

Michigan Bridges to Literacy

THE INTERNATIONAL DYSLEXIA ASSOCIATION — MICHIGAN BRANCH

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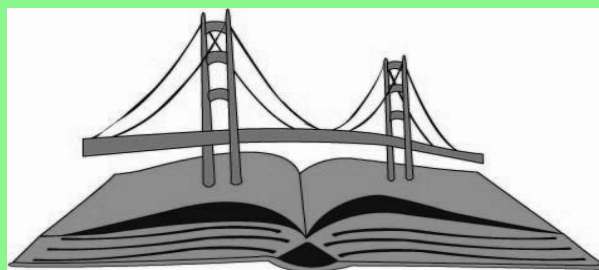
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20
ISSUE 1
SUMMER
2008



Founded in memory of Samuel T. Orton



Dyslexia: From Challenge to Success

Despite the fact that dyslexia is a lifelong condition and can be a challenge to deal with, there are many successful people who have dyslexia.

In layman's terms, dyslexia has been shown to be a neural or brain proc-

ess—NOT in any way related to intelligence, but rather related to how the brain processes language.

The National Institute of Child Health and Human Development estimates that about 15 to 20% of

us have reading problems and most of these are due to dyslexia. Dyslexia occurs in all groups regardless of race, age, religion, national origin, or socioeconomic status. Having dyslexia is fre-

(Continued on page 4)

Helping Your Struggling Youngster with School Work at Home

NOTE: Even though the emphasis is on helping the struggling student, this article has 25 items of valuable information for any parent or teacher.

It is easy for a teacher to say to a parent, "I'll teach him; you love him!" Learning is a full time job for a child and learning takes place both inside and out side of the classroom. It is important that parents and teachers work together so that the child has every opportunity possible to grow in skills, stature and

spirit. For most parents helping a child with homework is very much like a married couple hanging wallpaper, or putting up curtain rods. They agree on the goal, but each person has very specific, if not different opinions on how that goal should be accomplished. Since some students struggle in school,

and are the "fall through the cracks" group, and some have diagnosed learning disabilities, many times one of their parents had similar problems. Therefore, the parent-becoming-teacher has a very difficult job. This student is already a challenge to teach in school by dedicated, well trained

(Continued on page 12)

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5444 Deerfield Circle SE
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VOICE: 785-271-6668
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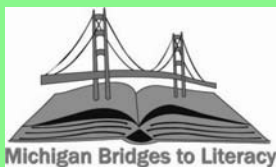
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If you are interested in serving on the IDA Michigan Branch Board of Directors, please send a brief statement about who you are and areas of interest to:
nominate@idamib.org



Any questions or comments regarding the newsletter are welcome and can be addressed to the editor at news@idamib.org.



I hope everyone is enjoying our spring and looking forward to summer. As you are frolicking on the beach, please do not forget our Fall Conference. Our speakers are exceptional (as always) and the Van Andel Institute will be the perfect venue to discuss the neurology and diagnosis of Reading Disorders.

Over the last couple of months I have had a number of requests for information concerning ADHD. So I thought I would write down some thoughts on ADHD. Attention Deficit Hyperactive Disorder is one of the most controversial psychiatric disorders in America today. This problem is often misunderstood and misdiagnosed. However, very fine epidemiological studies, which have been replicated many times, indicate that there is a rate between 3 and 5 percent of people with ADD in the general population.

President's Letter

This suggests that, although ADD is misdiagnosed, it is not overdiagnosed. I believe that the misdiagnosis of ADHD occurs because we do not have a clear and comprehensive understanding of the causes. Therefore, we are unable to develop an operational definition that allows clinicians and researchers precisely define who has ADHD and who does not. However, we have learned a great deal over the last 50 years concerning the symptoms and some of the causes of this widespread disorder.

Careful, genetic studies of families, particularly twin studies, consistently indicate that ADHD is a genetic condition. In fact, a child of an ADHD parent has a 25 percent chance of also having this disorder. This is much greater than the general population. Research has also consistently shown that although there are many areas of the brain that are affected by ADHD, the catecholamine ridge and frontal sub-cortex systems of the brain are the most affected. In layman's terms, these systems roughly constitute the frontal lobes of the brain. They are responsi-

ble for our ability to plan ahead, organize the many sensory stimuli coming into the brain, understand the behaviors of others and restrain our impulses. Research has demonstrated that these ridge regions of the brain are significantly smaller in individuals with an Attention Deficit Disorder. Interestingly, long-term use of stimulant medication appears to help these individuals' brains develop to more age-appropriate levels.

In spite of our knowledge, we still do not have definitive chemical, genetic or neuro-imaging markers to use to diagnose this disorder. Like most psychiatric disorders, we have to rely on behavioral symptoms. The primary behavioral symptoms of an Attention Hyperactive Disorder include deficits in control of attention and impulsivity. Almost all of these individuals are distractible. It is not that they can't pay attention, but rather that they pay attention to too many things at once and can't figure out the irrelevant stimuli. Furthermore, we have relatively recently discovered that many of these

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individuals also over-focus. That is, they get locked onto a stimuli or a task and can't break away. For all of us part of having good attentional skills is being able to be flexible--to focus at some point and at other points shift our focus. These individuals have great difficulty shifting focus. Again, it isn't that people with ADHD can't focus; it's that they have trouble filtering out stimuli and shifting their focus from one thing to another.

