

# Dyslexia:

In the eyes of doctors, students, and schools

Special Needs Research Paper

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Content Reading

Try living a day in the life of a dyslexic: unable to read, write, or spell correctly, unable to speak with proper syntax—unable to even write simple a shopping list. Most people associate dyslexia with seeing letters backwards. For example, they see and write “b” where they mean to write a “d.” Research on special needs and children with learning difficulties has shown that dyslexia is not so straightforward. Other research extends the problems dyslexics face to include phoneme trouble as well. This research claims that dyslexics cannot “sound out words”, or separate words into phonemes, which is how most children learn to read and spell. Since there is no neat, handy definition of dyslexia, many people categorize children showing difficulty in reading and writing simply having a “learning disability.” This paper aims to explain what dyslexia is and what causes it, outline characteristics of people who have it, and recall how educators have dealt with it in the past.

Dyslexia is a neurological complication that makes it hard to read fluently or at levels expected based on the person’s overall intelligence. Dyslexics are not stupid. Dyslexia “is not due to mental retardation, brain damage, or a lack of intelligence” (Pearlstein, 2008). Dyslexia, like many neurological problems, has many causes and types. Trauma Dyslexia can result from a head injury or brain trauma to the areas of the brain used in writing and reading. This type is rare, however. Primary Dyslexia effects the same areas of the brain, but these areas are not damaged as in Trauma Dyslexia cases. Rather, they are dysfunctional, thus, the condition does not disappear with age. “Individuals with this type are rarely able to read above a fourth-grade level and may struggle with reading, spelling, and writing as adults” (Pearlstein, 2008). This type is most common in boys, and also is thought to be hereditary. A third type of dyslexia, Developmental Dyslexia, is *not* permanent like Primary Dyslexia. It is caused by hormone problems while the child is still developing before birth. Once the child is born and their own hormones develop, the condition disappears.

Dyslexia has characteristics that are common to most young children and children with learning difficulties. Dyslexia is most commonly associated with, but not limited to letter reversals and other

reading problems. However, teachers should be aware that letter reversals are common until age 7 or 8. Other “red flags” include: difficulty with right and left, difficulty copying text from a chalk board or text, disorganized work, and skipping words or scrambling syntax when speaking (Pearlstein, 2008).

If teachers DO have a dyslexic child in their classroom, special adaptations should be made. Adaptations are key in literature classes especially, where reading is a core skill. Students should not receive “easier” texts or grouped together with other slow readers. While they may be able to get through this material at a speed comparable to their peers, this will worsen their reading skills over time. Students with dyslexia should be given more time on assignments with reading, but still read the same challenging material like their peers. Texts with larger print also may help. Reading comprehension strategies are also key in this situation. Instead of answering comprehension questions in writing, which dyslexic students may struggle with, they could draw a scene from the reading or give a verbal summary.

Schools in the past have dealt with these bright children as special needs children. Kevin Gearhart, a lifelong dyslexic who still struggles with reading, writing, and speaking correctly, confirmed this statement about how his school treated him. He said, “They put me in IU8 around 9th grade” (Gearhart, 2008). Instead of dealing with the problem early in elementary school, like experts recommend now, schools typically put students in a lower-level class. Unattended to, the learning disability worsened until the children were sent to schools for children with mental retardation or other disabilities, like IU8. It did not matter if they were otherwise intelligent children. While there, not many accommodations were made for Kevin, except a lifelong impression that he was “stupid.” He reflected, “It wasn’t too much book stuff, it was more them writing stuff on a chalkboard, like down lower. It was more hands-on work, showing stuff” (Gearhart, 2008).

In today’s classroom, it is likely that teachers will encounter a student with a learning disability. Pearlstein suggests that dyslexic children are somewhat rare, but discrepancies exist between *how* rare: 1 to 2%, according to some researchers, or 15 to 20%, according to others (Pearlstein, 2008). This

variation is another indicator that dyslexia still lacks a definitive set of symptoms unique to those individuals who struggle with it. There are dangers in categorizing these children under the blanket term of “learning disability”, however. Assessments should be taken to pinpoint their weaknesses, rather than include them in schools for mental disabilities. Doctors recommend that “the assessment plan for each child depends on the specific problems the child is having. Each plan should include testing in five areas: cognition (intelligence), academic performance, communication, sensory/motor, and health and developmental” (Pearlstein, 2008). Either a school psychologist or clinical psychologist is recommended to make the diagnosis. Once a diagnosis is made, speech therapists can help the children with syntax, grammar, expression thoughts, and other personal needs of the student. Student Support Teams can also be formed to meet and discuss a plan of action and classroom accommodations for the student. “Guidance counselors, general education teachers, administrators, other support staff, and, sometimes, the parent-use a collaborative process to discuss the student's needs and identify academic and behavioral interventions and supports that the teacher may implement to help the student achieve” (Garnett, 2006).

Regardless of the steps taken, one thing is most important to remember: these are not dumb students. The fact that dyslexia doesn't even have a working definition indicates that it is not a disability, but a condition that varies student to student. Dyslexia and the ensuing difficulties in school children face is not a reflection on the student as a poor scholar. Many times, these children are very bright. For example, Kevin Gearhart, even at 52, can't spell simple words like “exactly” and needs help writing e-mails, but is re-building twin outboard boat motors piece by piece in his garage. Teachers should recognize that this learning disability requires adaptations of time and not condemning, lower-level assignments, lest their students should not even know how to spell “exactly” at age 52.

## Works Cited

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