

Dyslexia Screening and the Use of DIBELS Next®

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A hallmark of dyslexia is poor reading performance in the face of generally effective reading instruction (VanDerHeyden & Burns, 2017). Thus, one of the most definitive indications of dyslexia and risk for dyslexia is a combination of (1) severe low skills on measures of phonological processing including phonemic awareness and phonics and (2) a sustained lack of adequate progress in learning the basic early literacy skills when provided with generally effective instruction.


Using a single test to make important high-stakes decisions like the diagnosis of dyslexia is inconsistent with professional standards (AERA, APA, & NCME, 2014). However, DIBELS Next provides one of the best methods of identifying students who are at risk for early reading difficulties, including dyslexia, monitoring those students to determine whether they remain at risk, and identifying students who are not making adequate progress and should be referred for further assessment. DIBELS Next is specifically designed to be used within a comprehensive, school-wide model of literacy support designed to prevent reading failure. As early as kindergarten, DIBELS Next results predict the likelihood of students experiencing reading difficulty in the future, provide teachers with evidence-based instructional targets for instruction and intervention, and provide a means to evaluate progress toward those targets in time to modify instruction and intervention.

DIBELS Next supports students with dyslexia or who are at risk for dyslexia in the following four distinct ways:

1. **DIBELS Next provides early screening for students with dyslexia or who are at risk for dyslexia:** DIBELS Next provides an early warning system to teachers from the beginning of kindergarten and tracks progress through first grade and beyond. A child scoring Below or Well Below Benchmark on phonological and phonemic awareness, alphabet knowledge, or basic phonics skills provides the first piece of evidence that he or she may be at risk for dyslexia.

DIBELSnet® reporting tools, such as the Classroom Report (see Figure 1), provide a powerful and efficient way to identify students at risk for dyslexia and to target instruction to reduce risk and prevent dyslexia.

