

What We Know about Special Education:  
Let's Stop Monkeying Around

Illinois Council for Exceptional Children (CEC)  
November 6, 2009 Nancy Mather, Ph.D.

---

---

---

---

---

---

---

---

Topics

- History of specific reading disabilities
- Requirements of IDEA, 2004 and the Specific Learning Disability definition
- Ability-achievement discrepancies
- Response to intervention (RTI)
- Role of comprehensive evaluations
- Inclusion and differentiated, intensive, Instruction
- Importance of well-trained teachers

---

---

---

---

---

---

---

---

Conclusions from Hinshelwood regarding  
Congenital Word-Blindness

- particular areas of the brain appear to be involved
- the children often have average or above intelligence and good memory in other respects
- the problem with reading is localized, not generalized to all areas of academic performance

Source: Hinshelwood, J. (1902). *Congenital word-blindness with reports of two cases*. London: John Bale, Sons & Danielsson.

---

---

---

---

---

---

---

---

Central Themes from  
Dr. James Hinshelwood (1902)

- the children do not learn to read with the same rapidity as other children
- the earlier the problem is identified, the better so as not to waste valuable instructional time
- the children must be taught by special methods adapted to help them overcome their difficulties
- the sense of touch can help children retain visual impressions
- persistent and persevering attempts will often help children improve their reading.

Source: Hinshelwood, J. (1902). *Congenital word-blindness with reports of two cases*. London: John Bale, Sons & Danielsson, Ltd.

---

---

---

---

---

---

---

---

The Importance of Early Intervention

“It is evident that it is a matter of the highest importance to recognise as early as possible the true nature of this defect, when it is met with in a child. It may prevent much waste of valuable time and may save the child from suffering and cruel treatment...The sooner the true nature of the defect is recognised, the better are the chances of the child’s improvement” (p. 10).

Source:  
Hinshelwood, J. (1902). *Congenital word-blindness with reports of two cases*. London: John Bale, Sons & Danielsson, Ltd.

---

---

---

---

---

---

---

---

“The diagnosis of dyslexia is as precise and scientifically informed as almost any diagnosis in medicine” (p. 165).

Source: Shaywitz, S. (2003). *Overcoming dyslexia: A new and complete science-based program for overcoming reading problems at any level*. New York: Alfred Knopf.

---

---

---

---

---

---

---

---

### Diagnosis of Word Blindness

“With the possession of a knowledge of the symptoms, there is little difficulty in the diagnosis of congenital word-blindness when the cases are met with, since the general picture of the condition stands out as clear-cut and distinct as that of any pathological condition in the whole range of medicine” (p. 88).

Source: Hinshelwood, J. (1917). *Congenital word-blindness*. London: H. K. Lewis.

---

---

---

---

---

---

---

---

### The Reading Index

See if reading achievement is in harmony with other achievements. The other measures are administered in order to determine the child’s expectation in reading and to measure the discrepancy.

- 1) Chronological age
- 2) Mental age (based on the Stanford-Binet)
- 3) Arithmetic computation

Monroe, M. (1932). *Children who cannot read*. Chicago: University of Chicago Press.

---

---

---

---

---

---

---

---

“It seems that we are measuring a discrepancy between reading and other accomplishments which may occur in either direction at any intellectual level” (p. 17)

“The reading defects may occur at any intellectual level from very superior to very inferior, as measured by intelligence tests” (p. 6).

Source:

Monroe, M. (1932). *Children who cannot read*. Chicago: University of Chicago Press.

---

---

---

---

---

---

---

---

“The children of superior mental capacity who fail to learn to read are, of course, spectacular examples of specific reading difficulty since they have such obvious abilities in other fields.” (p. 23)

Source:  
Monroe, M. (1932). *Children who cannot read*.  
Chicago: University of Chicago Press.

