From ABC to ADHD

20th Annual State Dyslexia Summer Institute

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Texas Legislative Updates

SB 925 - adds new section to TEC §21.4552
Establishes the development of new literacy achievement academies for teacher who provide reading instruction to students in K-3. Academy must include training in systematic instructional practices in reading, including:
- Phonemic awareness
- Phonics
- Fluency
- Vocabulary
- Comprehension
Training in the use of empirically validated instructional methods appropriate for struggling readers

SB 2398 – Amends TEC §25.085(a)(b)(e)(f) and §25.091(a)(b), …
- Repeals the criminal offense of failing to attend school and removes the failure to attend school as a basis for a finding by a juvenile court of a child in need of supervision.
- Establishes a civil penalty for failing to attend school.
- The offense of a parent contributing to nonattendance remains a Class C misdemeanor.

§25.085(a) – Compulsory attendance is amended to extend its applicability to a child who not reached the child’s 19th birthday.

Effective date: September 1, 2015

SB 149 – Adds new TEC §§28.025(c-6), 28.0258, 28.0259, 12.104(b-2), 39.025(a-2), and (a-3)
- Each school district and open-enrollment charter school is required to establish an individual graduation committee for each 11th or 12th grade student who fails to comply with the EOC assessment performance requirements for not more than two courses.
- Committee must be established at the end of or after the student’s 11th grade year to determine whether a student may qualify to graduate.
- A student may not graduate under this provision before the student’s 12th grade year.
- Superintendent of each school district must establish procedures for the convening of an individual graduation committee.

SB 507 – Adds TEC §29.022 and amends §§26.009(b) and 42.2528
A school may videotape a student or record his/her voice without consent from the student’s parents in order to promote student safety. Also in order to promote student safety, by request of a parent, trustee, or staff member, a school district or open-enrollment charter school must provide equipment for videotaping, including a video camera, to each school in which a student who receives special education services in a self-contained classroom or other special education setting is enrolled.
A video recording of a student is confidential and may not be released or viewed except under certain conditions.
Texas Legislative Updates

**SB 107** – Adds TEC §37.0012 and amends §§37.002(a), 37.007(a), and 37.009(a) and (f)
- Requires a person at each campus to be designated as the campus behavior coordinator who will be the primary individual responsible for maintaining student discipline and addressing issues related to removing a student from class. Establishes the responsibilities of the campus behavior coordinator which includes notification to the parent or guardian if a student was removed from class and placed in an alternative setting or taken into custody by law enforcement.
- Requires a district’s school board, before the expulsion of a student, to consider whether the student acted in self-defense, the intent or lack of intent at the time the student engaged in the applicable conduct, the student’s disciplinary history, and whether the student has a disability that substantially impairs the student’s capacity to appreciate the wrongfulness of the student’s conduct, regardless of whether the board’s decision concerns a mandatory or discretionary action.

**SB 66** – Adds new Chapter 38, Subchapter E and amends §38.0151(f)
- Commissioner of state health services must establish an advisory committee to examine and review the administration of epinephrine auto-injectors to a person experiencing an anaphylactic reaction on a campus of a school district or open-enrollment charter school. At least one member of the committee must be a registered nurse employed by a school district as a school nurse.
- Advisory committee is required to advise the commissioner on:
  1. The storage of epinephrine auto-injectors on school campuses
  2. The training of school personnel and school volunteers in the administration of an epinephrine auto-injector
  3. A plan for one or more school personnel members or school volunteers trained in the administration of an epinephrine auto-injector to be on each campus

**HB 2453** – relating to an allotment under the foundation school program for students with dyslexia or related disorders.
- Did **NOT** pass out of House Public Education Committee.
- Would have amended TEC §42.1561 and provided an allotment for students with Dyslexia or Related Disorder.
  a) Subject to Subsection (b), for each student that a school district serves who has been identified as having dyslexia or a related disorder, the district is entitled to an annual allotment equal to the district’s adjusted basic allotment as determined under §42.102 or §42.103, as applicable, multiplied by 0.2 for each school year or a greater amount provided by appropriation.
  b) A school district is entitled to the allotment under Subsection (a) only for a student who:
     1. is receiving instruction that:
        A. meets applicable dyslexia program criteria established by the agency; and
        B. is provided by a person with specific training in providing that instruction;
     2. has received the instruction described by Subdivision (1) and is permitted, on the basis of having dyslexia or a related disorder, to use modifications in the classroom and accommodations in the administration of assessment instruments under §39.023.
  c) Funds allotted under this section must be used in providing services to students with dyslexia or related disorders.

