ tests discriminate against minority students resulting in their disproportionate placement in special education.

Using the discrepancy model results in poor readers who “do not display this discrepancy” (Stuebing et al., 2002). They do not qualify for the special education support they need.

A full psychoeducational evaluation is not required to determine eligibility for special education services. Why test IQ when you want to know if a child can read? IQ testing does not look at the skills needed to learn to read. Test foundational reading skills like phonemic awareness and phonics.

What will be different with the Rule change?

Instead, under the improved Rules, a child is taught the skills needed to read – phonics and phonemic awareness among others. Teachers watch progress in on-going lessons in reading skills to see if the instruction is working. Is the child Responding to this Instruction (RtI)?

Instead of IQ testing, schools can to select, administer, and appropriately interpret data from assessments that: 1. satisfy critical elements of technical adequacy (validity and reliability), 2. measure discrete foundational reading skills required for skilled reading, and 3. provide instructional value (data that are used to guide lesson planning or select additional assessments)? These are all aspects of a response to intervention (RtI) model!

Approximately 1/3 of children with disabilities have a specific learning disability (dyslexia). Eliminating the adverse effect gate in the rules for these children, means that not only do children get earlier interventions, but teachers no longer need to pull together grades and assessments to determine an adverse effect on education. Experience shows that 20-30 minutes of evaluation meetings will no longer be spent discussing and deciding on the adverse effect gate. This saves time: a win-win for both children and teachers! And another great reason NOT TO DELAY implementation of the revised rules.

Eliminating the discrepancy model means children will be identified earlier. Districts will no longer need to perform expensive and lengthy psychoeducational evaluations which provide little instructional value. (I am using some jargon here, which is well explained in the Agency of Education training modules and materials which have been available and supposedly used for years pre-Covid.) Instead teachers can rely on the results from the RtI component of their multi-tiered system of supports (MTSS). Again, this is a win-win for both children and teachers!

Instead of delaying these much needed rule changes, let's provide support for the teachers and districts who do not feel ready for these rule changes. For months, the Agency of Education has provided modules and case studies to prepare for the rule changes. The Agency has testified that they are ready to provide specific support when teachers or districts reach out. The legislators could ask the AOE how many districts and teachers are reaching out for help?

We know how to teach reading. Yet today half our children are not on grade level. Worse, 9 out of 10 now getting special education help are not progressing. Careful planning has readied many to make the rule changes starting on July 1, 2022. Don't delay! Support both our teachers and our children. Move ahead toward reading success.

What research shows about effective reading instruction is not being put into policy and practice. **Let's use Vermont's thoughtfully improved special education rules -- not delay them.** Let's support both our teachers and our children.

Thank you for hearing from families. Now and at any time. I welcome your questions.

Sincerely,

Cynthia Gardner-Morse
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References

Stuebing, K. K., Fletcher, J. M., & LeDoux, J. M. (2002). Validity of IQ-discrepancy classifications of reading disabilities: a meta-analysis. *American Educational Research Journal*, 39(2), 469–518. doi: <https://doi.org/10.3102/00028312039002469>

Torgesen, J. K., Alexander, A. W., Wagner, R. K., Rashotte, C. A., Voeller, K. K. S., & Conway, T. (2001). Intensive remedial instruction for children with severe reading disabilities: Immediate and long-term outcomes from two instructional approaches. *Journal of Learning Disabilities*, 34, 33–58. doi: <https://doi.org/10.1177/002221940103400104>

Learning skills like phonemic awareness and phonics are most effective in kindergarten and first grade. By waiting a year, some children will move into older grades where these skills take longer to learn.