---

---

---

---

---

---

---

---

### Case 3: Betty

Betty represents a case of reading retardation in a very bright little girl. She was completing the second year in school without having been able to learn to read. When examined she was seven years and four months of age, with a mental age of ten years, I. Q. 135. Arithmetic measured high second grade. Reading and spelling measured very low first grade... She had a very engaging manner and had learned many ways of diverting attention from the fact that she could not read. When the reading tests were presented she pushed them aside and said, "Let's don't do any reading. I know some arithmetic games that are lots of fun..." When finally persuaded to attempt the tests she showed considerable emotional tension, clearing her voice, saying "ah" several times before attempting each word, and flushing over her obvious errors (p. 10).

Source: Monroe, M. (1932). *Children who cannot read*.  
Chicago: The University of Chicago Press.

---

---

---

---

---

---

---

---

The rate of progress under remedial instruction was found to be a function of:

- the child's intelligence
  - age
  - number of hours of training
  - severity of the disability
  - behavior and personality difficulties
  - supervision of the remedial techniques
- (Source: Monroe, 1932, p. 157)

---

---

---

---

---

---

---

---

“Sometimes children of good general intelligence show retardation in some of the specific skills which compose an intelligence test” (p. 22)

Monroe, M., & Backus, B. (1937). *Remedial reading*. Boston: Houghton Mifflin.

---

---

---

---

---

---

---

---

### Central Themes of Dr. M. Monroe

- different factors affect performance in different children
- children require intensive remedial training
- the training must continue until reading is in harmony with the child's other capacities and achievement
- methods must be modified to meet the needs of each individual
- problems arise in behavior and personality but disappear as reading improves
- some children of superior intelligence struggle to learn to read

Monroe, M. (1932). *Children who cannot read*. Chicago: The University of Chicago Press.

---

---

---

---

---

---

---

---

“To be effective, remedial instruction in reading must be preceded by careful diagnosis” (Monroe & Backus, 1937).

---

---

---

---

---

---

---

---

“Diagnosis is one thing; treatment is another. No one diagnosis applies to all cases; no one treatment will eradicate all trouble” (p. 117).

Source: Stanger, M. A., & Donohue, E. K. (1937). *Prediction and prevention of reading difficulties*. New York: Oxford University Press.

---

---

---

---

---

---

---

---

“If these tests will give us a basis from which we can start to understand a child’s difficulties, they will have justified the time spent on them. Anything which helps educators or parents to *understand* any phase of development or lack of development is of immeasurable value” (p. 189).

Source:  
Stanger, M. A., & Donohue, E. K. (1937). *Prediction and prevention of reading difficulties*. New York: Oxford University Press.

---

---

---

---

---

---

---

---

“Moreover, it seems probably that psychometric tests as ordinarily employed give an entirely erroneous and unfair estimate of the intellectual capacity of these children” (p. 582).

Source: Orton, S. T. (1925). Word-blindness in school children. *Archives of Neurology and Psychiatry*, 14, 581-615.

---

---

---

---

---

---

---

---

Central Themes from  
Dr. Samuel Orton

- disabilities can be overcome by special training
- many of the children have a high degree of intelligence
- data must be collected regarding the effects of the training
- emotional factors are of primary importance

Source:

Orton, S. T. (1937). *Reading, writing, and speech problems in children*. New York: W. W. Norton.

---

---

---

---

---

---

---

---

“Failure to learn to read as others do is a major catastrophe in a child’s life” (p.1).

Source:

Dolch, E. W. (1939). *A manual for remedial reading*. Champaign, IL: Garrard Press.

---

---

---

---

---

---

---

---

Central Themes from  
Dr. Grace Fernald

- the difficulties can be partially or fully overcome with proper diagnosis and treatment
- methods have to be adapted to the child
- multisensory instruction is beneficial
- methods need to be applied before the child has failed
- reading difficulties contribute to emotional difficulties

Source:

Fernald, G. M. (1943). *Remedial techniques in basic school subjects*. New York: McGraw-Hill.