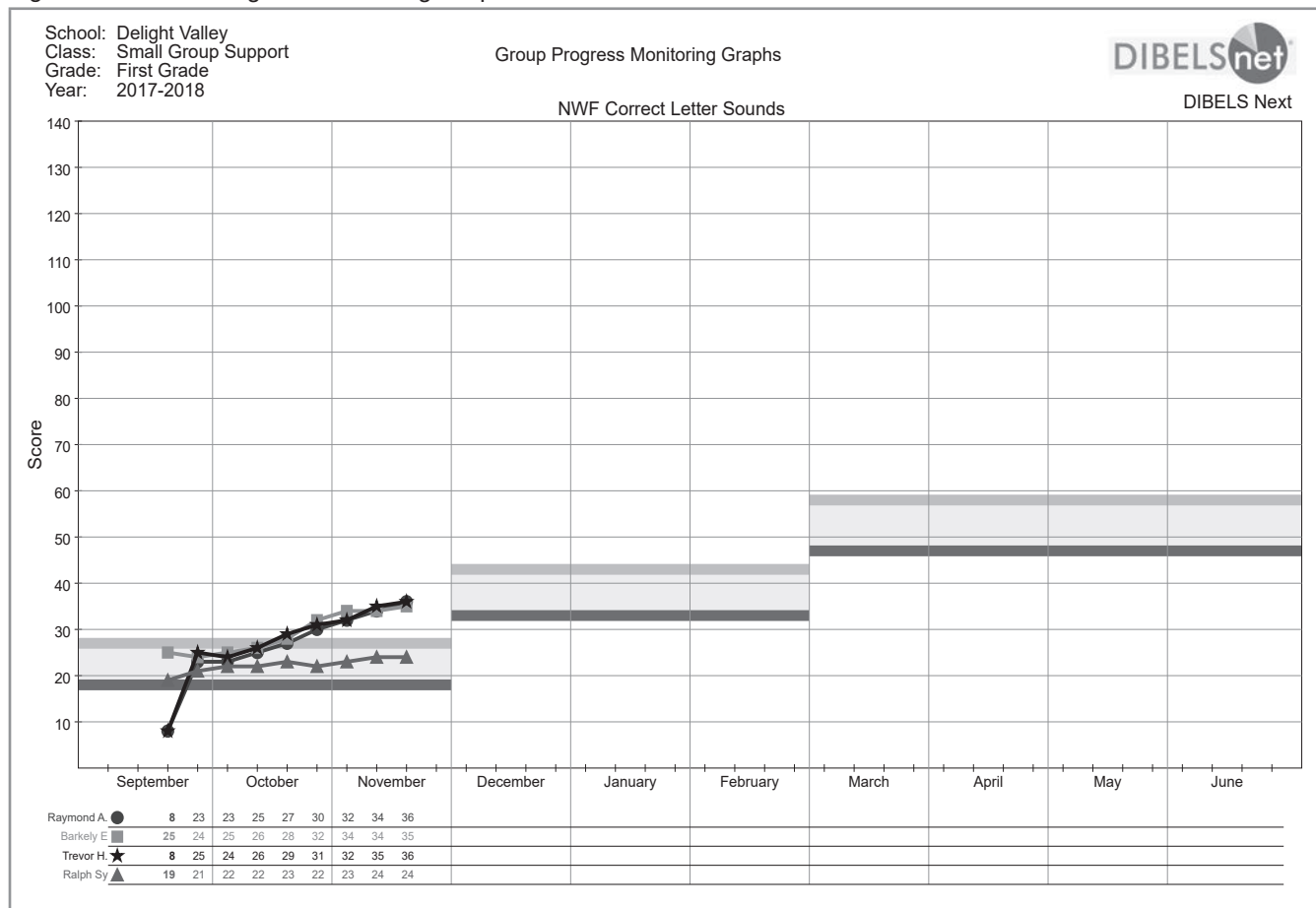
Figure 1. Classroom Report

School: Delight Valley		Classroom Report			 DIBELS Next	
Grade: First Grade, Beginning of Year						
Year: 2017-2018						
Class: Edwards Grade1						
<input checked="" type="checkbox"/> At or Above Benchmark / Likely to Need Core Support		<input checked="" type="checkbox"/> Below Benchmark / Likely to Need Strategic Support			<input type="checkbox"/> Well Below Benchmark / Likely to Need Intensive Support	
NAME	LNF	PSF	NWF		DIBELS COMPOSITE SCORE	
	Score	Score	CLS	WWR	Score ▲	Score Level
Hernandez, Otis	12	19 <input type="checkbox"/>	9 <input type="checkbox"/>	0 <input checked="" type="checkbox"/>	40 <input type="checkbox"/>	Well Below Benchmark
Sullivan, Evelyn	39	16 <input type="checkbox"/>	15 <input type="checkbox"/>	0 <input checked="" type="checkbox"/>	70 <input type="checkbox"/>	Well Below Benchmark
Cruz, Nathan	30	14 <input type="checkbox"/>	27 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	71 <input type="checkbox"/>	Well Below Benchmark
Price, Melvin	18	43 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	91 <input type="checkbox"/>	Well Below Benchmark
Hawkins, Ollie	34	37 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	0 <input checked="" type="checkbox"/>	92 <input type="checkbox"/>	Well Below Benchmark
Collier, Tracy	31	44 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>	97 <input checked="" type="checkbox"/>	Below Benchmark
Lewis, Wilfred	24	45 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	0 <input checked="" type="checkbox"/>	97 <input checked="" type="checkbox"/>	Below Benchmark
Boyd, Willie	43	19 <input type="checkbox"/>	44 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	106 <input checked="" type="checkbox"/>	Below Benchmark
Warner, Abel	41	43 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	107 <input checked="" type="checkbox"/>	Below Benchmark
Brady, Mamie	28	49 <input checked="" type="checkbox"/>	33 <input checked="" type="checkbox"/>	0 <input checked="" type="checkbox"/>	110 <input checked="" type="checkbox"/>	Below Benchmark
Guerrero, Andre	46	44 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	0 <input checked="" type="checkbox"/>	111 <input checked="" type="checkbox"/>	Below Benchmark
Phelps, Vicki	64	22 <input type="checkbox"/>	25 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	111 <input checked="" type="checkbox"/>	Below Benchmark
Walton, Alfred	34	65 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	0 <input checked="" type="checkbox"/>	127 <input checked="" type="checkbox"/>	At or Above Benchmark
Becker, Darla	63	41 <input checked="" type="checkbox"/>	35 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	139 <input checked="" type="checkbox"/>	At or Above Benchmark
Johnson, Gerard	65	51 <input checked="" type="checkbox"/>	52 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	168 <input checked="" type="checkbox"/>	At or Above Benchmark
Singleton, Tyler	67	45 <input checked="" type="checkbox"/>	57 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	169 <input checked="" type="checkbox"/>	At or Above Benchmark
Lopez, Angel	51	43 <input checked="" type="checkbox"/>	79 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	173 <input checked="" type="checkbox"/>	At or Above Benchmark
Simmons, Herbert	78	35 <input checked="" type="checkbox"/>	60 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	173 <input checked="" type="checkbox"/>	At or Above Benchmark
Gomez, Bradford	52	76 <input checked="" type="checkbox"/>	57 <input checked="" type="checkbox"/>	0 <input checked="" type="checkbox"/>	185 <input checked="" type="checkbox"/>	At or Above Benchmark
Stevens, Frank	64	62 <input checked="" type="checkbox"/>	59 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	185 <input checked="" type="checkbox"/>	At or Above Benchmark
GOAL		40	27	1	113	
AVERAGE	44.2	40.7	36.3	4.9	121.1	

