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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2012

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A N A C T

RELATING TO HEALTH AND SAFETY -- DYSLEXIA DIAGNOSIS AND TREATMENT

Introduced By: Representatives Naughton, Morrison, Keable, Baldelli-Hunt, and Walsh

Date Introduced: February 15, 2012

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby  
2 amended by adding thereto the following chapter:

3 CHAPTER 87

4 THE RHODE ISLAND DYSLEXIA ACT

5 **23-87-1. Short title.** – This chapter shall be known and may be cited as “The Rhode  
6 Island Dyslexia Act.”

7 **23-87-2. Findings of fact.** – The general assembly hereby finds and declares:

8 (1) Dyslexia is a learning disability that is neurobiological in origin and characterized by  
9 difficulties with accurate and fluent word recognition, poor spelling, and poor decoding abilities,  
10 resulting in problems with reading comprehension and reduced reading experience that impede  
11 the growth of vocabulary and background knowledge. Dyslexia is the most common cause of  
12 reading, writing and spelling disabilities. According to the U.S. department of health and human  
13 services, it is estimated that fifteen percent (15%) of American students may have dyslexia. This  
14 translates to roughly twenty-one thousand (21,000) public school students in Rhode Island.  
15 Students with dyslexia often exhibit weaknesses in underlying language skills involving  
16 processing of speech sounds (phonological), print (orthographic), and in building brain pathways  
17 that connect speech with print. Most students with dyslexia have limited awareness of the speech  
18 sounds in spoken words and have difficulty segmenting words into individual phonemes. A  
19 significant number of students in Rhode Island, including those with dyslexia, read below basic

1 reading levels and experience literacy challenges, which include difficulties with language  
2 (spoken or written, including weaknesses in phoneme reading, phonics, vocabulary, fluency, or  
3 comprehension), or difficulties with one or more of the basic neurobiological or psychological  
4 processes involved in understanding or using language (spoken or written) that may manifest  
5 itself in an imperfect ability to read, write or spell. Across the state and the nation, less than one-  
6 third (1/3) of children with reading disabilities are receiving school services for their disability.

7 (2) Treatment for Dyslexia. - Dyslexic students require an explicit approach to learning  
8 language and specialized instruction to master the alphabetic code.

9 Current research, much of it supported by the National Institute of Child Health and  
10 Human Development (NICHD), has demonstrated the value of explicit, structured language  
11 teaching for all students, especially those with dyslexia.

12 While there are many programs and therapies available to address language-based  
13 learning disabilities, not all have the level of duration, intensity, or methodologies that assure  
14 desired results in a timely fashion. Overcoming most severe kinds of dyslexia may require many  
15 years of specialized instruction. An improved awareness of and support for persons with dyslexia  
16 and improved training of educators (including teachers, education administrators, education  
17 officials, and other employees providing instruction, assessment, or special services for general,  
18 compensatory, gifted, or special education) will help students, including those with dyslexia,  
19 obtain the necessary instruction, support, skills, and resources to increase their success in school.

20 **23-87-3. Definitions.** – As used in this chapter, the following terms are defined as  
21 follows:

22 (1) “Dyslexia” means a specific learning disability that is neurological in origin. It is  
23 characterized by difficulties with accurate and/or fluent word recognition and by poor spelling  
24 and decoding abilities. These difficulties typically result from a deficit in the phonological  
25 component of language that is often unexpected in relation to other cognitive abilities and the  
26 provision of typical classroom instruction. Secondary consequences may include problems in  
27 reading comprehension and reduced reading experience that can impede the growth of vocabulary  
28 and background knowledge.