---

---

---

---

---

---

---

---

### Visual and Auditory Dyslexia (Johnson & Myklebust, 1967)

- Confuses letters and words with similar appearance
- Slow rate of perception
- Reversals in reading and writing
- Difficulty retaining visual sequences
- Difficulty hearing the differences among speech sounds
- Difficulty discriminating short vowel sounds
- Difficulty with blending and segmentation

---

---

---

---

---

---

---

---

### Lessons from History

- Early intervention is critical
- Reading problems can affect an individual of any level of intelligence
- Instruction must be planned, adapted for each individual, systematic and intensive.
- One to one or small group instruction is effective
- The teacher must receive adequate training in the methodologies
- Affective and social factors must be considered

---

---

---

---

---

---

---

---

### The Major Pitfalls of Ability-Achievement Discrepancy

1. prevents early intervention (a “wait-to-fail” model)
2. the disability is often measured by the ability measure
3. the focus is on the full-scale score rather than on well established factors
4. the decline of ability scores over time because of the SLD, as well as limited reading and practice

---

---

---

---

---

---

---

---

Though the formula method may have some appeal because it requires less clinical competence and judgment, the fact remains that reducing an important diagnostic decision to a mathematical equation gives a false sense of objectivity to a contrived procedure that is still essentially subjective (p. 274).

Source: Simpson, R. G., & Buckhalt, J. A. (1990). *School Psychology International*, 11, 273-279.

---

---

---

---

---

---

---

---

Specific learning disabilities are not ability-achievement discrepancies but some students with SLD will have discrepancies...

---

---

---

---

---

---

---

---

### Verbal Ability as the Measure of Potential

“Children should be able to comprehend, or construct, the meaning of what is being read at a level consistent with their general verbal ability” (p.55).

Source: Torgesen, J. K. (2000). Individual differences in response to early interventions in reading: The lingering problem of treatment resisters. *Learning Disabilities Research & Practice*, 15, 55-64.

---

---

---

---

---

---

---

---

You know some things about ability-achievement discrepancies do make sense for SLD identification!

---

---

---

---

---

---

---

---

**What Ability-Achievement Discrepancies Can Do**

- Represent the concept of “unexpected underachievement.”
- Can be useful in cases of gifted students with SLD who obtain scores within the average range.
- Can provide insight into quickness of response to intervention.
- Can help provide justifications for accommodations (e.g., oral exams, books on CD).

---

---

---

---

---

---

---

---

**General. The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.**

---

---

---

---

---

---

---

---

**Operational Definitions**

- **Definition of SLD:**  
A disorder in basic psychological processing
- **How we operationalize it:**  
Ability-achievement discrepancy  
Response-to-Intervention (RTI)

---

---

---

---

---

---

---

---

**The biggest discrepancy that exists is between the LD definition and how we operationalize it.**

Sources:

Hale, J. B., Naglieri, J. A., Kaufman, A. S., & Kavale, K. A. (2004). Specific learning disability classification in the new Individuals with Disabilities Education Act: The Danger of Good Ideas. *The School Psychologist, 58* (1), 6-13, 29.

Kavale, K. A., Kaufman, A. S., Naglieri, J. A., & Hale, J. B. (2005). Changing procedures for identifying learning disabilities: The danger of poorly supported ideas. *The School Psychologist, 59* (1), 16-25.

---

---

---

---

---

---

---

---

**Response to Intervention (RTI)**

Provides early intervention.

May reduce the number of referrals.

Attempts to provide all students with adequate interventions.

Helps monitor the progress of all students in the school.

---

---

---

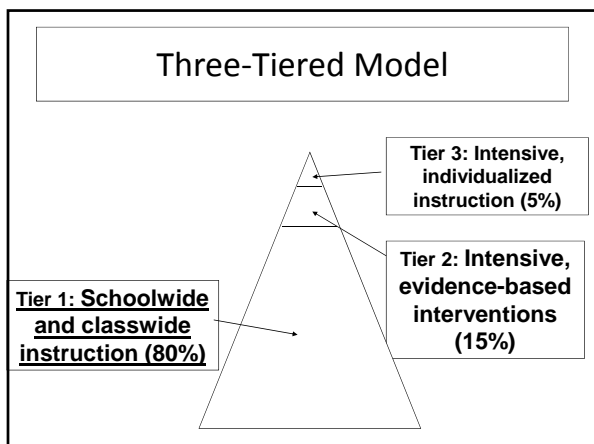
---

---

---

---

---



---

---

---

---

---

---

---

---

### What can be Weird, about Three Tiers?

- the lack of flexibility in the system
- the who is going to help students at the different tiers?
- the what are they going to do?
- the where are they going to do it?

