



Dyslexia Scotland

The Early Years



No 1 in the series of
Supporting Pupils with Dyslexia at Primary School

SUPPORTING PUPILS WITH DYSLEXIA AT PRIMARY SCHOOL

THE EARLY YEARS

Adapted by Dyslexia Scotland, South East from
Dyslexia: Primary Handbook by Meg Houston

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Dyslexia Scotland,
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Supporting Pupils with Dyslexia at Primary School

Every primary school in Scotland has been supplied with a free copy of this important publication. All material in these titles is downloadable free from the Dyslexia Scotland website – www.dyslexiascotland.org.uk.

Dyslexia Scotland would like to thank Meg Houston and the committee members of Dyslexia Scotland South East for producing these important resources for primary teachers in Scotland.

Thanks also go to M & A Thomson Litho Ltd, East Kilbride, Scotland who printed the titles at below cost – www.thomsonlitho.com and Paula O'Connell for copy-editing all titles.

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Dyslexia Scotland is the voluntary organisation representing the needs and interests of dyslexic people in Scotland.

Mission statement

To encourage and enable dyslexic people, regardless of their age and abilities to reach their potential in education, employment and life.

Dyslexia Helpline: 0844 800 8484 – Monday to Friday from 10am-4pm.

Dyslexia Scotland, Stirling Business Centre, Wellgreen, Stirling FK8 2DZ
www.dyslexiascotland.org.uk

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Supporting Pupils with Dyslexia at Primary School

Complete set comprises of 8 booklets

- 1 The Early Years
- 2 The Middle Primary
- 3 The Upper Primary
- 4 Identification of Dyslexia in Primary School
- 5 The Role of Support for Learning
- 6 The Role of School Management
- 7 Working with Parents
- 8 Resources and Assessment Instruments

Foreword by Dr. Gavin Reid, formerly senior lecturer in the Department of Educational Studies, Moray House School of Education, University of Edinburgh. An experienced teacher, educational psychologist, university lecturer, researcher and author, he has made over 600 conference and seminar presentations in more than 35 countries and has authored, co-authored and edited fifteen books for teachers and parents.

ALL information contained in the booklets can be downloaded free of charge from the Dyslexia Scotland website – www.dyslexiascotland.org.uk

Dyslexia Scotland, Stirling Business Centre, Wellgreen, Stirling, FK8 2DZ
Email: info@dyslexiascotland.org.uk

Foreword by Dr. Gavin Reid

It is a pleasure to be asked to write a foreword for this new pack of booklets on 'Supporting Pupils with Dyslexia at Primary School'. One of the striking features of the booklets is the detail and comprehensiveness which Meg Houston and her colleagues have included in this excellent pack.

They leave no stone unturned. They cover the full range of stages in the primary school from nursery to the upper primary and provide guidance for parents and school management. They also comment on the crucial area of transition between primary and secondary school. I am heartened that they have provided a working definition for dyslexia as defining dyslexia is often an area of confusion, and teachers can be uncertain as to what dyslexia actually means. Teachers need this type of guidance on dyslexia. There are many aspects relating to dyslexia that can be misunderstood unless a clear set of materials, such as this pack, are available. These booklets are therefore timely and essential.

I am impressed with the detail included in providing advice for all stages of primary school from pre-school to upper primary and also on the role of parents and particularly the issues relating to homework. It is heartening to read comments such as "it is very easy for teachers to create the optimum conditions at school that will avoid the 'homework' problem. An aware senior manager can take the lead by setting the tone and creating the ethos, developing a dyslexia friendly homework policy that will make a huge difference to many children's – and their parents' – lives". I have found from my experience that this is one issue that can cause a great deal of consternation for both students and families, and of course teachers.

The booklets also focus on the emotional aspect of dyslexia in addition to the cognitive and learning issues. This is important as students who are emotionally ready for learning, will make more progress than those who are not. Often children with dyslexia can have problems in this area because they have experienced too much failure, too often, for too long. It is important that this ceases to be an issue and this set of booklets will go a long way to making the educational experience a more comfortable and successful one for many children with dyslexia.