Almost all of us have experienced an impulsive and hyperactive child who cannot control their behavior impulses and appear to be running wild. Impulsive individuals act before they can think through the consequences of their actions. This symptom, as with most of the symptoms of ADHD, is a behavior that we all engage in once in a while. It is the frequency and the lack of control that cause these symptoms to suggest an Attention Deficit Disorder.

In addition to these symptoms, there a number of secondary symptoms related to frontal lobe functioning which scientists have labeled executive functions. Our frontal lobes could be thought of as an orchestra conductor. Like an orchestra, our brain is made of many different, individual components with different functions. However, to be effective, the activities of each component must be

coordinated into a whole. This is the responsibility of the conductor and of our frontal lobes. In addition to helping us control our attention and our impulses, the frontal lobes also help us organize ourselves. They allow us to break complex tasks down into smaller parts and decide the order in which we should do each smaller task. They also have a critical function in the memory process. They help us manipulate individual memories and then store and retrieve information in our long term memory. Finally, a key executive function is self-monitoring. Self-monitoring allows us to initiate tasks, sustain our effort, and identify when we have wandered off task. Problems in organization, memory and self-monitoring are also significant symptoms of Attention Hyperactive Disorders.

Another reason why it is difficult to diagnose Attention Hyperactive Disorders is that the frontal lobes are greatly affected by biological states such as emotion, nutrition and sleep. A key factor in making a differential diagnosis for ADHD is to carefully look at the individual's history. Unlike sleep deprivation, ADHD is a lifelong condition and oftentimes there will be a consistent family history of this disorder. Although individuals with ADHD also have difficulty with their feelings, usually their problems at home and work are caused by organizational deficits rather than emotional problems. They

are unable to meet deadlines, forget appointments, or their spouses complain about the piles they leave all over the house. Furthermore, careful interviews with adolescents and adults with suspected ADHD can help to eliminate the diagnosis of certain other conditions. Whereas an individual who is depressed will often be distracted, his/her distractions tend to be more internal and negative (sad or morbid) in nature. On the other hand, individuals with ADHD will tend to be distracted by both external and internal stimuli, some of which are negative but some of which are positive. For example, they may not be able to get their mind off the fishing trip they're going to be taking this weekend or the new guitar they've ordered online. Finally, individuals with ADHD often have a different quality to their impulsivity. Their behavior has a kid-in-the-candy-store or a "Tigger" (the exuberant character in the *Winnie the Pooh* stories) quality that depressed or anxious individuals don't have.

Finally, proper diagnosis and treatment of ADHD can make a huge difference in an individual's life. Understanding why they are having problems in getting the right medical treatment and psychotherapy can mean the difference between failing or succeeding not only at work, but in their social and emotional relationships.

~Michael Ryan, Ph.D.

IEP versus 504 Plan

By: Mary C. Rodriguez

An Individualized Educational Plan is written after a student has been evaluated by a school district and qualifies for Special Education Service according to the guidelines of the Individuals with Disabilities Education Act (IDEA), a federal law. An IEP will allow the students to have a free and appropriate education with individualized instruction and necessary accommodations. The IEP will follow the guidelines of the federal law as well as the Michigan Special Education Rules to insure each student is educated to achieve their maximum potential.

Section 504 of the Federal Rehabilitation ACT of 1973 states that any program or activity receiving federal financial assistance shall not discriminate against an otherwise qualified individual, solely because of the person's disability. If a student is evaluated by a school district and does not qualify for special education services, a 504 Plan may be put in place which will allow for classroom accommodations without special education services.

Dyslexia: From Challenge to Success

(Continued from page 1)

quently hereditary—it tends to run in families. It is NOT due to parenting style or behavior. In dyslexia, the “hard-wiring” in a person’s brain makes it difficult to recognize and sequence letter patterns, words, and sometimes sentences.

According to the U.S. Department of Health and Human Services, about 15% of American students may have dyslexia, which begins to develop even before birth. In a classroom of 28 children, 4 or 5 students will typically have some degree of reading difficulty; studies suggest that dyslexia accounts for about 85% of all learning disabilities combined. Dyslexia can create difficulties in reading, spelling, writing, and sometimes even speaking, putting students at risk for academic underachievement or failure.

People who have dyslexia and don’t receive appropriate help for it can be at social risk. The International Dyslexia Association cites statistics from the U.S.

Department of Education: 85% of all juvenile offenders have reading problems. In addition, 27% of children with learning disabilities drop out of high school. The U.S. Department of Health and Human Services estimates that our nation spends about \$2 billion every year on students repeating grades just because of reading problems. In addition, people who don’t receive appropriate help for learning problems often suffer lifelong issues of self-image and self-esteem.