---

---

---

---

---

---

---

---

One should be able to make a referral for an evaluation at any stage of the RTI process.

---

---

---

---

---

---

---

---

If applied in isolation, RTI methods will not increase diagnostic sensitivity and specificity, but will result in a generic “learning problems” category, comprising a considerable portion of the population.

(Source: Hale, Naglieri, Kaufman, & Kavale, 2004).

---

---

---

---

---

---

---

---

As a field of study matures, its language gets more specific, not less. Less specific language or more general terms without an increase in more specific subterms is a pretty reliable indication of regression, not advances, in any field of work.

Excerpted from e-mail sent to: [spedpro-bounces@list.mail.virginia.edu](mailto:spedpro-bounces@list.mail.virginia.edu), James Kauffman, Thursday, October 19, 2006, Title: Tiresome.

---

---

---

---

---

---

---

---

RTI does not classify, individualize or diagnose.

---

---

---

---

---

---

---

---

What does RTI mean for...

Reading comprehension  
Math problem solving  
Written expression  
Content area learning  
Upper elementary and secondary students

---

---

---

---

---

---

---

---

Hasn't special education always been based upon the principles of RTI?

---

---

---

---

---

---

---

---

- Identify children who are struggling
- Determine why they are struggling
- Select interventions
- Monitor their progress
- Revise the interventions as needed
- Monitor progress

---

---

---

---

---

---

---

---

“The disconnect between the RTI model and the SLD construct creates the potential for diagnostic chaos” (p. 14).

Source:  
Kavale, K. A., Holdnack, J. A., & Mostert, M. P. (2005). Responsiveness to intervention and the identification of specific learning disability: A critique and alternative proposal. *Learning Disability Quarterly*, 28, 2-16.

---

---

---

---

---

---

---

---

RTI provides prereferral interventions to all children who are struggling (prevention).

---

---

---

---

---

---

---

---

**RTI**

- Response to Intervention
- Responsiveness to Intervention

Inadequate Response to Intervention  
Limited Response to Intervention

When provided with good instruction aimed at their needs, children with SLD do make progress...

---

---

---

---

---

---

---

---

### The Dangers of Sole Reliance on RTI for Identification of SLD

- The cause(s) of the limited response to treatment will not be well understood by teachers, parents, and the student.
- Implementation has only been widely explored for early reading
- Students with above average abilities and SLD are likely to be overlooked and not be identified.
- SLD will be confused with all forms of poor learning and underachievement.
- The category of SLD will be eliminated.
- Individuals with SLD will be misunderstood and denied the accommodations and interventions they need to be successful.

---

---

---

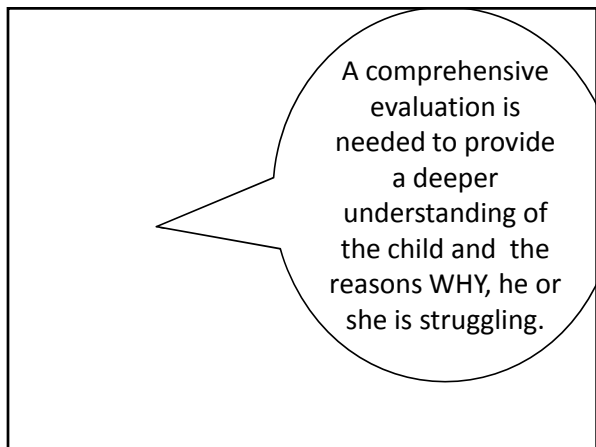
---

---

---

---

---



---

---

---

---

---

---

---

---

### Labels

"...without a label we have no way of talking about a problem."

Source: Johns, B. H., & Kauffman, J. M. (in press). Caution: Response to Intervention. *LDA Multidisciplinary Journal*.