The booklet on the role of management states that management should have a "recognition of, and sensitivity to the range and diversity of the learning preferences and styles of all children". This is crucially important. There are also excellent sections summarizing support strategies for students with dyslexia and a section with a comprehensive annotated description of key resources that can be accessed by teachers. The booklets also indicate, quite rightly, that the key to success is effective learning and this means effective teaching. This does not cost money, does not necessarily require vast expenditure on expensive resources, but rather needs management consideration to ensure that teachers have adequate preparation time, appropriate training, opportunities to develop differentiated materials and are able to recognize individual learning styles and importantly are able to, and have the opportunity, to use this information to develop good practice in classroom teaching and student learning. The role of teacher education is also a key area: this has not gone

unnoticed and the reference to the 'Framework for Inclusion: Assessing Dyslexia – Toolkit for Teachers' will be helpful to all teachers assessing this resource.

The section on dyslexia in the early years will also be warmly welcomed by many as there is clear evidence that early identification can lead to successful intervention. But often there is uncertainty about what to look for, how to identify high risk students and how to take this further in terms of intervention. This section will provide early years teachers with the confidence, strategies and the framework to pursue the identification of children at risk of dyslexia with some confidence and with the support of management.

We are fortunate in having dedicated professionals, such as Meg Houston and Moira Thomson, available to write these booklets. It never ceases to amaze me when I travel to other countries and continents to speak about dyslexia how far advanced we are in Scotland. This is often due to relatively few dedicated and insightful professionals and parents who have achieved a great deal in terms of acquiring government support and securing government initiatives. It is very pleasing to consider the number of significant initiatives in dyslexia that have taken place in Scotland in recent years. This has without doubt made Scotland a key player on the world stage in good practice on dyslexia. Booklets such as these developed by Meg Houston and her colleagues in Dyslexia Scotland and Dyslexia South East go a long way in confirming that view and with full backing and appropriate support these booklets will make a difference – a difference to children, families, schools and to the quality of education for all in Scotland.

Gavin Reid, Vancouver, British Columbia, Canada
October 2010

Working Definition of Dyslexia (Scottish Government, January 2009)

<http://www.scotland.gov.uk/Topics/Education/Schools/welfare/ASL/dyslexia>

The following working definition of dyslexia has been developed by the Scottish Government, Dyslexia Scotland and the Cross Party Group on Dyslexia in the Scottish Parliament. This is one of many definitions available. The aim of this particular working definition is to provide a description of the range of indicators and characteristics of dyslexia as helpful guidance for educational practitioners, pupils, parents/carers and others. This definition does not have any statutory basis.

Dyslexia can be described as a continuum of difficulties in learning to read, write and/or spell, which persist despite the provision of appropriate learning opportunities. These difficulties often do not reflect an individual's cognitive abilities and may not be typical of performance in other areas.

The impact of dyslexia as a barrier to learning varies in degree according to the learning and teaching environment, as there are often associated difficulties such as:

- *auditory and /or visual processing of language-based information*
- *phonological awareness*
- *oral language skills and reading fluency*
- *short-term and working memory*
- *sequencing and directionality*
- *number skills*
- *organisational ability*

Motor skills and co-ordination may also be affected.

Dyslexia exists in all cultures and across the range of abilities and socio-economic backgrounds. It is a hereditary, life-long, neuro-developmental condition. Unidentified, dyslexia is likely to result in low self esteem, high stress, atypical behaviour, and low achievement.

