

### Identifying dyslexia – some practical strategies

Hall, W (2009) 'Dyslexia in the primary Classroom', London: Sage.

It is crucial that you are using correct terminology and enunciating phonemes accurately when assessing children. If these are not carried out carefully you may be disadvantaging a child. This is particularly relevant since Ofsted (2008) found that *occasionally there is a lack of accuracy in enunciating phonemes, some uncertainty in the use of terminology and some insecurity about assessment* (p4). It is important that your own knowledge facilitates detailed screening and ongoing assessment against normal classroom resources rather than hampers it. It is equally important that you are confident to ascertain prior learning and to start from where the child is, since Rose (2008) in the Interim Review of the Curriculum found that *many Year 1 teachers began to introduce the subjects of the National Curriculum at the start of the autumn term, irrespective of the pupils' prior attainment* (p56). This is quite disconcerting since individualised learning is endorsed in the Interim Report; however, Rose recommends that further moderation is undertaken to increase teachers' understanding of the Early Years Foundation Stage goals and their confidence in Reception teachers' assessments. Rose further outlines: *Securing progress which builds on children's prior learning is a central curricular objective. Because progress is goal related, the goals of learning must be explicit in order to guide planning and teaching, whether cross-curricular or focussed on discrete subject content* (p5). This would seem to confirm the use of focused assessments linked to staged progression in the teaching of early reading, namely synthetic phonics. Nowhere in the document does Rose mention either dyslexia or learning difficulties. This does seem to be anomalous with his aspirations of individualised learning in Key Stage 1. It also places a considerable responsibility on teachers in the near future in terms of knowledge, confidence and competence in addressing the needs of all children.

You need to consider other factors, apart from your own ability, which might influence the outcome of an assessment or screening activity.

- Previous teaching – has the child been taught those aspects you are screening for?
- Attendance – has the child been in school to benefit from tuition?
- Other illnesses – has the child had other illnesses which could impact on learning?
- Hearing/sight history/testing – has the child had a recent sensory test? Are you in an area where intermittent hearing loss is common through 'glue ear'?
- Background – has the child been exposed to 'normal' language development activities such as hearing stories read, nursery rhymes, play-writing, etc.?

## REFLECTIVE TASK

Consider what evidence is already available about a particular child in your class. What extra evidence might you want to collect and how would you go about it?

## Signs of dyslexia in early childhood

- Inability to complete tasks other children learn such as buttoning coat, using knife and fork.
- Slow in learning motor skills such as climbing stairs, riding a bike.
- Searching for words and coming up with a near miss such as 'lamppost' for 'lamp shade'.
- Often they may have other speech problems such as a lisp.
- Slow in learning phoneme-grapheme correspondence.
- Slow in learning to write own name and other common words.
- Unable to produce rhyming words in games, etc.

## Signs at Key Stage 1

Many of the above are still prevalent with children in the 4–7 year age group. In addition they may exhibit the following.

- Difficulty with writing – letter formation, construction of sentences, layout on the page, etc.
- Further difficulties with reading – not being able to learn sight words and not being able to build up words phonetically, not being able to cut words into syllables or onset and rime.
- Short attention span and difficulty with concentration.
- Some aspects of disruptive behaviour may be starting to emerge at this point too, particularly at the end of Key Stage 1.
- Avoidance strategies include the following:
  - requesting to go to the toilet frequently;
  - changing the subject;
  - losing items in order not to complete the task;
  - returning to the back of the queue for help and never reaching the front of the queue.
- Avoidance strategies at the top of Key Stage 2 are more prevalent in boys than girls and tend to be more disruptive, with boys calling out, joking inappropriately, refusing to co-operate, causing disturbances with children around them. Girls tend to be more withdrawn and just wander around the room or do not complete their work. They often feign illness as a reason for not completing work.

## Signs at Key Stage 2

- Aspects such as inability when doing up buttons may still be evident or inability to tie shoelaces but have often been overcome by strategies such as wearing self fastening shoes, wearing jumpers or jackets that have zips rather than buttons.
- Spelling becomes increasingly random and idiosyncratic at Key Stage 2.
- Incomplete writing or writing of poor quality or length is evident.
- Slow and laboured writing.
- Reluctance to read.
- Tiredness after reading.
- Cannot make sense of what has been read.
- Child may be well behind peers in learning times tables and number bonds.
- Confusion of left and right – difficulty with following directions.
- Lack of organisation – forgets books, tasks, loses items easily.
- Behaviour may be a real problem by Key Stage 2, particularly in boys.
- Boys may become more aggressive, more foolhardy and attempt to gain attention through being a 'class clown'.
- Or they may become belligerent when faced with work they perceive as too hard and may become troublesome and disruptive in the class.
- Girls tend to become more withdrawn and quiet, often evading work by just keeping a low profile in the class. They may feign sickness in order to gain sympathy and an attitude of tolerance. This can turn into manipulation.

A further list of detailed descriptors can be found in Hornsby (1995).

## Hyperlexia

Hyperlexia often goes unnoticed or is little understood. This aspect of dyslexia is related to constructing meaning and affects the understanding of reading and the construction of the