**Coming your way in fall…**
- Texas Dyslexia Identification Academy
  - Dyslexia Foundations
  - Dyslexia Evaluation
  - Considerations for English Language Learners
  - Scores and What They Mean
  - Report Writing and Case Studies

**Resource books used in TDIA…**
- Dyslexia Related Disorders
  1. “Dyslexia” means a disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and sociocultural opportunity.
  2. “Related disorders” include disorders similar to or related to dyslexia such as developmental auditory imperceptions, dysgraphia, specific developmental dyslexia, developmental dysgraphia, and developmental spelling disability.
Developmental Auditory Imperception

**TEA:** The inability to receive and understand sounds and words.

**Developmental Neuropsychology, Language Disorders** defines as:

Disturbance of auditory processing in children. Includes "speech and sound discrimination tasks varying in one or more dimensions, auditory figure-ground selection, and sound localization."

**ICD10:** Generally referred to as central auditory processing disorder, congenital auditory imperception, word deafness.

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**Developmental Auditory Imperception**

**Characteristics:**
- Difficulty understanding spoken language in competing messages, noisy backgrounds, or in reverberant environments
- Misunderstanding messages
- Inconsistent or inappropriate responses
- Taking longer than his/her average peers to respond in oral communication situations
- Frequent requests for repetitions
- Difficulty paying attention
- Difficulty following complex auditory directions or commands
- Difficulty localizing sound
- Difficulty learning songs or nursery rhymes
- Poor musical and signing skills
- Associated reading, spelling, and learning problems

Evaluation performed by Audiologists and Speech Language Pathologists

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**Developmental Auditory Imperception**

**Possible Interventions:**
- Direct skills remediation or auditory training
- Strengthening higher order central resources (language, memory, attention)
- Metalinguistic strategies such as schema induction and discourse cohesion devices, context derived vocabulary building, phonological awareness, and semantic network expansion
- Metacognitive strategies including self instruction, cognitive problem solving and assertiveness training
- Environmental strategies including enhancement of the signal and listening environment, classroom and instructional management approaches designed to improve access to information presented in the classroom; preferential seating; use of visual aids; reduction of competing signals; use of assistive listening systems; pause more often; emphasize key words
- Technology that improves audibility and clarifies the acoustic signal
- Check with speech pathologist for additional suggestions

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**Dysphasia**

**TEA:** A delay in the development of comprehension and/or expression of oral language; terms commonly used to describe this condition include "developmental language disorder" and "specific language impairment."

**NIH – National Institute on Deafness and Other Communication Disorders** defines as:

One in a group of speech disorders in which there is impairment of the power of expression by speech, writing, or signs, or impairment of the power of comprehension of spoken or written language. A condition related to abnormal speech and language such as expressive or receptive speech difficulties. Common cause is damage or trauma to the brain.

Evaluation performed by Speech Language Pathologists

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**Dysphasia**

**Characteristics:**
- Difficulty remembering words
- Difficulty naming objects and/or people
- Difficulty speaking in complete and/or meaningful sentences
- Difficulty speaking in any fashion
- Difficulty reading or writing
- Difficulty understanding spoken language
- Using incorrect or jumbled words
- Using words in the wrong order
- Speak in short sentences
- Use simple language
- Speak slowly
- Give the person extra time to answer
- Speak in normal adult voice
- Speak at normal volume
- Repeat your message or say it another way if needed
- Highlight the important words in your message

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Evaluation performed by Speech Language Pathologists
Specific Developmental Dyslexia

TEA: Another term for dyslexia.


A disorder manifested by difficulty learning to read, despite conventional instruction, adequate intelligence and sociocultural opportunity. It is dependent upon fundamental cognitive disabilities that are frequently of constitutional origin.

Developmental Dysgraphia

TEA: An inability to write legibly.

Understanding Dysgraphia Fact Sheet, IDA, 2012, defines as:

The condition of impaired letter writing by hand, that is, disabled handwriting. Impaired handwriting can interfere with learning to spell words in writing and speed of writing text. Children with dysgraphia may have only impaired handwriting, impaired spelling (without reading problems), or both impaired handwriting and impaired spelling.

Developmental Spelling Disorder

TEA: Significant difficulty learning to spell. This occurs in the absence of reading or other written language difficulties.