Learners with dyslexia will benefit from early identification, appropriate intervention and targeted effective teaching, enabling them to become successful learners, confident individuals, effective contributors and responsible citizens.¹

¹ Learning & Teaching Scotland
<http://www.ltscotland.org.uk/inclusionandequality/sharingpractice/organisations/dyslexiade finition/index.asp>

This book examines the identification and support of children with dyslexia in the early years. It is part of a series of eight titles and it is recommended that this book is read in conjunction with:

- Identification of Dyslexia at Primary School
- Supporting Pupils with Dyslexia at Primary School: Supporting and working with parents
- Supporting Pupils with Dyslexia at Primary School: Resources and Assessment Instruments

All titles in this series are free to download from Dyslexia Scotland's website – www.dyslexiascotland.org.uk.

It is recommended that readers also refer to the online 'Assessing Dyslexia' toolkit which can be found at the following link:

<http://www.frameworkforinclusion.org/assessingdyslexia>

EARLY INTERVENTION

Historically, a child had to fail to learn to read and write before anyone would think about the possibility of dyslexia. Because of the developmental nature of dyslexia, many teachers and schools took a "wait and see" or an "it will come" approach and the problem was left until it caused frustration, behavioural difficulties, severe loss of motivation and self esteem. It was possible by this stage that a child could be labelled a behavioural problem for the rest of his school career and dyslexia would never be identified.

It is vitally important to identify characteristics that may indicate dyslexia as early as possible in order to ensure that the appropriate teaching strategies are employed and effective programmes are constructed. This can be done in the nursery and in P1 and P2.

Dyslexia may, however, come to light at any point in life, having been masked by ability, hard work, extreme sociability, a quiet nature, a particular talent, acting the clown or another separate (co-occurring) condition. In P1 and P2 children with dyslexia usually identify themselves by their difficulty in acquiring early literacy skills. The nursery is very different.

IDENTIFICATION OF CHILDREN WITH DYSLEXIA IN THE NURSERY

Nursery staff are well placed to build up a profile of a child through observation, consultation with parents and engaging the child in the experiences and outcomes which are planned for children years through active learning. (Curriculum for Excellence)

The characteristics that suggest a child is dyslexic include:

Family history

- dyslexia has a high heritability factor
- heredity genes have been identified
- there is a high incidence of immune anomalies in children with dyslexia eg allergies, asthma, eczema and mothers with lupus

Visual difficulties

Children may have motor and/or perceptual problems with vision that could cause them to have difficulties in following text and learning to read. Thus, improving vision can have a very positive effect on the child's progress in gaining literacy. Though visual problems are not likely to cause dyslexia, if they are present they will certainly aggravate pre-existing difficulties. Examples of the types of problems that may be present are visual stress/Meares-Irlen Syndrome, poor vergence control, scanning/tracking problems and poor binocular vision. Symptoms of visual problems may include:

- eye strain under fluorescent or bright lights
- glare
- same word may seem different or words may seem to move
- headaches when reading, watching tv or computer monitor
- patching one eye when reading
- difficulty tracking along line of print causing hesitant and slow reading.

It is sometimes difficult to assess if a child has any visual difficulty at an early age. However, if the child is rubbing his/her eyes a lot, seems to have difficulty in focusing and tires easily when doing close book or computer tasks, then observe if these difficulties are also present when playing other games or listening to a story (without following in book). If the child has these difficulties, then it would be best to seek professional advice from a qualified orthoptist, but report the circumstances under which the child is apparently struggling.

There are clinics at most main hospitals and referral can be made through the child's GP, educational psychologist or the community paediatrician. Treatment may involve eye exercises and/or the use of colour – either tinted spectacles or the use of a coloured overlay.

Source: Assessing Dyslexia: Toolkit for Teachers, Dyslexia Scotland – www.dyslexiascotland.org.uk

Auditory difficulties

- less sensitive to changes in sound frequency and intensity
- low phonological skills

Impaired motor function

- poor coordination
- clumsiness
- dyspraxia (Developmental Coordination Disorder)
- speech impediments
- mixed laterality
- poor memory
- poor sequencing
- inability to clap a rhythm or keep a beat

At the nursery stage it must always be remembered that many of the features of dyslexia are the same as the features of dyspraxia, autism, ADHD (attention deficit hyperactivity disorder) and SLI (speech and language impairment). These conditions share some of the same characteristics (co-morbidity) and they run in the same families. Medical studies are looking more and more at co-morbidity because it is unusual to have one 'pure' condition. It is helpful to think in terms of a primary presenting problem while taking account of satellite difficulties.