Traditional educational programs are not always helpful for people with dyslexia. Fortunately, solutions DO exist. In the 1920’s, a neurologist named Dr. Samuel T. Orton conducted research on children who were having difficulty learning to read. With the help of his assistant, Anna Gillingham, who was a psychologist and an educator, Dr. Orton developed a successful form of instruction for students with dyslexia. The approach was called the Orton-Gillingham Method,

and this highly effective method is still in use today.

In addition to the original Orton-Gillingham Method, there are now also a variety of other successful programs that have been derived from it. The effective components of all of these programs remain the same: scientifically proven, directly taught, step-by-step, structured, cumulative, and multi-sensory ways to learn reading.

Appropriate instruction can begin at any age, but early intervention is best. With early intervention, students with dyslexia have a chance to find support and help without going through years of frustration and misunderstanding.

Because early intervention is so important, if parents suspect a reading problem they should seek an evaluation without delay. Evaluations to determine whether or not a child is eligible for special education services are offered through the public

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Dyslexia: From Challenge to Success

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school system (regardless of whether a child attends public or private school). Diagnostic evaluations to determine whether or not a student has dyslexia may be conducted privately with a licensed psychologist specializing in learning disabilities.

Once a student has been identified as having a reading disability, the right kind of intervention is critical. So is a skilled teacher who has been highly trained in scientifically-proven methods. This typically takes a significant amount of training and supervised practice--more than just a weekend class or overview.

Individuals and families who are dealing with dyslexia are not alone. There are many resources available to provide support and to help students gain the awareness and opportunities they need in order to turn challenges into success. Among

these resources are the information and services provided by The International Dyslexia Association, a non-profit organization based in Baltimore, Maryland. The Michigan Branch of this association serves our state. Please visit our Web site at www.idamib.org or the IDA Web site at www.interdys.org for more information.

References:

IDA

The National Institute of Child Health and Human Development

http://en.wikipedia.org/wiki/Samuel_Orton

The R Book: Reading, Writing and Spelling: The Multisensory Structured Language Approach (from the Orton Emeritus Series published by the IDA) by Helaine Schupack & Barbara A. Wilson

Article compiled by Debbie Omari, a Private Tutor in Sterling Heights, Michigan. She sits on the board of IDAMIB and currently serves as Chairperson of its Publications Committee.

Visit us on the Web at
www.idamib.org

Famous Creative Minds

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This list was compiled by and reprinted with the permission of the Michigan Dyslexia Institute.

Looking for Information About Dyslexia?

Trying to Find a Professional in Your Area?

Email the IDA-Michigan Branch at

info@idamib.org

or call **616-717-2984**.

Anyone, IDA member or not, is welcome to use this service.

Ask The Advocate

Q: How can a student be referred for special education services?

A: Anyone can refer a student for special education services, including parent, teacher or other concerned individual. If a parent feels that their student is struggling in school and has fallen behind significantly, he or she may contact the school and ask for an evaluation for special education services. It sometimes may be necessary to write a formal letter requesting an evaluation be completed and a formal IEP meeting be set up within 30 days of the receipt of the letter.

If a teacher feels that a student could benefit from special educational services, he/she may send home a “consent to evaluate” form for the parents to sign. If the parents refuse to sign the form an evaluation may still be completed if the district can justify the need for such an evaluation.

The following “Screening for Referral” may be used if a parent feels an evaluation would be appropriate.

Does the child have difficulty reading aloud, i.e. is there a lack of oral fluency?

Does the child have difficulty spelling?

Does the child have difficulty understanding what he/she reads?

Does the child have difficulty remembering what he/she reads?

Did the child experience delayed speech or speech problems?

Does the child have difficulty expressing him/herself clearly?

Does the child have difficulty remembering multiple oral instructions?

Does the child have family members who experienced difficulty in learning to read and spell (or who simply remember school as being “hard”)?

Does the child appear to have the general intelligence and visual and hearing capability considered necessary to learn to read?

Suggested guideline: if five or more questions are answered yes, referral for formal testing should be considered. If fewer questions are answered yes, referral should still be considered if yes items involve severe reading problems.

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What is The International Dyslexia Association?

The International Dyslexia Association (IDA) is a 501(c)(3) nonprofit scientific and educational organization dedicated to helping individuals with dyslexia, their families, and the communities that support them. IDA supports the study and treatment of the learning disability, dyslexia, as well as related language-based learning differences.

As the oldest such organization in the U.S., the IDA membership consists of a variety of professionals in partnership with dyslexics and their families and all others interested in helping

these individuals achieve their potential. We operate 47 branches throughout the U.S. and Canada and have 10 global partner branches. Our annual budget is funded by private donations, membership dues, foundation grants, sale of publications, conferences, and other development efforts. With an all-volunteer Board of Directors and receiving no government funding, IDA focuses resources in four essential areas: information and referral services, research, advocacy and public policy, and professional development.

The Special Education Referral Process



As a School Psychologist, I spend a lot of my time and energy with the special education referral process. Sometimes that process can be painful. The issues are complex, emotions can be high, and the steps including acceptance can feel overwhelming.