---

---

---

---

---

---

---

---

"Some people may persist in claims that RtI does not result in labels for children, that only the instruction they receive is labeled. That may be a defensible claim if the person make it also claims that words mean nothing or do not actually refer to the child. But, if people make this argument, then we wonder why anyone would listen to them, simply because they have just argued that words are meaningless; or we wonder whether they really believe in the long run "child who receives Tier (choose your number or letter or other description) instruction" is a substantial improvement over "child who receives special education for a learning disability."

Source: Johns, B. H., & Kauffman, J. M. (in press). Caution: Response to Intervention. *LDA Multidisciplinary Journal*.

---

---

---

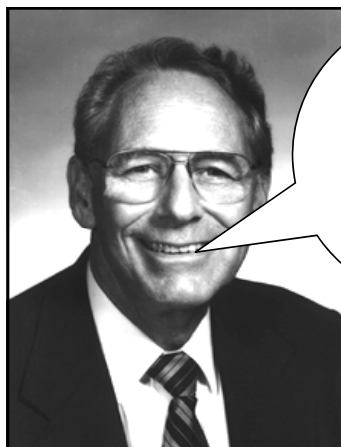
---

---

---

---

---



*The primary purpose for testing should be to find out more about the problem, not just to get a score.*

---

---

---

---

---

---

---

---

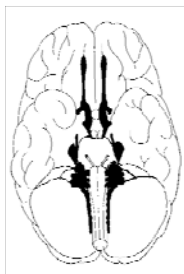
And to find more about the factors that will facilitate performance...

We shouldn't ask:  
How smart you are...

but instead:

How are you smart?

- H. Gardner



---

---

---

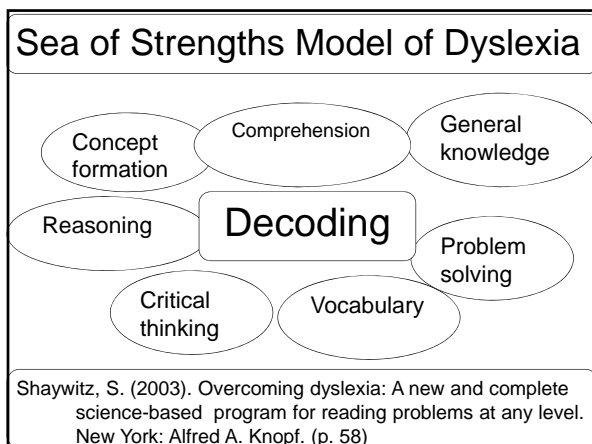
---

---

---

---

---




---

---

---

---

---

---

---

---

- SLD Identification**
- Consider pre-referral intervention data.
  - Consider ability-achievement discrepancies.
  - Consider extrinsic factors that affect learning.
  - Examine the pattern of strengths and weaknesses.
  - Link the areas of weakness to specific academic skill problems.
  - Specify appropriate accommodations and interventions based on the problems.

---

---

---

---

---

---

---

---

**Regulations IDEA 2004, August 14, 2006**

§300.309(a)(2)(ii) permits consideration of:  
 The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to intellectual development, that is determined by the team to be relevant to the identification of a specific learning disability.

---

---

---

---

---

---

---

---

People can have scores in the average range, and still have a specific learning disability

One has to consider:

Educational history

Educational opportunities

How the person functions on a daily basis

---

---

---

---

---

---

---

---

Students with disabilities need methods that provide...

- structure
- explicit teaching
- feedback
- repetition
- practice

---

---

---

---

---

---

---

---

“About one-third of the children in the longitudinal study were receiving special help, but this help was often very erratic, occurring sporadically and consisting of what might best be described as a Band-aid approach to a gushing wound” (pp. 34-35).

Source:

Shaywitz, S. (2003). *Overcoming dyslexia: A new and complete science-based program for reading problems at any level*. New York: Alfred A. Knopf.

---

---

---

---

---

---

---

---

“Students with learning disabilities are not receiving special education, which is based on the core principles of intensive, relentless, structured, appropriately paced instruction in small groups with frequent monitoring of each student’s progress. We believe that the diminution of special education for students with learning disabilities has occurred because of the well-meaning, but misinformed, overly zealous adoption of inclusive educational practices” (p.3).