2. *DIBELS Next provides direct measures of student progress with instruction:* If a student's low skills are followed by persistent lack of adequate progress, in spite of instruction that has been generally effective with other students who have similarly low initial scores, the student is experiencing significant difficulty learning to read as associated with dyslexia or other reading disabilities. DIBELS Next incorporates a system of benchmark goals through kindergarten, first grade, and beyond that provide feedback to teachers on student progress in time to modify instruction to ensure success. Monitoring and evaluating student progress towards individual learning goals and using that information to guide instruction are among the most powerful influences on student achievement (Hattie, 2009).

Graphing DIBELS Next data shows where students are, where they need to get to, what path they need to follow to get there, and provides checkups on their progress toward the goal in time to make a change in instruction (see Figure 2).

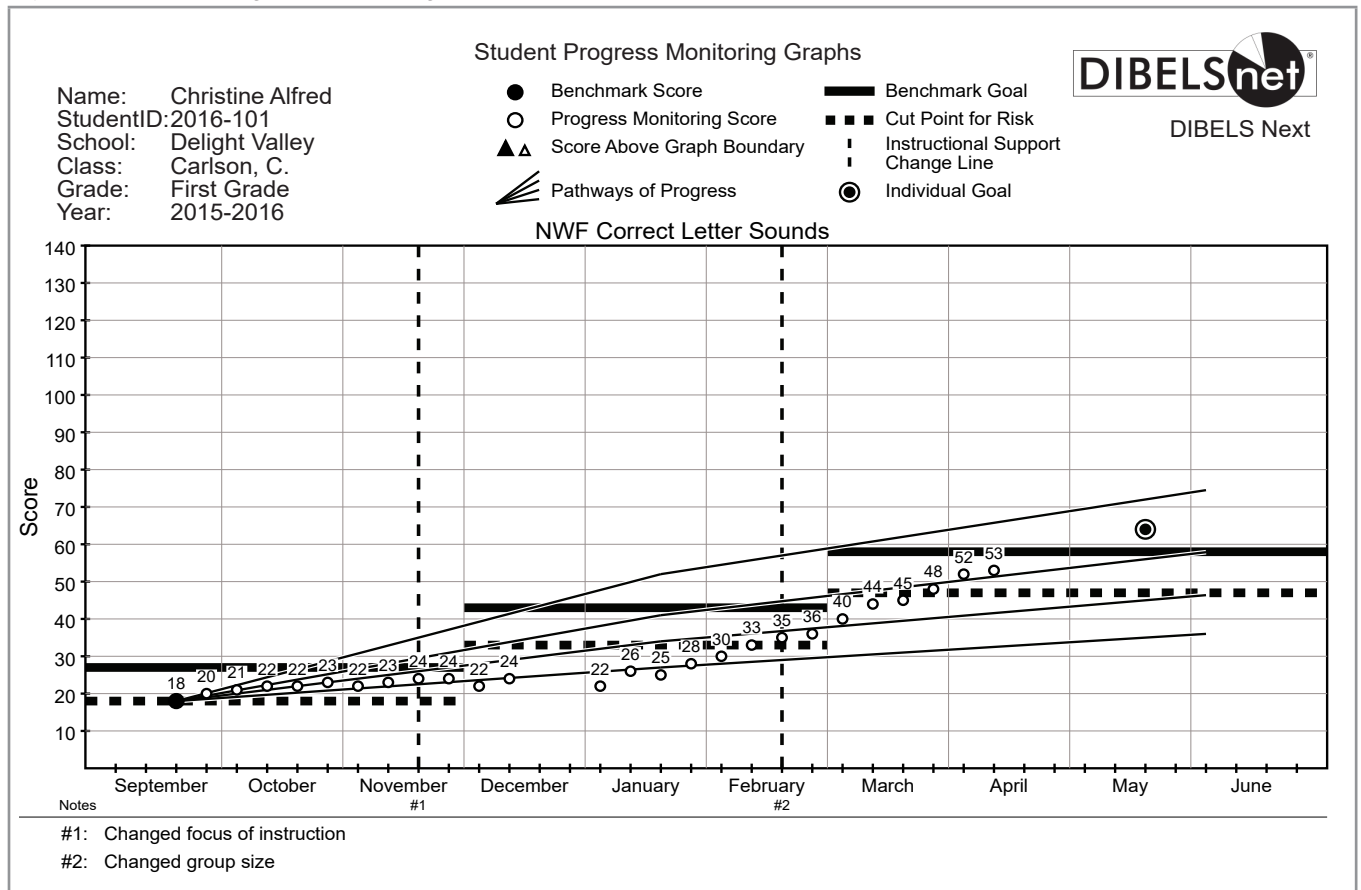
Figure 2. Student Progress Monitoring Graph