The primary aim at this early stage is not necessarily to *label* children but to identify manifestations of factors that give rise to additional support needs and to minimise later problems by:

- Ensuring appropriate intervention is in place as early as possible
- Sharing the nature of particular difficulties with parents and other professionals

INTERVENTION IN THE NURSERY

The nursery environment is unique in its ability to address the needs of all children. The curriculum in the nursery is the perfect vehicle to address the developmental needs of a child before the formal teaching of literacy. The skills and sub-skills to be addressed are in the auditory, visual, motor and social domains and the activities needed to remediate any deficits are effective for all children.

Auditory Intervention

A focus on choral singing and recitation will improve listening skills. Singing in a group allows a child to hear himself in comparison with others and gain the full range of sound necessary to understand the pieces of language. There are many music programmes that are excellent for integrating all the elements of sound movement, touch and music in pre-school years. They incorporate sound with real instruments and singing to energise and alert the body and mind, and participation in integrative cross-lateral movements and steady beat to assist the process of pattern finding. The child develops a love of music and rhythm, which makes pattern seeing and learning infinitely easier.

Singing, group singing, recitation and verbal rehearsal are all powerful pre-reading skills and reading is the culminating activity of all this work for the child with dyslexia rather than the only therapeutic instruction.

Acquiring literacy skills comes more easily to those who have mastered keeping a beat and rhythmic movement to music and who have a daily exposure to music and singing.

Standardised test results for high school students are on average 35 points higher on verbal and maths sections if music is included in their overall timetable than for those students who do not study music. The power of music to assist the brain in accessing the

school curriculum has been identified by researchers who found the reading age of choirboys studies improved by 12 months within 6 months of their joining the choir. Listening, vocalising, learning to hear pitch and rhythm enhanced all their learning skills. Real music should always be used in the nursery, never digitised sound. A 25 week project of daily music instruction which gave a Ritalin free solution to hyperactivity was also found to improve reading scores. (Hannaford, C *Awakening the Child Heart*, 2002, Jamilla Kur Publishers)

The therapeutic benefits of music programmes are well known yet many education authorities are cutting specialist music instruction and leaving any input in primary schools to class teachers. Nursery teachers and staff, however, are known to include a high level of quality input on a daily basis in music covering repetition, verbal rehearsal, group singing, rhythm, dance and steady beat.

In the pre-school year letter knowledge and phonics are introduced and it is crucial that children learn to pronounce single sounds correctly. For example:

- m is pronounced mmm NOT mi
- s is pronounced sss NOT si
- f is pronounced fff NOT fi
- l is pronounced lll NOT li
- n is pronounced nnn NOT ni

If children learn the single sounds with a 'shwa' or an 'i' sound at the end it will confuse them when they start to crash sounds together to make words or sound out letters to read words.

- 'mmm' 'a' 'nnn' sounds like man
- 'mi' 'a' 'ni' does not sound like man

Visual Intervention

Visual learning is a great strength in the nursery curriculum. Walk in to any nursery class and the visual impact is obvious. Nursery teachers and staff demonstrate expertise in visual presentation. Over-stimulation of young children in the visual modality is easily avoided by staff that take a thematic approach and constantly update displays, removing older art work etc.

Guided imagery and mental pictures are taught through story telling and role play and lead to the visualisation, verbalisation and visual chains that are such important strategies for dyslexic learners in later life. These building blocks to literacy, numeracy and thinking are well laid down in an aware nursery class.

Eye tracking, eye/hand and eye/foot exercises and convergence exercises can be practised daily in nursery by those children whose visual and motor coordination skills are poorly developed.