Hallahan, D. P., & Cohen, S. B. (2008). Many students with learning disabilities are not receiving *special* education. *Learning disabilities: A multidisciplinary journal*, 15, 3-9.

---

---

---

---

---

---

---

---

“A variety of programs must be available for children who have a variety of needs” (p. 194).

Source:  
Cruickshank, W. M. (1977). Least-restrictive placement: Administrative wishful thinking. *Journal of Learning Disabilities*, 10, 193-194.

---

---

---

---

---

---

---

---

“The point here is that in remedial teaching there is no such thing as a universally good method. A method that works well with Clyde may have little value with Cynthia; its goodness or badness can be judged only in relation to its success or failure when used by a particular teacher with a particular pupil under particular conditions. Perhaps the only factor that should remain constant in remedial teaching is the positive, enthusiastic approach that characterizes successful teachers, whether they operate as remedial specialists or as regular classroom teachers” (p.141).

Source: Otto, W., & McMenemy, R. A. (1966). *Corrective and remedial teaching: Principles and practices*. Boston: Houghton Mifflin.

---

---

---

---

---

---

---

---

“It would seem that, taken as a group, these studies suggest that instruction in small groups with high response rates, immediate feedback, and sequential mastery of topics-all typical of good teaching-are more important than the specific evidence-based program used.”

From: Responsiveness to Intervention and Learning Disabilities, A report prepared by the National Joint Committee on Learning Disabilities, June 2005, p. 11

---

---

---

---

---

---

---

---

IRREDUCIBLE FACTS FOR TEACHING

- 1. Differences in learning rate exist.  
Instructional procedures that treat students as equal are bound to be ineffective for either the upper or lower ranges or both.
- 2. Span of student ability  
Average third-grade class will have a six-grade spread of ability.

Source: Ladas, H.S. (1960). A handbook of irreducible facts for teaching and learning. *Phi Delta Kappan*, 606-607

---

---

---

---

---

---

---

---

Design of Study in which intervention occurred

- 1. Most "at risk" first graders from five elementary school - PPVT above 70
- 2. Instruction provided in 45 min. sessions every day from October through May in groups of 3 or 5 by experienced teachers or well-trained paraprofessionals
- 3. Used a structured (scripted) reading program that contained instruction and practice in phonemic awareness, phonics, fluency, and comprehension
- 4. Used a number of methods to achieve fidelity of implementation: 3 days of initial training, weekly supervisory visits, and monthly inservices (3 hours)

Source: Torgesen, J. K. (2004, January). Setting new goals for reading interventions: Evidence from research. Keynote presentation at the Northern California Branch of the International Dyslexia Association, San Francisco.