The statements that surround referrals run the gambit from, "This student is failing! How can we get him help?" to "No way is my son a special education kid!" Some may see special education as "the only way" to help the student achieve, while others believe that it limits the student's potential.

I believe that the best way to facilitate this process is to walk with the people throughout the process, to listen carefully to their fears or concerns, to offer information and sometimes advice, and sometimes to re-frame or help a person see things a little differently. This requires having a relationship with that person.

The referral process varies from district to district. In essence it begins with a parent, teacher, or student wondering if a student may need special education support.

The eligibility for special education requires documentation by a multidisciplinary team in two major areas. First of all, some

diagnostic criteria must be met, such as a learning disability, cognitive impairment, or emotional impairment. Secondly, there must be documentation that this condition significantly impacts the ability of the school district to adequately teach that student.

In order for these criteria to be met, documentation must include evidence of multiple interventions; only if those interventions are not successful can special education be considered. For example, at the high school level, if a student has not availed him or herself of the general education supports (such as going to the teacher after class, going on-line to check which assignments are due, etc.), special education would not likely be considered, unless there were also documentation that due to the disability, the student was unable to use the general education supports that were available.

A distinction is made between underachievement that is due to poor choices as opposed to a handicapping condition. Care must be given that no student is given an unfair advantage. There are many criteria to be met, many variables to consider, and many steps to follow.

Embedded in this process are human emotions and needs. The teacher may have a difficult class, and to try out and docu-

ment the pre-referral interventions may feel overwhelming. The teacher may feel pressure; her student, she fears, may be failing.

The parent may feel picked on, or alone and ignored, perhaps witnessing her child coming home day after day exhausted, depressed, and hating school, while teachers may say there is no problem. Or parents may struggle to accept that their child may have a disability, and feel that all the dreams they had for this child will be dashed. Finally, there is all the documentation and the forms that go with it. If a referral for a special education evaluation is finally requested, upon signing that referral, parents may feel like they are signing their child's life away. Potentially very emotional indeed!

Therefore, the need to walk with those involved is important, and can take a lot of energy and time. It invariably works best when that walk is established from the beginning of the schooling process, with teachers and parents working together to educate each precious child.

Article written by Garry Reenders, a practicing school psychologist for 33 years and IDAMIB Board Member. He currently works for the East Grand Rapids Public Schools.

While IDAMIB is pleased to present a forum to inform its members of local services that may be of benefit to those with dyslexia and related learning disabilities, it is not IDAMIB's policy to recommend or endorse any specific program, product, speaker, exhibitor, institution, company, or instructional material, noting that there are a number of such which present the critical components of instruction as defined by IDA.

32° Masonic Learning Centers for Children: Helping Families with Dyslexia in 59 Communities

The objectives of the 32° Masonic Learning Centers for Children, Inc. are to:

- 1) Provide, free of charge, one-to-one multisensory reading and written language tutorial services to children with dyslexia;**
- 2) Provide, free of charge, training programs to individuals interested in becoming certified tutors in the Orton-Gillingham approach; and**
- 3) Support research programs in dyslexia for improving clinical standards and care.**

The Professional Advisory Committee for the 59 Masonic Learning Centers consists of the following individuals:

**Mary Farrell, Ph.D.
Jeffrey Gilger, Ph.D.
Marcia Henry, Ph.D.
Michael McCanna, Ph.D.
Phyllis Meisel
Claire Nissenbaum, M.A.
Joyce Pickering, Hum.D.
David Winters, Ph.D.
William Zeimer**

In the fall of 2008, the Orton-Gillingham-based tutoring and tutor training program of the 32° Masonic Learning Centers for Children, Inc. will be 14 years old. During that time, 59 Learning Centers have been established in 15 northern states from Maine to Wisconsin, over 6,100 children have received one-to-one Orton-Gillingham tutoring free of charge to their parents, and more than 1,400 persons have been trained and certified in the program's Initial Level Orton-Gillingham approach. At an estimated cost of \$5,000 per child per year, that is a current financial commitment of approximately \$8 million a year for the Scottish Rite (32°) Masons of the 15-state Northern Jurisdiction.

Three 501c3 nonprofit Masonic Learning Centers are located in Michigan: Bay City, Dearborn, and Grand Rapids. Learning Center locations are determined by the number of Masons in

the area, as they work to provide the funding to operate each local center. The free tutoring is funded by the Masons for 34 weeks per year, 28 weeks during the academic year and 6 weeks in the summer. School-age children who have been accepted into the program attend these one-to-one individualized sessions twice a week for an hour after school and in the summer. Participants remain in the program for an average of two to three years.

A licensed psychologist's testing for dyslexia, a specific learning disability, is required prior to enrollment in the program, and a copy of the psychological evaluation must be submitted with the program's application form. This form may be requested by contacting the Bay City, Dearborn, or Grand Rapids Center (see contact information in sidebar on page 9). The Centers have a waiting list for services, typically 6 months to a year, but possibly longer de-

pending on the availability of tutors and the capacity of the Center. Qualified children are admitted on a first-come-first-served basis. All tutoring is done at the Center locations to allow for tutor/child supervision.