Motor Skills Interventions

Many nurseries run a perceptual motor (or play) programme which aims to develop:

- Language skills
- Co-ordination
- Locomotion
- Balance
- Fitness
- Laterality
- Spatial awareness
- Body rhythm
- Body image
- Body control
- Directionality
- Gross and fine motor skills
- The integration of auditory skills into memory training
- The processing and interpretation of visual information
- Visual, auditory and motor sequential memory
- Motor planning ability
- Social skills
- Confidence and trust in peers, adults and equipment
- Problem solving abilities (individual)
- Problem solving abilities (in a group)

All of these are integrated into whole class circle dances and games, in group work and, when recognised as necessary, individually. Outdoor play areas provide opportunities for all the gross motor skills to develop and nursery staff will note children who avoid certain activities, investigate why and provide professional, supportive encouragement to develop the required skill. Gone are the days of leaving a child to choose to do or not to do whatever he wished in the belief that this was being 'child-centred'. Children need to develop a range of skills in order to fully access education. The nursery curriculum must help children develop these skills, and enable staff to flag up children who meeting barriers to learning so that the primary school can put in place appropriate teaching programmes from the start.

Social Skills Interventions

In nursery social skills intervention is embedded in every aspect of the curriculum as well as being given subject status.

Nursery staff are on task at all times to monitor social skills and intervene where appropriate. Aware nursery practitioners seem to develop a sixth sense or antennae which give an apparently limitless range of games and activities engineered specifically to meet the needs of children whose social skills are poorly developed.

THE IDENTIFICATION OF CHILDREN WITH DYSLEXIA IN P1

The identification of children with dyslexia in P1 is supported by the use of a programme of initial literacy teaching that is well structured, cumulative and teaches the alphabetic code first, fast and functionally. Such a programme could employ a baseline test to establish the reading knowledge, letter knowledge, knowledge of the conventions of print and any writing ability that the child may have on entry to school. A progress test at the end of P1 would measure the effectiveness of the teaching over the year.

P1 teachers track children to note their responses to formal teaching. Those whose initial difficulties may have been due to lack of experience may progress well while some who started well may fail to progress as specific difficulties begin to emerge. In the tracking process that is so necessary in early phonic learning P1 teachers use formal and informal assessment to monitor progress noting any unusual or surprising results. Thus P1 teachers are able to intervene EARLY and EFFECTIVELY. **The “wait and see” and “it will come” philosophies derived from theories of developmental delay can lead to many children progressing through their primary education without ever being identified as dyslexic.**

Intervention in P1

In the early stages of literacy acquisition children who experience difficulty need more of the same; more teaching, more practice, more repetition. A daily repeat of the class literacy lesson with a classroom assistant or support for learning teacher for the 10-20% of children who will have difficulty is a good investment for the future.

Cross referencing with the nursery 'profiles' or 'transition passports' will indicate if these children were flagged up by the nursery as meeting barriers to learning in any of the auditory, visual, motor or social areas and/or displaying a constellation of indicators of dyslexia.

The aims of the repetition of the day's literacy lesson for this small group throughout P1 will include:

- Developing security in alphabetic knowledge, sounds and shapes, capitals and lower case
- Developing automaticity in grapheme to phoneme and phoneme to grapheme conversion
- Teaching sounding and blending explicitly to accelerate reading attainment as accelerated training of letter sounds will not increase reading skill
- Underpinning the link between reading and phonics with daily practice in encoding and decoding
- Teaching good handwriting daily alongside reading to reinforce sound/letter conversion and help integrate all the processes
- Ensuring from the start that children know that reading is not a guessing game

