

Brenda Peters, MA, MEd, SAIF, ICALP
New Hampshire International Dyslexia Association
NHIDA.bpeters@gmail.com

Testimony for the Vermont Senate Education Committee Regarding S.75

February 17, 2021

Good Afternoon Senators. My name is Brenda Peters. I am the president of New Hampshire International Dyslexia Association (NHIDA) serving Vermont, New Hampshire and Maine. Since its inception 18 years ago, our 15-member volunteer board has worked tirelessly to ensure all children have access to evidence-based instructional methods, referred to here as structured literacy, thereby improving life-span outcomes. Poor reading correlates with low educational attainment, mental health difficulties, un/underemployment, unstable housing, intergenerational transmission of low reading, exposure to violence and reduced life-expectancy.¹ By teaching all students to read, reading failure is prevented, and poor life outcomes are avoided.

I would also like to share another important discovery. In my career as a reading teacher and trainer I have found no greater motivation for a child to learn than learning to read. Likewise I have also found no greater motivation for teachers than seeing their children become readers.

As an organization, NHIDA supports S.75 an act relating to screening for dyslexia, is an important preventative step in identifying children in grades kindergarten through 3 who are at risk for markers of dyslexia and meeting their needs before it is too late.² We know that with early evidence-based instruction, delivered with fidelity, nearly all children will successfully

¹ Snow, P. (2020) From Little Things, Big Things Grow. The Public Health Imperative Driving Effective Reading Instruction. The Reading League Conference.

² Torgenson, J. 1998 [Catch Them before They Fall: Identification and Assessment To Prevent Reading Failure in Young Children.](#) The American Educator.

learn to read. “The best solution to the problem of reading failure is to allocate resources for early identification and prevention,”³ which this Act seeks to do.

From the 1920’s to 1948, neuropsychiatrist and pathologist, Dr. Samuel Orton pioneered the study of reading failure and related language based difficulties. Dr. Orton correctly posited that dyslexia was due to brain-based differences and not related to intelligence. Together with psychologist and teacher, Anna Gillingham, they developed a structured, systematic, multisensory approach for teaching reading referred to as the Orton-Gillingham approach, known today as structured literacy, a form of evidence-based instruction.⁴

Reading researcher June Lyday Orton formed the Orton Society, which today is known as the International Dyslexia Association, the oldest organization dedicated to the study of reading and structured literacy.

In 2012, in collaboration with National Center for Learning Disabilities (NCLD), and the National Institute of Child Health and Human Development (NICHD) the IDA led the way in defining dyslexia as:

*“Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities **and the provision of effective classroom instruction**. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge”⁵*

³ Togenson, J. Catch them Before They Fall. [Reading Rockets](#)

⁴ History of IDA <https://dyslexiaida.org/history-of-the-ida/>

⁵ IDA Definition of Dyslexia: <https://dyslexiaida.org/definition-consensus-project/>

This IDA definition of dyslexia, often cited in legislation throughout the United States, is quoted in S.75. As stated, dyslexia is neurobiological in origin and impacts up to 20% of the population⁶. Only 13-14% of students qualify for special education services nationally. Of these, half have been identified with specific learning disabilities and 85% of these children are poor readers.⁷ This means many kids who have dyslexia are not being identified. The 2019 National Assessment of Educational Progress (NAEP) report found more than 60% of fourth and eighth grade students in the country, including in Vermont, were not proficient at reading. Not only did the majority fail to read proficiently, NAEP found that 32% of 4th graders and 23% of 8th graders in Vermont received the lowest score of “below basic.”

I personally discovered IDA 16 years ago when my own son was finally diagnosed with dyslexia in the third grade. The series of [IDA Fact Sheets](#) became an invaluable resource for me as I navigated how to get my son the instruction he needed. Since Brandon was in preschool I knew his learning was different, but it took until third grade to learn his diagnosis of dyslexia. That summer my son attended the Tufts University reading program, RAVE -O, an hour a day, 5 days a week. He made great gains in reading and in his self-confidence. I spent three hours each day reading in the library. I was among the first to read Sally Shaywitz’s book, *Overcoming Dyslexia*. The first chapter had me hooked. I was struck by how hard it was to get a diagnosis of dyslexia and how fortunate I was to be able to support my son. I had an advanced degree in organizational behavior and development and had worked for a leading company in management development and resource productivity prior to becoming a stay-at-home-mom with my three children, and still it took our family until third grade to get a

⁶ Yale Center for Dyslexia - [Frequently Asked Questions](#)
⁷ [IDA Dyslexia Basics Fact Sheet](#)

diagnosis! What about other families without the educational and financial wherewithal I had? What becomes of them, I wondered? I knew getting a diagnosis and treatment should never be this hard. I became a mom on a mission that summer; a mission that has become my life's work. I became a reading specialist to help my son and others read. Unfortunately what I learned in college did not prepare me to teach struggling readers. I studied learning disabilities and learned how to write Individual Education Plans, accommodations and modifications, but I still did not know how to teach my son to read. I discovered the Children's Dyslexia Centers (CDC), sponsored by the 32° Masons, less than a mile from the university I was attending. For 25 years the CDC has provided free 1:1 tutoring to children in grades 1 to 12, twice a week, for 2 to 3 years, using structured literacy in their 43 centers in the northeast. In addition, they train and certify dyslexia practitioners in their 14-month training and practicum at no charge. In 2010 the CDC had a center in Burlington, Vermont, which closed for financial reasons.