The IMSLEC* accredited graduate level tutor training program, using an adapted curriculum originally developed by the Learning Disabilities Unit at Massachusetts General Hospital in Boston, is conducted at each Center by certified trainers, also free of charge. The Initial Level Training requires 45 hours of classroom instruction in the Orton-Gillingham approach, and includes a 100-hour supervised practicum with two children at the Center. Graduate credit and SB-CEUs from local universities often are available to scholars. Tutors may become paid employees once they are certified. The Centers also offer training for advanced

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* International Multisensory Structured Language Education Council, an affiliate of IDA.

32° Masonic Learning Centers for Children: Helping Families with Dyslexia in 59 Communities

(Continued from page 8)

certification, conducted over a two year period and requiring an additional 300 practicum hours.

The program's clinical protocols are built from those of the Reading Disabilities (RD) Unit at the Massachusetts General Hospital (MGH) because the Centers' Director of Training, Phyllis Meisel (elected last year as President of IMSLEC) is the former head of the MGH RD Unit. Starting in 1993, Phyllis advised the Masons in their quest to establish a new children's charity and she was appointed Clinical Director of the first Masonic Learning Center in Newtonville, Massachusetts. This Center was used as a site where some of the hospital's tutors-in-training completed their practicum. Many Masonic Learning Center Directors and tutors were trained through the MGH program.

As the number of Centers increased, a customized software program and database connecting all 59 Centers to the corporate headquarters in Lexington, Massachusetts was developed to track the children's progress and provide demographic information. Four standardized tests, the Woodcock Reading Mastery Test-Revised, the Test of Written Spelling, the Comprehensive Test of Phonological

Processing, and the Test of Word Reading Efficiency are administered to each child when tutoring begins, then annually thereafter. Accumulated data is analyzed on a continuous basis to improve the program. In addition, David Winters, Ph.D., Executive Director of Clinical Affairs and former Chicago-area Learning Center Director, periodically visits the Centers to observe and conduct audits in order to maintain high quality delivery of clinical services and tutor training.

Fund-raising for operating the local Centers and contributing to the corporate endowment fund is spearheaded by a Board of Governors in each location. The Boards are composed of both Masonic and non-Masonic community members. These Boards report to the Director of Operations, William Ziemer, and a Board of Directors at the corporate headquarters in Lexington, MA. The Centers welcome and encourage community member participation in their fund-raising efforts, such as golf outings, walkathons, choir concerts, dinners, etc. Please call your nearest Center to find out how you can help!

Article written by Nina Gorak, Director of the West Michigan Masonic Learning Center for Children, IDA-Michigan Branch Vice President and Co-

Masonic Learning Centers in Michigan

Bay City Center

32° Masonic Learning Center for Children
614 Center Avenue
Bay City, MI 48708
Telephone: 989-894-2770
Email: baycitylc@gmail.com
Center Director: Sandra Jo Lane

Detroit Center

32° Masonic Learning Center for Children
907 Monroe Street
Dearborn, MI 48124
Telephone: 313-277-4970
Email: clc_detroit@yahoo.com
Center Director: Joy Graves

West Michigan Center

32° Masonic Learning Center for Children
233 Fulton Street East, 5th Floor
Grand Rapids, MI 49503-3270
Telephone: 616-776-6840
Email: tutorone@sbcglobal.net
Center Director: Nina Gorak

chair of the 2008 Annual Conference being held at the Van Andel Institute in Grand Rapids on October 11.

Reference:

The IDA Commemorative Booklet from the 55th Annual Conference, "Freedom through Learning," held November 3-6, 2004 in Philadelphia, Pennsylvania.

**Project Read® PHONICS from
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Information/Registration:

<http://www.idamib.org>

Location: Ann Arbor, MI

Washtenaw ISD

1819 South Wagner Rd

Date: July 29,30,31, 2008 (T,W,TH)

Phone: 734-663-9884 or

734-994-4634

While IDAMIB is pleased to present a forum to inform its members of local events that may be of benefit to those with dyslexia and related learning disabilities, it is not IDAMIB's policy to recommend or endorse any specific program, product, speaker, exhibitor, institution, company, or instructional material, noting that there are a number of such which present the critical components of instruction as defined by IDA. It is up to individuals to verify dates, times, costs, and all other information regarding any programs or services that may be listed in this newsletter.

Submissions of local Orton-Gillingham and Orton-Gillingham-derived events to the newsletter are welcome and can be addressed to the editor at news@idamib.org.

National IDA Conference

**59TH ANNUAL CONFERENCE
OCT. 29—NOV. 1, 2008
SEATTLE, WASHINGTON**

The Washington State Convention and Trade Center and
The Sheraton Seattle Hotel and Towers

Visit www.interdys.org for more information.