Prior to the emphasis on synthetic phonics, generations of children with dyslexia went well into upper primary, and sometimes beyond thinking that to read you had to look at the first letter and guess the rest. Teachers were often perplexed by children who were unable to take account of the length of a word or the number of syllables but attended only to what they called the 'initial letter'. Formerly, a dyslexic child's chance of learning to read may have been ruined by a Primary 1 teacher who taught using the 'initial letter' approach and the blackboard. The visual child with dyslexia taught this way can still see a busy blackboard covered with drawings with words – contributed by the children – under each one – eg 'b' is for *boy, bird, bridge, bucket, bug, baby, badger, bagpipe, ballerina, banana, bamboo, bazaar* . . . The auditory dyslexic learner still remembers the teacher's comments - *That's a good word. I'm not sure I can draw it*; as early as P1 children with dyslexia quickly learned this game. It was about who could come up with the longest or strangest word, or who could come up with something the teacher couldn't draw. There is no such thing as an initial letter yet we still hear teachers saying 'he knows all his "initial letters"'.

This is an example of a teacher's delivery of the curriculum creating barriers to children's learning. Teachers now talk of letters being used initially or medially, or finally or letters being used at the beginning, in the middle or at the end. All letters are the same. Their status comes from where they are used.

Children who have additional support needs have as much difficulty unlearning as they do learning. This is why nothing should be taught that later has to be unlearned. Everything must make sense at every stage. Teachers have to get it right for every child from the start.

The major prevention strategy to minimise reading difficulties is EXCELLENT INSTRUCTION for effective learning. This being the case, in every primary school reading programme attention should be given to:

- The alphabetic principle
- Reading sight words
- Reading words by mapping speech sounds to parts of words
- Achieving fluency and comprehension

General Classroom Management

In P1 the general classroom management is naturally dyslexia friendly. The pace, the environment, the clear instructions, the time limited activities and the encouragement for all to settle into a new class identity are all tailor made for the child with dyslexia. Everything about P1 helps children with dyslexia to stay positive - except for the work. Teachers can remove barriers to children's learning by:

- Taking account of children's different interests and learning styles
- Matching individual children to appropriate learning experiences and support
- Using multi-sensory teaching styles to take account of all learning preferences

Intervention in P2

In P2 it may be found that some children who had a shaky start have responded well to intensive instruction and they can be supported primarily by the class teacher. This is not possible for all learners. Some will have needs that require more specialist input and the Support for Learning (SfL) teacher will be involved and may at this stage implement a reading recovery programme such as the 'Marie Clay' model.

Classroom teachers and Support for Learning teachers may also recognise at this stage a pupil who appeared to sail through P1 beginning to struggle. The coping strategies, support systems, memory and capacity for hard work of a child with dyslexia can fail at any point and staff must be ready for new and unexpected manifestations of dyslexia to appear.

A child in P2 who has dyslexic difficulties will need to be carefully supported in order to maintain self esteem and confidence in learning. Teachers may provide an appropriately challenging curriculum for children with dyslexia through:

- variations in the delivery of some aspects of the curriculum (teaching style)
- differentiation (reasonable adjustment) of materials and activities set
- provision of specialised equipment and learning aids
- additional tutoring input
- extra support in the classroom for a few individuals

SPECIALIST INPUT

Speech and Language therapy

Some children's speech and language difficulties may or may not be obvious. Some children with dyslexia may have severe and/or complex phonological deficits that create barriers to literacy acquisition. This stops them from responding to appropriate teaching. Such children will benefit from referral to Speech and Language Therapy. Dyslexia is a specialist area in Speech and Language Therapy and the school may want to seek appropriate support from a specialist therapist.

Occupational therapy

Organisational and motor difficulties linked to dyslexia are more easily treated before the age of 7. The first 7 years are the years of sensory-motor development. Until the age of 7 the brain is primarily a sensory processing machine and gets meaning directly from sensations. A young child's responses are more 'motor' than 'mental'. The sensory-integration that occurs in moving, talking and playing is the basis for the more complex sensory-integration that is necessary for reading, writing and good-behaviour. If sensory-motor processes are well organised in the first seven years of life, later learning is much easier. An occupational therapist can tease out any problems and put in place a programme of remediation.