A Dictionary of Psychology, 2nd Edition, Oxford University Press, 2008, defines as:

A specific developmental disorder characterized by a significant impairment in the development of spelling skills without any history of a reading disorder, the deficit NOT being attributable to neurological or sensory impairment, mental retardation, or environmental deprivation.
**Developmental Spelling Disorder**

**Possible Interventions:**
- Practice segmenting words into sounds and linking them to symbols.
- Work on acquiring the rules for conventional spelling and understanding word structure.
- Dictation should begin at sound level, continue words and end with words in sentences.
- Provide immediate feedback and link back to sound patterns and rules.
- Introduce irregular words only one or two at a time.
- Homophones should **NOT** be taught together – allow student to master one before introducing the second or third.
- Teach atypical spellings by using VAKT techniques.
- Have student develop spelling notebooks to provide an organized system for reviewing spelling patterns and irregular words.
- Do **NOT** use word walls or lists of words posted in the classroom that are based on letter symbols.

**Dyslexia Related Disorders**

Questions that must be considered in addressing related disorders are:
- Is the related disorder language-based at the level of phonology, word reading and/or spelling?
- If the related disorder is language-based at the level of phonology, word-reading and spelling, does the related disorder manifest in “unexpectedness” when compared to the student’s other cognitive abilities, age, and grade?
- Does the student need instruction or intervention as a direct result of his or her related disorder?

Related disorders are **NOT** the same as associated academic difficulties and other conditions (co-occurring disorders).
- Students can have two different disorders, but they may be unrelated to each other.
- While a student may have ADHD, Specific Developmental Language Disorders, etc., they are **NOT** considered to be related to dyslexia but may co-occur with dyslexia.

**Dyslexia Related Disorders**

Additional Handouts:
- Dyslexia Related Disorders Chart
- Dyslexia Related Disorders Identification Process Flowchart
- Dyslexia and Related Disorders – Historical Timelines

**Students with ADHD are at Risk!**

A neurobiological disorder characterized by inappropriate levels of inattention, impulsivity, and hyperactivity.

ADHD is...

For example at school...
- 90% struggle academically
- 25% - 50% have learning disabilities
- 30% - 47% will fail a grade
- 10% - 35% drop out of high school
- 60% - 71% are suspended
- 11% are expelled
- 9% - 19% graduate from college
- Predictor of substance use and juvenile justice issues

Russell Barkley
What Every Educator Must Know About ADHD!!!

1. ADHD is under-diagnosed
2. ADHD is a complex neurobiological disorder
3. Three types of ADHD
4. People with ADHD are NOT all alike
5. Three year delay in brain maturation; 30% "developmental delay"; 4-6 years/teens
6. Coexisting conditions - 69%
7. Executive function deficits - 30% to 76%
8. ADHD runs in families 50% to 54%
9. Treatment works - 75% to 92%
10. ADHD is a lifelong challenge

Prevalence and Treatment Rates

- Prevalence rates: 7.8% - 11%
  - Children aged 4 – 17
- Prevalence rates vary by race and ethnicity
  - 5.6% Hispanic/Latino
  - 10.1% Blacks
  - 9.9% Whites
- 66% of children with ADHD take medications*
- Medication rates vary
  - 2.4% Hispanic/Latino
  - 5.1% Blacks
  - 5.1% Whites

*66% equals 4.8% of the 9.5% of children ages 4-17 who have ADHD and taking medication. S. Visser, CDC, 2010

Structural Differences: Slower Brain Maturation

- 10% - 12% reduction in size of key brain regions
- Abnormal patterns in brain activity
- A three year delay in brain maturation

Different Types of ADHD

- Inattentive (ADHD/I)
- Combined Type (ADHD/C)
  - Exhibits symptoms of both Inattentive and Hyperactive/Impulsive
- Hyperactive/Impulsive (ADHD/H)
  - DSM-V

ADHD Characteristics

- Simple... or complex
- To what degree do the ADHD characteristics impair one’s daily functions in life?
  - Mild
  - Moderate
  - Severe
- ADHD may coexist with other conditions!
ADD/ADHD is often more complex than most people realize! Like icebergs, many problems related to ADD/ADHD are not visible.

ADHD may be mild, moderate, or severe, is likely to coexist with other conditions, and may be a disability for some students.

The Tip of the Iceberg:
The obvious ADD/ADHD behaviors:
- Hyperactivity
- Impulsivity
- Inattention

Hidden Beneath the Surface:
The not so obvious behaviors!!
- Neurotransmitter deficits impact behavior
- Weak executive functioning
- Impaired sense of time
- Sleep disturbance – 56%
- Coexisting conditions
- Serious learning disability – 25% - 50%
- Not learning easily from rewards & punishment
- Three year delay in brain maturation
- 30% developmental delay
- Low frustration tolerance
- Not learning easily from rewards & punishment

ADHD & Co-existing Conditions
Over 2/3 have a coexisting disorder... (ADHD+)

Executive Function Deficits are Common in ADHD

Executive Function Impact on Schoolwork: Practical Implications

ADHD is Linked to a 30% Developmental Delay!
Russell Barkley and Philip Shaw

An 18 year old is more like a 12 year old; if this student is to be successful, you must put the supports in place that you would for a 12 year old!