FOURTH ANNUAL ORTON-GILLINGHAM LECTURE AND MICHIGAN DYSLEXIA INSTITUTE ANNUAL DINNER

Lecture Topic: "What are the Appropriate Strategies to Improve Fluency in Reading and Writing?" presented by Jean Osman, Fellow/AOGPE. MSU Kellogg Center in East Lansing. Limited spaces, call.

DATE: Thursday, May 29, 2008

PHONE: 517-485-4000

PHONICS FIRST™ FOUNDATIONS LEVEL I (30 hours). Course content includes: alphabet and phonemic awareness strategies, the three-part drill for structured review, tactile/kinesthetic spelling techniques for phonetic and non-phonetic words, syllabication for multisyllabic words and guidance for lesson plans and classroom implementation. Participants have opportunities for hands-on lesson practice with other participants. Emphasis is on teaching reading to beginning and struggling readers in grades K-5 and struggling and learning disabled readers in grades K-12. Materials included. Reading and Language Arts Centers, Bloomfield Hills, Michigan.

DATE: June 23-27, 2008 or August 11-15, 2008 PHONE: 248-645-9690

For other classes, visit www.rlac.com.

Illinois Branch Events

www.readidaiba.org

EMPOWERING STRUGGLING READERS OF ALL AGES

presented by Linda Farrell, Co-Founder, Really Great Reading Company, National Presenter, Author and Co-Author of Phonics Blitz at Garden Terrace Banquets, 1000 Wellington Ave., Elk Grove Village, IL

DATE: Monday, June 9, 2008

THE SLANT SYSTEM OVERVIEW CLASS

presented by Marsha A. Geller, M.Ed. at Lifelong Learning Center, 210 S. Church Road, Bensenville, IL.

DATE: Monday through Thursday, June 23-26, 2008

WORD SMARTS: ADVANCED DECODING & MORPHOLOGY DEVELOPMENT

presented by William Van Cleave, Fellow, Academy of Orton-Gillingham Practitioners & Educators, National Presenter, and Author

at Saint Xavier University, 18230 Orland Parkway, Orland Park, IL

DATE: Monday, June 30, 2008

CONNECTING READING AND WRITING GENRES

presented by Kathi E. S. Grace, CAGS, Language and Learning Disabilities, Public School LD Specialist, National Presenter and Author

At Garden Terrace Banquets, 1000 Wellington Ave., Elk Grove Village, IL

DATE: Wednesday, July 23, 2008

MULTI-SENSORY APPROACH TO WRITEN EXPRESSION:

This one day workshop emphasizes multi-sensory approaches to teaching writing skills. The skills covered in this workshop are: Grammar, punctuation, parts of speech, sentence structure, paragraph structure, report writing, and procedural writing. It is appropriate for regular education teachers, special education teachers, and support staff. The reading-writing connection will be discussed. Erickson Learning Center, Okemos, Michigan.

DATE: May 19, 2008 (9 a.m. - 3 p.m.)

PHONE: 517-347-0122

MULTI-SENSORY READING COMPREHENSON:

Structured, multi-sensory techniques for reading comprehension will be stressed. Story form, information form, and procedural form for comprehension will be taught with an emphasis on concept teaching. Michigan Model techniques and visualization techniques will also be presented. Direct teaching technology will be demonstrated and used so that the participants can use these methods immediately with their students. Includes a packet of materials. Erickson Learning Center, Okemos.

DATE: June 13, 2008 (9 a.m. - 3 p.m.)

PHONE: 517-347-0122

ORTON-GILLINGHAM COURSE: This is a 30 hour course and it includes materials as well as instruction and practice of techniques.. Erickson Learning Center, Okemos,.

DATE: JUNE 16-20, 2008 (9 a.m. - 4 p.m.)

PHONE: 517-347-0122

ORTON-GILLINGHAM REFRESHER COURSE:

This one day workshop will review key elements of the 30-hour course. For this course to be meaningful, a participant must have had basic Orton-Gillingham training at the decoding/encoding level. Skills that will be reviewed include: The three drills, key spelling rules, multi-sensory technique as the 3-3-3, finger spelling, etc., schwa and accent, lesson planning techniques and new materials including Erickson Reading System. There will be time for practice and questions. Includes a packet of materials. Erickson Learning Center, Okemos,.

DATE: August 8, 2008 (9 a.m. - 3 p.m.)

PHONE: 517-347-0122

WRITING AND COMPREHENSION STRATEGIES (12 hrs):

These Michigan Dyslexia Institute sessions will present how to teach words, sentences and paragraphs for writing for students

Michigan Events

with dyslexia. Power Writing techniques, common sentence patterns will be the basis for writing and the class will demonstrate how these techniques can be used for comprehension of expository writing. Prerequisite is Beginning D/E class.

LANSING DATES: June 6-7, 2008

ST. CLAIR DATES: Nov. 13-14, 2008

PHONE: 517-485-4000

ADVANCED MORPHOLOGY AND COMMON SENTENCE PATTERNS IN ENGLISH (18 hrs):

The content of this class, presented by the Michigan Dyslexia Institute, will emphasize instruction in prefixes, roots, and suffixes, vocabulary development with continuing grammar instruction, and common sentence patterns used in English to increase students' ability to write and comprehend. The Beginning OG Seminar is a prerequisite for this class. Please bring MDI Manual to the class. Berkley, Michigan.