29 (2) “Scientifically-validated intervention” means: (i) A program or approach for the  
30 treatment of individuals with reading disabilities or dyslexia that provides instruction in the skills  
31 of reading, writing, and spelling through program content that includes:

32 (A) Phoneme awareness;

33 (B) Sound-symbol association;

34 (C) Syllable types and division;

1           (D) Morphology;  
2           (E) Syntax;  
3           (E) Semantics (Comprehension);  
4           (G) Spelling;  
5           (H) Fluency;  
6           (I) Written Expression;  
7           (J) Handwriting; and  
8           (ii) Follows principles of instruction that include:  
9           (A) Systematic and cumulative. - Language instruction requires that the organization of  
10          material follows the logical order of the language in sufficient depth. The sequence must begin  
11          with the easiest and most basic concepts and progress methodically to more difficult material.  
12          Each concept must also be based on those already learned. Concepts taught must be  
13          systematically reviewed to strengthen memory and ensure automaticity;  
14          (B) Direct Instruction - All concepts must be taught through explicit instruction with  
15          continuous student-teacher interaction;  
16          (C) Diagnostic Teaching - The teacher must be adept at flexible, individualized teaching.  
17          The teaching plan is based on careful and continuous assessment of the individual's progress in  
18          learning concepts and developing skills to automaticity. The content presented must be mastered  
19          step by step in order for the student to progress;  
20          (D) Synthetic Instruction - Structured language approaches and progress include both  
21          synthetic and analytic instruction, but relies most heavily on synthetic. Synthetic instruction  
22          presents the parts of written language and then teaches how the parts work together to form a  
23          whole. Analytic instruction presents the whole and teaches how this can broken down into its  
24          component parts;  
25          (E) Comprehensive and inclusive instruction - All levels of language are addressed, often  
26          in parallel, including sounds (phonemes), symbols (graphemes), advanced decoding concepts  
27          (e.g. syllable types), meaningful word parts (morphemes), word and phrase meanings (semantics),  
28          sentences (syntax), longer passages (discourse), the social uses of language (pragmatics); and  
29          (F) Considers a multisensory visual-auditory-kinesthetic-tactile (VAKT) instructional  
30          approach.  
31          (3) "Duration" means treatment (intervention) that is intensive enough and continues long  
32          enough to have a positive effect that will endure. This usually involves instruction that continues  
33          for at least a year, and often longer depending upon individual needs.  
34          (4) "Knowledge and practice standards" means the minimum content knowledge and

1 experience levels required for teachers who support students with reading disabilities or dyslexia.  
2 (5) “Fidelity” means that intervention programming for students with reading disabilities  
3 or dyslexia shall use appropriate approaches and materials to support skill mastery. Furthermore,  
4 evidence of skill mastery shall be demonstrated through appropriate ongoing progress monitoring  
5 and assessment across all components of reading.

6 **23-87-4. Legislative purpose and policy.** – It shall be the goal and purpose of this  
7 chapter to require Rhode Island schools to recognize dyslexia and treat the literacy challenges of  
8 dyslexic students in a proactive manner; and to establish a working group to develop a  
9 comprehensive plan to improve awareness of and strengthen support for persons with dyslexia.

10 **23-87-5. Implementation, recognition and treatment.** – In developing personal literacy  
11 plans (PLPs) tier 2 & 3 literacy intervention plans, and individualized education plans (IEPs),  
12 local education agencies (LEAs) must expressly consider symptoms and diagnoses of dyslexia.  
13 Instructional plans for students with reading disabilities and dyslexia must be compared of all  
14 components of any specifically selected or designed scientifically-validated interventions and  
15 these interventions must occur with sufficient fidelity and duration. LEAs must provide students  
16 with reading disabilities or dyslexia with qualified individual in accordance with intervention  
17 protocols or standards of practice generally acceptable amongst similarly practicing individuals  
18 who have attained knowledge and practice standards necessary for remediating these reading  
19 difficulties.

20 SECTION 2. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO HEALTH AND SAFETY -- DYSLEXIA DIAGNOSIS AND TREATMENT

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1           This act would enact the Rhode Island dyslexia act to establish policies and treatment for  
2 students with dyslexia in Rhode Island schools.

3           This act would take effect upon passage.

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