Executive Function
Impacts Learning and Behavior
- Working memory and recall
- Activation, alertness, and effort
- Reconstitution – analyzing, problem solving, organizing, planning for the future
- Internalizing language (self-talk)
- Controlling emotions
- Organization
- Shifting and inhibiting

ADHD & Co-existing Conditions
Over 2/3 have a coexisting disorder... (ADHD+)

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ADHD Runs in Families

40% - 57% of parents with ADHD have a child with ADHD!

Treatment Works

- Medication in combination with behavioral interventions are the most effective treatments.
- Classroom supports
- Parent and teacher education

MTA/NIMH Study

Medication Does Not...

- Teach un-mastered academic skills or fill gaps in learning
- Make the child more organized
- Teach social skills
- Correct processing problems
- Teach the child where to focus
- Teach the child how to control anger or deal with stress and anxiety
- Eliminate all inconsistency in performance

Common Medications

**Stimulants**
- Ritalin, Ritalin SR, Ritalin LA
- Focalin, Focalin XR
- Dexedrine, Dexedrine SR
- Metadate ER, Metadate CD
- Adderall, Adderall XR
- Concerta
- Daytrana (patch)
- Vyvanse
- Quilviant XR

**Non-Stimulants**
- Strattera
- Intuniv
- Kapvay

See attached medication information chart

Stimulant Medications Improve Attention, Memory and Academic Skills

Improves math and reading achievement:
- 1/5th school year in math
- 1/3rd school year in reading

Pills Do Not Substitute for Skills...

You must teach students new skills!!!

Scheffler
66% - 75% do not outgrow the disorder!

Teachers can make a difference!

Common Academic Problems

- Learning Disabilities
- Output
  - Oral expression
  - Written expression
  - Slow writing
  - Math calculation
- Input
  - Listening comprehension
  - Reading comprehension
  - Slow reading
- Developmental Delay ~ 30%
- Brain maturation

Learning Problems 90%
- See left column
- Forgetfulness
- Poor fine motor coordination
- Slow processing speed
- Slow retrieval of information
- EF Deficits 33% - 50% vs. 89% - 98%
- Inattention/Impulsivity
- Poor working memory
- Poor organization
- Difficulty getting started

ADHD Academic Profile

- Limited working memory capacity
- Slower retrieval of information from long-term memory
- Forgetful of instructions - homework
- Poor reading comprehension
- Difficulty memorizing multiplication tables and isolated facts
- Lack memory strategies
- Deficits linked to sleep and time issues

“The typical classroom is a terrible place for a child with ADHD... after all we are asking children who have profound problems attending, organizing and controlling their actions to spend hours per day attending, organizing, and controlling their actions.”

Michael Gordon, Ph.D.