DATE: September 17-19, 2008

PHONE: 517-485-4000

REVIEW STRATEGIES FOR USING INTERACTIVE MULTISENSORY ACTIVITIES (6 hrs):

This interactive Michigan Dyslexia Institute class will allow participants to leave with games that are effective for reviewing previously-learned concepts. Berkley, Michigan.

DATE: July 25, 2008

PHONE: 517-485-4000

BASIC SKILLS REVISITED IN TEACHING ORTON-GILLINGHAM (6 hrs):

This Michigan Dyslexia Institute Class is intended to refine and extend basic techniques and to review the essentials necessary to create independence with language skills for students. Lansing, Michigan.

DATE: October 18, 2008

PHONE: 517-485-4000

For a full listing of programs offered by the Michigan Dyslexia Institute, call 517-485-4000. Web site: www.dyslexia.net

CAMP STARLIGHT

Michigan Dyslexia Institute offers this one-week camp for students with dyslexia ages 7-16 in cooperation with the Lansing YMCA at Mystic Lake Camp near Clare, MI.

DATES: June 22-28, 2008

PHONE: 517-485-4000

Helping Your Struggling Youngster with School Work

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professionals; what then can parents do to help their child at home?

“Adults, like their children, enjoy time to relax and do other things after a busy or tiring day. However, a child’s education has to be one of the highest priorities in any household.”

1. Teachers have to remember that homework is only to be used as a reinforcement for already learned material. Homework is practice, and should NOT involve new thing to be learned. Teachers should also provide the school’s homework policy including expected amount of time spent on homework for each grade level. One suggestion, is 10 minutes per grade level with an additional 15 minutes spent reading, reading to a sibling, or being read to.

2. If a child and parent can not accomplish a homework task, the parent should write a note to that effect along with the amount of time spent, and if possible, what went wrong. The note and the unfinished work is returned to the teacher. Sometimes a quiet kitchen

timer will help a student stay on task. Remember that normal attention span is roughly one minute per age. A 30 minute assignment may be better broken into three sessions for a 10 year old. Under no circumstance, should you do your child’s home work! You do not want to create “learned helplessness” or an “emotional or academic cripple”!

3. Since school work is often frustrating for 33-45% of the population, the time immediately after school may not be the best time for homework. Each family needs to establish a set time when homework can be accomplished and yet will not interfere with other members’ activities. Right after supper is usually a good choice for most. Use the VCR to record “favorite programs” to be viewed later as a reward for completing homework.

4. Structure is a universal need and the struggling

student needs more than most children. A consistent place for study is very important. It should be away from distraction such as the TV. Only a few highly motivated students can actually study in isolation, so the dining room table has been used for hundreds of years. One or both parents can monitor work and be available to answer questions. Many parents have homework that can be easily interrupted, such as reading a newspaper, paying bills and writing letters.

5. It is a tradition in most American homes that the responsibility for education is the mother’s responsibility. Since most struggling students are male, it is suggested whenever possible, both parents alternate homework shifts. The father’s influence and participation, as well as interest, is a very important factor in determining educational success. Students do better when dad is actively involved.

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Helping Your Struggling Youngster with School Work

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Dad's presence at school conferences has the same effect. Many teachers blame "over mothering," but they forget that it is a compensation for "under fathering".

6. Struggling students with often have other family members who struggled or struggle in school. This is not to be used as an excuse, but as a reason to work hard. From 5th grade on students should be involved in conferences including the IEP. If a student is a part of the planning, chances are greater that he/she will be more successful in keeping his/her part of the responsibility.

7. Adults, like their children, enjoy time to relax and do other things after a busy or tiring day. However, a child's education has to be one of the highest priorities in any household. Getting

homework completed needs to be a commitment made by all members of the family.

8. If your child has to write an assignment, have him dictate it to you. Then the student can re-copy it later. Students who are poor spellers must learn to ask you to proof read their final draft.

9. If a student has problems keeping arithmetic columns in a line, use graph paper. If graph paper is not available, turn lined paper sideways.

10. Purchase only wide-lined paper. Teach the student to write on every second line. This increases the "sky line effect" and handwriting becomes easier to read, and also there is plenty of room for additions and corrections. Remember that a student's writing belongs to the student. Only proof read. If you re-do it,

then it is not the students'. If you don't like what you see, schedule a meeting with the teacher.

11. Encourage your child to use the "Underlining Option" both in and out of school. This article is available at www.edconsultmidwest.com.

12. If your child spends a lot of time and energy erasing his work, both in and out of school refer to "Erasing Erasures" which is also on the web site.

13. If a child asks how to spell a word, spell it for her. Looking up a word in the dictionary is very difficult, if she can't spell it! Adults have a better chance at looking up a word, because adults are aware of more options. Consider a Franklin Language Master electronic

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"For most parents, helping a child with homework is very much like a married couple hanging wallpaper Each person has very specific, if not different opinions on how that goal should be accomplished."