Visual therapy

Visual processing difficulties, eye tracking problems, convergence difficulties all lead to difficulties with reading. Testing for most visual impairments should be carried out by a qualified optometrist. Children who continue to attempt to read with untreated visual difficulties may experience many physically uncomfortable and painful reactions such as watery eyes, hot, dry, itchy, eyes, headaches, dizziness, nausea, migraines and vomiting.

Where dyslexia is so severe that no progress is made after a year of specialist Support for Learning tutoring then it may be appropriate to involve an educational psychologist. This, of course, will depend on the policy of the Education Authority. Many authorities now have specialist teachers who are well trained in dyslexia and are able to investigate and assess a child's dyslexic profile and learning needs.

SOFTWARE SOURCES FOR THE EARLY YEARS

www.cricksoft.com
www.donjohnston.co.uk
www.taglearning.com
www.inclusive.co.uk
www.r-e-m.co.uk
www.semerc.com
www.topologika.co.uk
www.kudlian.net

USEFUL RESOURCES

| | |
|--|---|
| Jelly and Bean (Phonic Resource) | Marlene Greenwood |
| Sound Start | Nelson Thornes |
| All by Myself Readers | Senter Publications |
| Storyworlds | Heinemann |
| The Phonics Handbook (and games and jigsaws and support materials) | Sue Lloyd Jolly Learning Ltd |
| The Importance of being 3 (CD) | Ladder of Learning |
| The Importance of being 4 (CD) | info@ladderoflearning.co.uk |
| Selection of pencil holders, hand-hugger pencils, aids etc | The Dyslexia Shop www.thedyslexiashop.co.uk |
| Marie Clay Reading Recovery | |

For further information see the *Resources* booklet by Anne Warden that accompanies this pack.

READING LIST

Assessing Dyslexia toolkit link (2010)

<http://www.frameworkforinclusion.org/AssessingDyslexia/>

Backhouse G & Morris K (eds) *Dyslexia? Assessing and Reporting* (2005, Hodder-Murray in association with PATOSS)

Henderson, A *Maths for the Dyslexic: A Practical Guide* (ISBN 9781853465345)

Mackay, N *Removing Dyslexia as a Barrier to Achievement* (SEN Marketing Dyslexia Friendly Schools Toolkit, 2005, ISBN 9781903842058)

Packiam Alloway, T *Improving Working Memory, Supporting Students' Learning* (2011, Sage, ISBN 9781849207485)

Plummer, D M, *Helping Children to Build Self-Esteem* (2nd Edition, ISBN 9781843104889)

Reid, G *Dyslexia: A Complete Guide for Parents* (2004, Wiley)

Reid, G *Dyslexia: A Practitioner's Handbook* (4th Edition, 2009, Wiley-Blackwell)

Reid, G *Learning Styles and Inclusion* (ISBN 97814112910644)

Reid, G & Green S, *100 Ideas for Supporting Pupils with Dyslexia* (ISBN 9780826493989)

Riddick, B *Living with Dyslexia* (David Fulton publishers, ISBN 9780415477581)

Ryden, M *Dyslexia How Would I Cope?* (ISBN 9781853023859)

Saunders, Dr K & White, A *How Dyslexics Learn –Grasping the Nettle* (ISBN 9780953931514)

Wilkins, A *Reading Through Colour* (ISBN 9780470851166)

Winter, M *Asperger Syndrome, What Teachers Need to Know* (Jessica Kingsley Publishers, ISBN 978843101437)

PHOTOCOPIABLE

Dyslexia Indicators at the Nursery Stage (May Indicate Early Manifestations of Dyslexia)

Nursery teachers and nursery nurses are well placed to identify these general indicators. If several of the indicators listed are present the team will wish to discuss whether the severity merits referral for further investigation and support. Possible colleagues to contact would be the Support for Learning Teacher Occupational Therapist, Speech Therapist or Educational Psychologist.