Section 504 Issues

Open Question and Answer time for attendees
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1885</td>
<td>L. Lichteim presents interesting comments and anatomical diagrams on</td>
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<td>aphasia with the concept of “word deafness” and its possible</td>
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<td>1900</td>
<td>J. Kerr introduces term “congenital pure word deafness” for a child</td>
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<td>who could not understand speech and required training to learn to</td>
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<td>1952</td>
<td>I.M Allen’s “The History of Congenital Auditory Imperception” is</td>
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<td>presented in some detail with appropriate comments. *New Zealand</td>
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<td>1957</td>
<td>Muriel E. Morley discusses disorders of language as aphasia (receptive</td>
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<td>and executive), alexia, agraphia, and delayed development of speech.</td>
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<td></td>
<td><em>The Development and Disorders of Speech in Childhood.</em> Edinburgh: E.</td>
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<td>&amp; S. Livingstone, 1957.</td>
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<td>1966</td>
<td>Dr. Lucius Waites authored book *Specific Developmental and Related</td>
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<td>Language Disabilities* in which he defined Dyslexia and Related</td>
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<td>Disorders.</td>
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<td>1968</td>
<td>World Federation of Neurology defined Specific Developmental Dyslexia:</td>
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<td>“A disorder manifested by difficulty in learning to read despite</td>
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<td>conventional instruction, adequate intelligence, and socio-cultural</td>
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<td>opportunity. It is dependent upon fundamental cognitive disabilities</td>
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<td>which are frequently of constitutional disorder.”</td>
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<td>1972</td>
<td>Jon Eisenson defines developmental aphasia as an impairment of a child’s</td>
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<td>acquisition of symbols for a language system of a sufficient degree to</td>
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<td>interfere with the child’s ability to communicate. *Aphasia in</td>
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<td>1984</td>
<td>Language for state Dyslexia bill is drafted. Scottish Rite Hospital,</td>
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<td></td>
<td>including worked with lobbyist and found sponsors for HB 157, Senator</td>
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<td></td>
<td>Ted Lyon and Representative Bill Hammond.</td>
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<td>December 1984</td>
<td>HB157 filed with the 69th Legislature. Related Disorders were NOT defined in the bill. Bill required that Dyslexia and Related Disorders <strong>shall be screened and treated</strong> by Texas Public Schools.</td>
</tr>
<tr>
<td>June 1985</td>
<td>HB157 signed into law and became effective August 26, 1985. <strong>No definitions of related disorders provided.</strong> Codified as <em>TEC §21.924</em>.</td>
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<tr>
<td>Year</td>
<td>Event Description</td>
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<tr>
<td>1990</td>
<td>Dr. Lucius Waites authored book <em>Specific Dyslexia and Other Developmental Problems in Children: A Synopsis</em> in which he defined specific dyslexia, congenital aphasia, congenital auditory imperception, dysgraphia, and dyscalculia. Included a historical perspective of oral language disorders.</td>
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<tr>
<td>1995</td>
<td>SB1 filed with the 74th Legislature. Sponsored by Ratliff, Section l(b) “rearranged and amended TEC §21.924.” Now codified as TEC §38.003. Related Disorders were NOT defined in the bill or implementing regulations.</td>
</tr>
<tr>
<td>2007, Revised 2010</td>
<td>Fourth and Fifth Dyslexia Handbooks approved (blue books). Defined related disorders of developmental dysgraphia, developmental spelling disorder and dyslexia only.</td>
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<td>2014</td>
<td>Sixth Dyslexia Handbook approved (burgundy). Definitions of all related disorders as listed in TEC §38.003(d)(2) included for the first time. Included developmental auditory imperception, dysphasia, specific developmental dyslexia, developmental dysgraphia, and developmental spelling disability.</td>
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# Dyslexia and Related Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>TEA Definition</th>
<th>Characteristics</th>
<th>Assessed By</th>
<th>Strategies</th>
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</table>
| **Dyslexia**                     | TEA: *Disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and sociocultural opportunity.* | • Difficulty reading words in isolation  
• Difficulty accurately decoding unfamiliar words  
• Difficulty with oral reading (slow, inaccurate, or labored)  
• Difficulty spelling | Someone who is trained in dyslexia and the reading process. Subject to testing protocols used by district. | Refer to Dyslexia Handbook, Revised 2014. |
| **Developmental Auditory Imperception** | TEA: *The inability to receive and understand sounds and words.* Additional Information: Disturbance of auditory processing in children. Includes “speech and sound discrimination tasks varying in one or more dimensions, auditory figure-ground selection, and sound localization.” Generally referred to as central auditory processing disorder, congenital auditory imperception, word deafness (IDC10). From: Developmental Neuropsychology, Language Disorders – Oxford University Press, pg. 419 | • Difficulty understanding spoken language in competing messages, noisy backgrounds, or in reverberant environments  
• Misunderstanding messages  
• Inconsistent or inappropriate responses  
• Frequent requests for repetitions  
• Taking longer than his/her average peers to respond in oral communication situations  
• Difficulty paying attention  
• Difficulty following complex auditory directions or commands  
• Difficulty localizing sound  
• Difficulty learning songs or nursery rhymes  
• Poor musical and singing skills  
• Associated reading, spelling, and learning problems | Audiologists and Speech-Language Pathologists as per ICD10 | Refer to Speech Language Pathologist in district for suggestions. Possible interventions:  
• Direct skills remediation or auditory training  
• Strengthening higher-order central resources (language, memory, attention)  
• Metalinguistic strategies such as schema induction and discourse cohesion devices; context-derived vocabulary building; phonological awareness; and semantic network expansion  
• Metacognitive strategies including: self-instruction, cognitive problem solving and assertiveness training  
• Environmental strategies including: enhancement of the signal and listening environment; classroom and instructional management approaches designed to improve access to information presented in the classroom; preferential seating; use of visual aids; reduction of... |
| **Dyslexia** | TEA: *A delay in the development of comprehension and/or expression of oral language; terms commonly used to describe this condition include “developmental language disorder” and “specific language impairment.”* Additional Information: One in a group of speech disorders in which there is impairment of the power of expression by speech, writing, or signs, or impairment of the power of comprehension of spoken or written language. A condition related to abnormal speech and language such as expressive or receptive speech difficulties. Common cause is damage or trauma to the brain. From: *National Institute of Health – National Institute on Deafness and Other Communication Disorders*, March 2011. | • Difficulty remembering words • Difficulty naming objects and/or people • Difficulty speaking in complete and/or meaningful sentences • Difficulty speaking in any fashion • Difficulty reading or writing • Difficulty expressing thoughts and feelings • Difficulty understanding spoken language • Using incorrect or jumbled words • Using words in the wrong order Speech-Language Pathologist | • Speak in short sentences • Use simple language • Speak slowly • Give the person extra time to answer • Speak in normal adult voice • Speak at normal volume • Repeat your message or say it another way if needed • Highlight the important words in your message From: *Dysphasia Brochure* by Speech Pathology Department of Western Health, 2010. |