Helping Your Struggling Youngster with School Work

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dictionary for spelling, or a “Quicktionary Reading Pen” for reading text and defining words.

14. If there is an assignment to be read, consider several options, Recordings for the Blind and Dyslexic, Kurzweil Reader, and/or tapes from the local library. When the student uses recordings, make certain the student reads along in the text. Two senses are better than one! The next option is for someone to read to him. The third option is to take turns reading one paragraph at a time. However, sometimes when students read out loud, their energy goes into decoding the words and very little room is left for comprehension.

15. Don't overlook the teaching power of friends, and other children.

16. Ask the teacher for a

duplicate set of texts to be kept at home. This eliminates all sorts of “forgetting” problems. Some schools will lease you books, but all will hold you responsible for lost or damaged books.

17. Purchase a notebook that is only to be used as an assignment notebook. It is the student's responsibility to write down each assignment for each class each day. The teacher or a study buddy can initial it so that we know the assignment is correct. If there is no assignment then “No Homework” is written. If the student “forgets” to write an assignment, or bring home the assignment notebook, some penalty has to be assessed such as no television, or doing an extra chore.

18. On the Thursday of each week the student should carry a progress report and have it signed by all teachers. This is to be brought home to

the parents. If any work is missing, it must be done and the student “cleared” on Friday. Otherwise, the student is “grounded” until the teacher signs that he is caught up. The key issue for any student is not to get behind at all.

19. The development of self-esteem has to be earned, not work sheeted! Increase verbal rewards and physical rewards for successfully completing jobs and tasks. According to Dorothy Briggs, it takes five positives to undo one negative.

20. When trying to change behaviors, decide upon the most critical behavior and work on just that one until you succeed. Then shift to the next concern. If parents go after everything, you will accomplish nothing.

21. One of the most common school accom-

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“... the one common denominator that all of the school subjects have is language. The vocabulary of each subject matter is critical to the comprehension of the subject.”

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modations is the study guide. A good study guide helps the child organize the information and helps the student distinguish what is important information. A good study guide will preview important words and ask the important questions before reading the text.

22. Note taking is very difficult. If a student can't listen and copy at the same time, another student could take notes using NCR (no carbon required) paper. The student is still responsible for taking her version of notes.

23. Start studying for spelling tests early. If the student learns five a day and keeps reviewing, it is easier. Spelling is a written activity so practice spelling words by tracing them on the table top with the index and middle finger before going to pencil. Some students can spell better by letter sounds than by letter names. Either way, spelling is tested by writing, so

words need to be practiced by writing. Many students just learn words for the test and ten minutes later the words are gone!

24. When a child asks a question you do not know. Admit it and look up the answers together. Don't bluff! All children have to realize that there are "gaps" in everybody's knowledge.

25. Place completed homework in three-ring notebook, and place everything in your back pack ready for school the next morning.

In conclusion, the one common denominator that all of the school subjects have is language. The vocabulary of each subject matter is critical to the comprehension of the subject. There is a saying, "Just because it has been said, doesn't mean it has been taught". People have to use words many times before these words are learned. Don't overlook oral vocabulary development. Urge your chil-

dren to tell you about what they have read or heard in class. The Editor of The Orton Dyslexia Society, now The International Dyslexia Association, once wrote, "Real children think and feel. Learning is influenced by the relationships between teachers and learners, and language development promotes discrimination between emotional states and empathy. Motivation is a variable in the learning process. Linguistic competence stands at the very center of what is crucially human in each of us. We are as we speak; we work as we read; we become human as we understand each other through language." Parents and teachers must work together so that the struggling child can become the very best person that he can be; not only for himself, but for the people in his future.

Thank you to Regina Cicci, Ph.D., Nita Lussenhop MA, and Christi Perkins for their valuable input into the original article.

RESOURCES

Recording for the Blind and Dyslexic, 609-452-0606

Franklin Electronic Spellers, 800-266-5626

Kurzweil 3000 Reader, 800-888-0305

Quicktionary Reading Pen, 800-344-4040

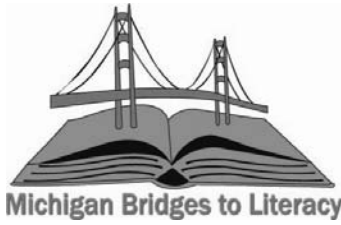
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Mark your Calendars for the IDAMIB 2008 Annual Conference

Title: The Reading Brain: Research Insights and Client Evaluations

Date: Saturday, October 11, 2008

Time: 8:30 AM-3:30 PM (lunch included)

**Location: Van Andel Institute, 333 Bostwick Ave. NE, Grand Rapids, MI 49503
(www.vai.org)**

Who Should Attend: Teachers (classroom, special education, reading), Speech-Language Pathologists, Educational Administrators, Pediatricians, Psychologists, Parents of Learning Disabled Children, Adults having dyslexia.

For information on the speakers, see insert.