Pupil Name: _____ Class: _____ Date: _____

- Poor language and pronunciation
- Poor rhyming
- Immature speech pattern and communication
- Poor phonological awareness
- Poor concept of time
- Poor organisation
- Poor listening skills
- Poor memory for rhymes, stories, events, instructions
- Cannot clap a rhythm or keep a musical beat
- Is clumsy, wiggly and accident prone
- Is hard to engage, shows little interest in activities
- Can be easily distracted
- Has poor posture
- Poor fine motor skills, including drawing, copying and letter formation
- Poor eye tracking and inability to converge from far to near
- Poor spatial concepts
- Poor body image
- Has not established hand dominance
- Has poor ball skills
- Has poor balance and co-ordination
- Poor letter knowledge
- Social skills are very limited or unsuccessful
- Other – please give details

Teacher/Nursery Nurse: _____

Action requested:

- investigation and advice regarding support
- profile of additional needs
- advice regarding assessment arrangements
- any further referrals recommended

PHOTOCOPIABLE

Dyslexia Indicators at the Lower Primary Stage (Pupils ages 5 – 8)

Dyslexia is not only a problem with reading and spelling. The problem may be perceptual, auditory receptive, memory based or a processing deficit. Class teachers are not expected to be able to diagnose these difficulties as such, but some general indications are listed below. If several of these are observed frequently in class please tick the relevant boxes, enter details and any additional information and pass to Support for Learning and Management for further investigation.

Pupil Name: _____ Class: _____ Date: _____

- Find it hard to learn letter/sound relationships
- Confuse letters or words with similar shapes or sounds
- Find it hard to sound out simple words
- Reverse, insert or omit words, letters and numbers
- Have difficulty with spelling very simple regular words
- Muddle the order of letters and words
- Keep losing the place when reading
- Read and do written work very slowly
- Have difficulty pronouncing longer common words
- Have difficulty hearing rhymes and sounds within words
- Have poorly spaced, poorly formed, large faint or small heavily indented writing
- Have difficulty memorising (especially in number work) despite adequate supported in-school practice
- Be slow to learn to tell the time
- Be slow to learn to tie shoe laces
- Confuse left/right and up/down
- Have difficulty learning the alphabet, months and days in order
- Have delayed or idiosyncratic speech and language development
- Have difficulty carrying out an oral instruction or, more commonly, multiple oral instructions
- Have poor organising ability – losing and forgetting things
- Have poor coordination and depth perception – tripping and bumping into things
- Have word finding difficulties
- Behaviour difficulties, frustration, poor self image.
- Easily distracted – either hyperactive or daydreaming
- Other – please give details

Teacher: _____

Action requested:

- investigation and advice regarding support
- dyslexia assessment
- profile of additional needs

Supporting Pupils with Dyslexia at Primary School is a series of titles for primary school teachers throughout Scotland. They are intended to inform parents and teachers about how dyslexia might affect a child in order to enable them to remove the barriers to learning that they often experience.

The pack of 8 titles:

- Is an authoritative resource to help teachers when making provision to meet the additional needs of pupils with dyslexia as described in the Scottish Government's Supporting Children's Learning: Code of Practice 2010 (chapter 2)
- Provides class teachers with practical information and helpful tips on how to support pupils with dyslexia achieve academic success in the Curriculum for Excellence (literacy and numeracy)
- Offers specific guidance for Support for Learning teachers and school managers on their roles in supporting pupils with dyslexia
- Explores the need for direct and open communication with parents of children with dyslexia
- Includes handy photocopiable material in each of the eight titles
- Can be viewed online at www.supportingdyslexicpupils.org and downloaded free of charge from www.dyslexiascotland.org.uk

Supporting Pupils with Dyslexia at Primary School is an adaptation by the committee members of Dyslexia Scotland South East of an *original work by Meg Houston*

'There are many aspects relating to dyslexia that can be misunderstood unless a clear set of materials, such as this pack, are available. These booklets are therefore timely and essential'

Dr Gavin Reid

Dyslexia Scotland, Stirling Business Centre, Wellgreen, Stirling FK8 2DZ
www.dyslexiascotland.org.uk

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