| **Specific Developmental Dyslexia** | TEA: *Another term for dyslexia.* Additional Information: A disorder manifested by difficulty learning to read, despite conventional instruction, adequate Refer to Dyslexia | Refer to Dyslexia | Someone who is trained in dyslexia and the reading process. Subject to testing protocols used by district. Refer to Dyslexia Handbook, Revised 2014. |
### Developmental Dysgraphia

**TEA:** *an inability to write legibly.*

Additional Information:
The condition of impaired letter writing by hand, that is, disabled handwriting. Impaired handwriting can interfere with learning to spell words in writing and speed of writing text. Children with dysgraphia may have only impaired handwriting, impaired spelling (without reading problems), or both impaired handwriting and impaired spelling.


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<td><strong>Unsure of handedness</strong></td>
<td><strong>Someone who is trained in dyslexia and the reading process. Subject to testing protocols used by district.</strong></td>
<td>Learning to form letters by:</td>
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<td><strong>Poor or slow handwriting</strong></td>
<td><strong>Data should include formal or informal assessment in the areas of legibility, automaticity, orthographic processing, spelling and optional keyboarding.</strong></td>
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<td><strong>Messy and unorganized papers</strong></td>
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<td><strong>Difficulty copying</strong></td>
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<td><strong>Difficulty remembering the kinesthetic movements to form letters correctly</strong></td>
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**Explicit instruction Strategies for composition including:**

- Planning, generating, reviewing/evaluating, and revising compositions of different genre including narrative, informational, compare and contrast, and persuasive
- Self-regulation strategies for managing complex executive functions involved in composing

| DEVELOPMENTAL SPELLING DISORDER | TEA: **Significant difficulty learning to spell. This occurs in the absence of reading or other written-language difficulties.**

Additional Information:
Most resources use the term Specific Spelling Disorder. A specific developmental disorder characterized by a significant impairment in the development of spelling skills without any history of a reading disorder, the deficit **NOT** being attributable to neurological or sensory impairment, mental retardation, or environmental deprivation.

From: *A Dictionary of Psychology – 2nd Edition* by Andrew M. Colman, Oxford University Press, 2008. | Someone who is trained in dyslexia and the reading process. Subject to testing protocols used by district. | • Practice segmenting words into sounds and linking them to symbols
• Work on acquiring the rules for conventional spelling and understanding word structure
• Dictation should begin at sound level, continue words and end with words in sentences
• Provide immediate feedback and link back to sound patterns and rules
• Introduce irregular words only one or two at a time
• Homophones should **NOT** be taught together – allow student to master one before introducing the second or third
• Teach atypical spellings by using VAKT techniques
• Have student develop spelling notebooks to provide an organized system for reviewing spelling patterns and irregular words
• Do **NOT** use word walls or lists of words posted in the classroom that are based on letter symbols

Questions that must be considered in addressing related disorders are:

- Is the related disorder language-based at the level of phonology, word reading and/or spelling?
- If the related disorder is language-based at the level of phonology, word reading and/or spelling, does the related disorder manifest in “unexpectedness” when compared to the student’s other cognitive abilities, age and grade? If yes...
- Does the student need instruction/intervention as a direct result of their related disorder?

Related disorders are not the same as associated academic difficulties and other conditions (co-occurring disorders). Students can have two different disorders, but they may not be related to each other. The most common co-occurring disorders with dyslexia are attention deficit hyperactivity disorder (ADHD) and specific developmental language disorders. “Besides academic struggles, some students with dyslexia may exhibit other complex conditions and/or behaviors. Some, though not all, students with dyslexia may also experience symptoms such as anxiety, anger, depression, lack of motivation, or low self-esteem. In such instances, appropriate instructional/referral services need to be provided. These additional conditions can have significant impact on the effectiveness of instruction provided to students with dyslexia.”¹ In other words, while a student may also have ADHD, Tourette’s, specific developmental language disorders, etc., they are NOT considered to be related to dyslexia but may co-occur with dyslexia.