3. *DIBELS Next enables individualized support to ensure adequate progress for students with dyslexia or who are at risk for dyslexia:* It is critical for students with dyslexia or who are at risk for dyslexia to master the same early literacy skills as students without reading difficulty, especially the phonological processes that provide the keys to the code. However, students with dyslexia or who are at risk for dyslexia are likely to need individual adaptations and supports in order to master those skills. Before instruction begins, we don't know what each individual student will need. A powerful approach is to select methods that are generally effective and adapt them to meet the individual needs of the student. Additional information for differentiating instruction may be obtained when necessary through further assessment (e.g., DIBELS® Deep).

DIBELS Next provides the ongoing progress monitoring information needed to adjust instruction and support to meet the individual learning needs of students with dyslexia or who are at risk for dyslexia (see Figure 3).

Figure 3. Student Progress Monitoring Graph



4. *DIBELS Next provides direct evaluation of the effectiveness of the school-wide system of instruction and support:* One of the most important supports that we can provide to students with dyslexia or who are at risk for dyslexia is an effective school-wide system of support. The school-wide system includes both the core instruction provided to all students, as well as the different levels of intervention provided to students who are at risk for or are experiencing reading difficulties based on their specific needs. Evaluating the system of instruction begins with examining the effectiveness of core instruction. Intervention programs are most effective in the context of effective core instruction. Furthermore, if the majority of students within a grade level score Below or Well Below Benchmark, they are at risk but may be having difficulty due to a lack of effective instruction rather than dyslexia. A lack of adequate progress is an indication of risk for dyslexia *when* the student has been provided with generally effective instruction. We must evaluate and support the effectiveness of the school-wide system to fully meet the needs of students with dyslexia or who are at risk for dyslexia.

DIBELS Next provides information about the effectiveness of the school-wide system, including core instruction, supplemental support, and intensive intervention. Ensuring an effective multi-tiered system of support for students with dyslexia or who are at risk for dyslexia is important for meeting their individual student learning needs (see Figures 4 & 5).