While getting my structured literacy certifications at the center in Nashua, I worked for 10 years as a case manager providing evidence-based reading instruction. I also became a specialist in the assessment of dyslexia. Seven years ago I became director of the CDC-Seacoast Learning Center in Rochester, NH now in its 17th year. For the past 6 years our center has also provided our dyslexia certification training and practicum to area school systems. In the Rochester School District alone, which has 4,200 students, we have trained and certified 45 dyslexia practitioners including administrators, reading specialists, case managers, English teachers, and educational technicians with a significant impact on student and teacher outcomes.

Struggling readers who participate in a year of 1:1 tutoring twice a week⁸ achieve often grade-level reading proficiency. We also see improvement on the evidence-based screeners like the Dynamic Indicators of Basic Early Literacy Skills (DIBELS).

In 2016 NHIDA supported and helped pass New Hampshire HB1644, a very similar Act, requiring screening for dyslexia with evidence-based instruction when needed. Overall, the Act has increased dyslexia awareness in the state. We now have a dyslexia handbook for teachers and parents. The New Hampshire Department of Education contracts with a reading specialist, who created training modules for teachers on the markers of dyslexia. There has been an increased demand for structured-literacy instruction from teachers. Parents of children with markers of dyslexia have the support of the Act to back them in getting their children needed services.

The IDA defines structured literacy as an approach that includes both content and methods of instruction. The content of structured literacy includes developing:

- Phoneme awareness and proficiency,
- Sound-Symbol correspondences often referred to as the phonics code or alphabet code,
- Patterns and conventions of print (orthography),
- Morphology or the smallest meaningful units in words,
- Syntax or the system of ordering words in sentences, and
- Semantics or word meaning in a given context.

The methods of instruction include:

- Explicit instruction that directly and clearly explains and reinforces with guided practice,

⁸ About the CDC - Results <https://seacoastlearningcenter.org/about/>

- Systematic and cumulative instruction following a scope and sequence of skill development that progresses from easy to complex,
- Hands-on, engaging, and multisensory instruction that integrates the visual, auditory, tactile and kinesthetic systems, and
- Diagnostic and responsive instruction based on student growth and needs.

Content knowledge for structured-literacy trainees is gained through lecture and guided practice. Both the CDC and IDA believe that becoming skilled at the principles of structured literacy instruction requires a practicum where trainees get ample practice with continuous coaching to develop these critical skills. When teachers experience this training it is often life changing. Here's what some trainees have to say about their experience in becoming structured literacy specialists:

“The training experience was the most beneficial professional development I have ever had. My hope is that all teachers of reading would come to classrooms prepared with the knowledge and skills the training gave me.”

Heidi – In-School Level 1 Practitioner & School District Liaison

“In a broad sense it has allowed me to better advocate for children who struggle to read. It has also allowed me to better educate staff, administration, and parents to those struggles. From an instructional standpoint it has helped provide students the tools, knowledge, and confidence to decode and comprehend our language.”

Kate – In-School Level 1 Practitioner

“This was the most comprehensive training I've ever received, by far. The combination of the readings, live classroom training, lesson implementation and frequent feedback made it more valuable than any college course I've ever taken or any short-term PD opportunities I've attended. I believe it should become mandatory for teacher training programs!”

Alison – In-School Level 1 Practitioner

“Unlike other professional development, my training was both a mile deep and a mile wide. The immersive experience molded me into a far more knowledgeable and effective teacher, to a level I hadn't imagined was possible. Based on all of my previous PD experiences, I feel it's more accurate to compare my training experience to my C.A.G.S. degree training at Plymouth University.”

Karen – In-School Level 1 Practitioner & SLC Level 2 Practitioner

I hope you can see from these heartfelt testimonials that teachers want to know how to teach reading. When teachers have the background knowledge, guided practice and coaching, they change the lives of children and their families. There is no greater motivator for a child than learning that they can learn to read; there is no greater motivator to a teacher than seeing their children become readers.

IDA has a number of excellent resources that you might consider adding to your toolbox as you embark on this journey to implement evidence-based reading instruction with fidelity including:

- Knowledge and Practice Standards for Teachers of Reading⁹
- IDA Dyslexia Handbook: What Every Family Should Know¹⁰
- Dyslexia in the Classroom: What Every Teacher Needs to Know¹¹
- Dyslexia Fact Sheets¹²

In closing, at IDA we know, through 70 years of experience working with students that structured literacy benefits all children and is essential for those with dyslexia. NHIDA supports S.75 to screen children for markers of dyslexia, a right step in teaching all children to read.

⁹ <https://dyslexiaida.org/knowledge-and-practices>

¹⁰ <https://dyslexiaida.org/ida-dyslexia-handbook/>

¹¹ <https://dyslexiaida.org/dyslexia-in-the-classroom/>

¹² <https://dyslexiaida.org/fact-sheets/>

Brenda Peters, MA, MEd, SAIF, ICALP, is president of the New Hampshire International Dyslexia Association serving Vermont, New Hampshire, and Maine. She is also the director of the Children's Dyslexia Centers – Seacoast Learning Center located in Rochester, NH where she is responsible for training and certifying structured literacy practitioners for both the center and area schools. Brenda worked for ten years as a case manager in public schools and has over 5,000 hours of structured literacy teaching experience. In addition to her work as an evaluator of dyslexia She is a Learning Disabilities Specialist, Reading and Writing Specialist, and Specialist in the Assessment of Intellectual Functioning (SAIF). Prior to her start in education, Brenda was employed with Coopers and Lybrand as a management development and resource productivity consultant. She has two adult sons with dyslexia who inspired her on this journey to promote literacy for all.