“Besides academic struggles, some students with dyslexia may exhibit other complex conditions and/or behaviors.”¹

“It is not unusual for students to be diagnosed with dyslexia and another condition. There are also conditions that can look like dyslexia because they have some of the same symptoms. Here are some conditions that can coincide with or be mistaken for dyslexia: ²

- ADHD¹, ², ³
- Specific Developmental Language Disorders¹
- Executive Functioning Disorders³
- Auditory Processing Disorders²
- Dyspraxia³

¹The Dyslexia Handbook – Revised 2014 – Procedures Concerning Dyslexia and Related Disorders, pg. 11.
²LD Online -Understood – Understanding Dyslexia: What conditions are related to dyslexia?, by Emily Lapkin.
This flowchart serves as a sample document that could be used in your district to assist with the process in identifying Dyslexia Related Disorders.

DYSLEXIA RELATED DISORDERS IDENTIFICATION PROCESS FLOWCHART

§504
Consider §504 for: Specific Developmental Dyslexia*, Developmental Dysgraphia*, or Developmental Spelling Disorder*

* May also be assessed through Special Education

Referral is initiated due to a Dyslexia Related Disorder:
Specific Developmental Dyslexia, Developmental Dysgraphia, Developmental Spelling Disorder, Developmental Auditory Imperception, or Dysphasia

Special Education
Consider IDEA Disability Categories for:
Developmental Auditory Imperception (disturbance of auditory processing) or Dysphasia (developmental language disorder)

Team that identifies:
§504 or ARD

TAC §89.1040 indicates that a MDT that collects and reviews evaluation data must include, but is not limited to a LSSP, Diagnostician, or other appropriately certified or licensed practitioner with experience and training in the area of the disability.
(Students in Special Education: Special Education procedures must be followed if assessing for Dyslexia Related Disorders.)

34 CFR §104.35(1) indicates that the evaluation is administered by trained personnel in conformance with the instructions provided by the test producer.

TAC §74.28(b) specifies that dyslexia screening should be done only by professionals who are trained to assess students for dyslexia and related disorders.

Dyslexia Specialist or Diagnostician

Dyslexia Related Disorder

§504 Meeting

§504 Meeting

§504 or ARD Team determines whether condition is present

ARD Meeting

Review findings at meeting:
variety of informal and formal data must be considered

IDEA Disability Category with Dyslexia Related Disorder

§504 or ARD Team determines eligibility

Not Eligible:
Refer to Intervention Team for consideration of need

Eligible

§504 or ARD Team determines eligibility

Not Eligible:
Refer to §504 or Intervention Team for consideration

Eligible

§504 Dyslexia Related Disorders Services

§504 or ARD develops a plan for services addressing the dyslexia related disorder needs of student

Special Education Services

§504 or ARD develops a plan for services addressing the dyslexia related disorder needs of student

Diagnostion or LSSP and SLP

Conduct evaluation and report results

Review findings at meeting:
variety of informal and formal data must be considered

§504 or ARD Team determines eligibility

Is the related disorder language-based at the level of phonology, word reading, and/or spelling?

If YES, does the related disorder manifest in “unexpectedness” when compared to the student’s other cognitive abilities, age and grade?

Is there a substantial limitation or an educational need?

If YES, does the student need instruction/intervention as a direct result of his/her related disorder?

Students in Special Education: Special Education procedures must be followed if assessing for Dyslexia Related Disorders.

Region 10 ESC – Dyslexia 2015
myADHD.com  
DSM V—ADHD Symptom Checklist (Child and Adolescent Version) #7177

<table>
<thead>
<tr>
<th>Name of child:</th>
<th>Gender</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by: __________________________ Telephone # __________________________

For each item below, circle the answer that best describes this child. 0=Not at all; 1=Just a Little; 2=Often; 3= Very Often

### Inattention Symptoms

1. fails to give attention to details or makes careless mistakes in schoolwork, work, or during other activities (e.g., overlooks or misses details, work is inaccurate).  
2. has difficulty sustaining attention to tasks or play activities (e.g., has difficulty remaining focused during lectures; conversations; or lengthy reading).  
3. does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).  
4. does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).  
5. has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized with work; has poor time management; fails to meet deadlines).  
6. avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).  
7. loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).  
8. is easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).  
9. is forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