Figure 4. School Overview Report

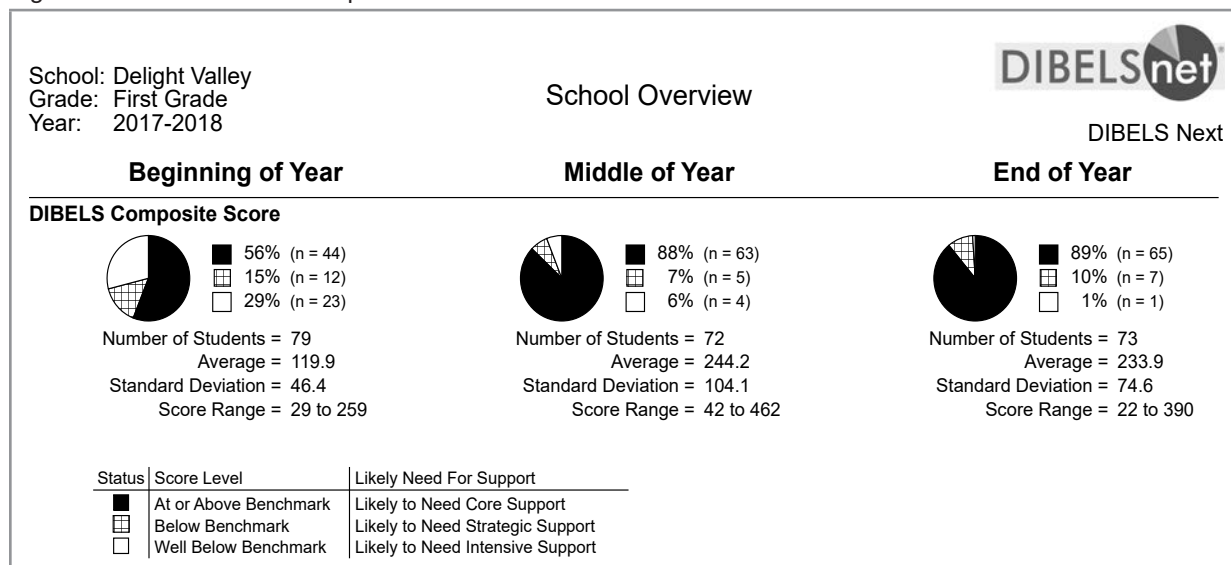
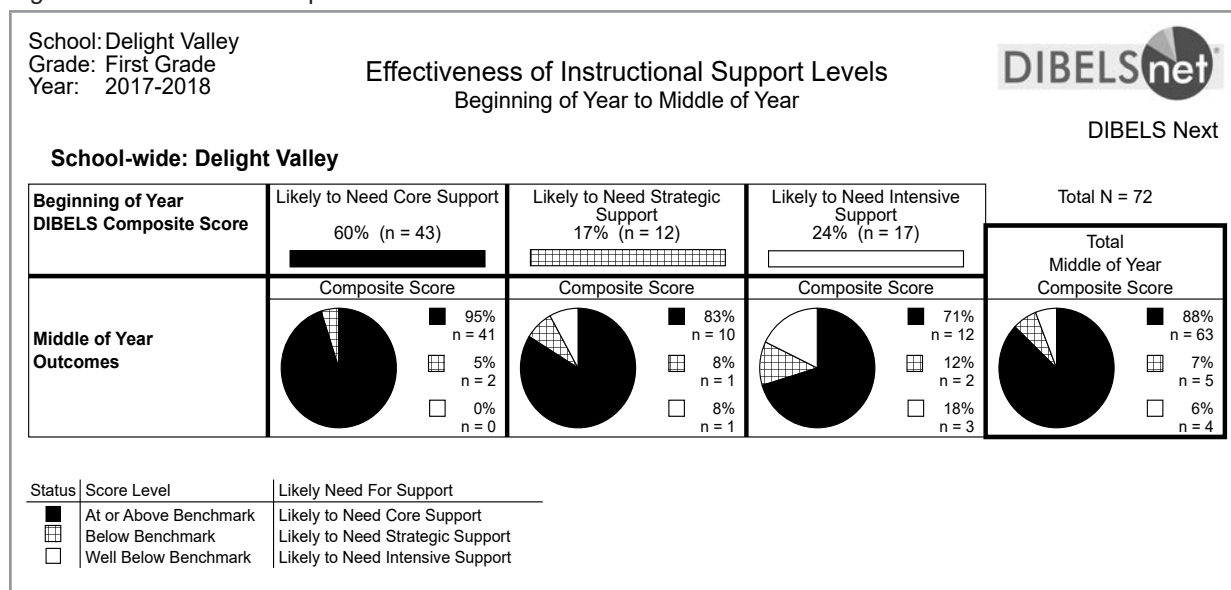


Figure 5. Effectiveness Report



All students should be provided with good, systematic, explicit core instruction. Any student identified as at risk for dyslexia or other reading difficulties should also be placed immediately into an appropriate evidence-based intervention that is matched to his/her specific areas of need. From there, it is imperative to monitor progress, modify instruction at a formative level as needed, and provide ongoing feedback to teachers and parents. When students continue to struggle with literacy skills despite receiving additional high-quality, systematic, explicit instruction, further assessment may be warranted.

It is important to note that tests do not diagnose dyslexia but are tools used in a process that informs a diagnosis. Most often, the process involves individual assessment provided by a multi-disciplinary team of qualified professionals (see The International Dyslexia Association, 2017). This multi-disciplinary team may elect to obtain additional assessment information for selected students who continue to struggle with literacy skills to help determine whether they have dyslexia.

References

- American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, & Joint Committee on Standards for Educational and Psychological Testing. (2014). *Standards for educational and psychological testing*. Washington, DC: AERA.
- Hattie, J. (2009). *Visible learning: A synthesis of over 800 meta-analyses relating to achievement*. New York, NY: Routledge.
- The International Dyslexia Association (2017). *Dyslexia assessment: What is it and how can it help?* Baltimore, MD: The International Dyslexia Association (IDA).
- VanDerHeyden, A. M., & Burns, M. K. (2017). Four dyslexia screening myths that cause more harm than good in preventing reading failure and what you can do instead. *Communique*; 45(7).