### Hyperactive Symptoms

10. fidgets with or taps hands or feet or squirms in seat  
11. leaves seat in situations in which it is inappropriate (NOTE: in adolescents or adults may be limited to feelings of restlessness).  
12. unable to play or engage in leisure activities quietly  
13. has difficulty playing or engaging in leisure activities quietly  
14. is “on the go” or acts as if “driven by a motor” (e.g., unable to be or uncomfortable being still for extended time in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with)  
15. talks excessively

### Impulsive Symptoms

16. blurts out an answer before question has been completed (e.g., completes people’s sentences; cannot wait for turn in conversation).  
17. has difficulty waiting his or her turn (e.g., while waiting in line).  
18. interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people’s things without asking or receiving permission; for adolescents and adults may intrude into or take over what others are doing)

Approximately when did you first notice the behaviors that occur often or very often?

Do these symptoms impair the person’s functioning in two or more settings?  
Yes  No

Where is there impairment? (circle all that apply)  
Home  School  Socially
Scoring Instructions for the ADHD Symptom Checklist

To meet *DSM-V* criteria for ADHD in childhood, a child must have at least 6 responses of "Often" or "Very Often" (scored 2 or 3) to either the 9 inattentive items (1-9) or the 9 hyperactive-impulsive items (10-18), or both. For older adolescents and adults (age 17 and older), at least five symptoms are required. The clinician may consider ADHD as a possible diagnosis if 5 or more symptoms are scored 2 or 3 in either one or both domains. In addition, symptoms must have occurred by age 12, they must impair the individual’s functioning in two or more settings, and they must not be primarily due to any other factors or conditions. Depending on the domains affected, ADHD, predominantly inattentive type; ADHD, predominantly hyperactive-impulsive type; or ADHD, combined type may be considered. Using a rating scale such as this, however, is not sufficient in and of itself to diagnose ADHD. Other sources of information should be considered and an appropriate health professional should be consulted.

This form may be reproduced by myADHD active members only for their personal use.
### Methylphenidate Derivatives – Long Acting/Extended Release

<table>
<thead>
<tr>
<th>Brand</th>
<th>Dose</th>
<th>1 Bottle</th>
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<th>3 Bottles</th>
<th>4 Bottles</th>
<th>5 Bottles</th>
<th>6 Bottles</th>
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### Methylphenidate Derivatives – Short Acting/Immediate Release

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<th>3 Bottles</th>
<th>4 Bottles</th>
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</tr>
</tbody>
</table>

© indicates a generic formulation is available; generic products are not shown.

*Disclaimer: The ADHD Medication Guide was created by Dr. Andrew Adelman of the North Shore-LIJ Health System. The North Shore-Long Island Jewish Health System is not affiliated with the owner of any of the brands referenced in this Guide.

This Guide should not be used as an exclusive basis for decision-making. The user understands and accepts that if the health system were to accept the risk of harm to the user from use of this Guide, it would not be able to make the Guide available because the cost to cover the risk of harm to all users would be too great. Thus, use of this ADHD Medication Guide is strictly voluntary and at the user’s sole risk.

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## ADHD Medication Guide

**Amphetamine Derivatives – Short Acting/Immediate Release**

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**Amphetamine Derivatives – Long Acting/Extended Release**

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**Non-Stimulants**

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</tbody>
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### Administration Key

- Must be swallowed whole
- Vyvanse Can Be Mixed With Yogurt, Orange Juice, or Water
- Chewable
- Capsule can be opened and medication sprinkled on applesauce

### Ages for Which Medications Have an FDA Indication for Treatment of ADHD

<table>
<thead>
<tr>
<th>Age</th>
<th>3.5 Years</th>
<th>6-12 Years</th>
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The ADHD Medication Guide is a visual aid for professionals caring for individuals with ADHD. The Guide includes only medications indicated for the treatment of ADHD by the FDA. In clinical practice, this guide may be used to assist patients in identifying medications previously tried, and may allow clinicians to identify ADHD medication options for the future. Medications have been arranged on the card for ease of display and comparison, but dosing equivalence cannot be assumed.

Practitioners should refer to the FDA-approved product information to learn more about each medication. Although every effort has been made to depict each medication in its actual size and color, we cannot guarantee that there are not minor distortions in the final image. This Guide is accurate as of April 1, 2015.

- Updated versions of the ADHD Medication Guide can be viewed at www.ADHDMedicationGuide.com
- Laminated copies of the ADHD Medication Guide can be obtained at: www.ADDWarehouse.com
- Contact Dr. Andrew Adesman at ADHDMedGuide@NSLJ.edu with any questions, suggestions or comments