---

---

---

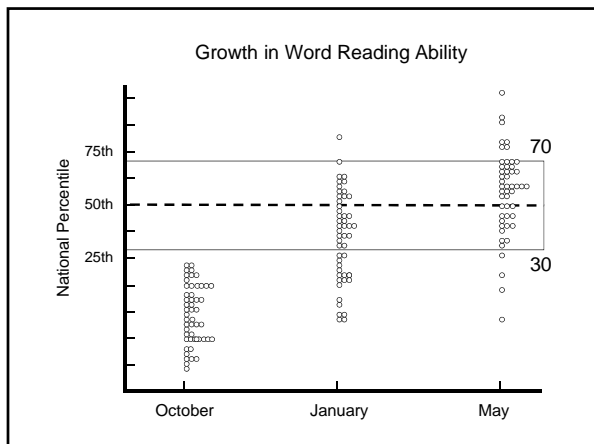
---

---

---

---

---




---

---

---

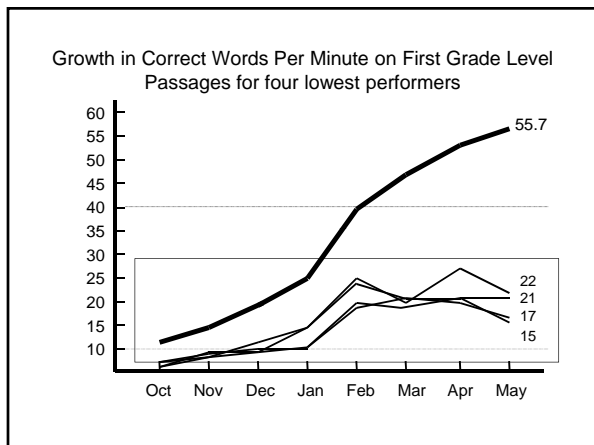
---

---

---

---

---




---

---

---

---

---

---

---

---

“The remedial work was unsuccessful in about 4 or 5 percent of the cases, in that this percentage of cases did not show improved scores on the pretest” (p. 151).

Source:  
 Monroe, M., & Backus, B. (1937). *Remedial reading*. Boston: Houghton Mifflin.

---

---

---

---

---

---

---

---

“A President, a secretary of education, or a legislative body may well declare that ‘no child will be left behind,’ but that does not change the fact that testing (or any other measurement required for accountability) will always produce a distribution, including a bottom – even a bottom quartile, even a bottom tenth, even an individual or a group that scores lowest. It happens every single time, no exceptions!” (p. 521)

Kauffman, J. M. (2005). Waving to Ray Charles: Missing the meaning of disabilities, *Phi Delta Kappan*, 86, 520-521, 524.

---

---

---

---

---

---

---

---

“It is time to resolve the convoluted thinking that mandates the ‘same’ high (‘rigorous’) grade-level standards for all. One of the things that we know for sure in special education is that one size does not fit all, and that the same standards, rigorous or not, will not result in the same outcomes” (p. 248).

Source:

Larson, N. W. (2005). “The time has come,” the Walrus said, “to speak of many things!” *Learning Disability Quarterly*, 28, 247-248.

---

---

---

---

---

---

---

---

Dr. Torgesen’s working definition of the reading goal to be achieved by the end of elementary school: “Children should be able to comprehend, or construct, the meaning of what is being read at a level consistent with their general verbal ability.” (p.55)

Source: Torgesen, J. K. (2000). Individual differences in response to early interventions in reading: The lingering problem of treatment resisters. *Learning Disabilities Research & Practice*, 15, 55-64.

---

---

---

---

---

---

---

---

"One of the most important conclusions from research is that for children with learning problems, learning is hard work. A corollary to this finding is that for their teachers, instruction is very hard work and requires an enormous amount of training and support. Children who have difficulty learning to read or completing mathematics problems will likely not benefit from 'more of the same' but require an alternative method of teaching to assist their learning."

Source: Semrud-Clikeman, M. (2005). Neuropsychological aspects for evaluating learning disabilities. *Journal of Learning Disabilities*, 38, 563-568.

---

---

---

---

---

---

---

---

Students with disabilities need understanding teachers

- Sympathetic
- Interested
- Developmental
- Process Oriented
- Inspiring

---

---

---

---

---

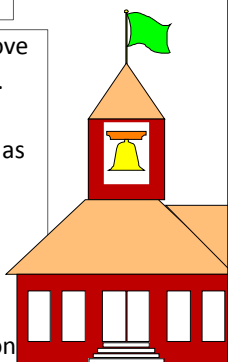
---

---

---

### Successful Instruction

1. Provide instruction slightly above the present performance level.
2. Adapt and modify instruction, as needed.
3. Be eclectic in methodologies.
4. When needed, provide systematic, intensive instruction in the most effective setting.



---

---

---

---

---

---

---

---

Knowing what is  
needed  
to help students  
is not  
the same thing as  
being able to provide it.

Source: Kauffman, J. M., Lloyd, J. W., Baker, J., & Riedel, T. M. (1995). Inclusion of all students with emotional or behavioral disorders? Let's think again. *Phi Delta Kappan*, 542-546.

---

---

---

---

---

---

---

---

**Conclusions**

- Reading disabilities are real.
- RTI can provide important prereferral data.
- Comprehensive evaluations are needed to fully understand the nature and severity of the problem and how it affects academic performance.
- Smart people can have disabilities.
- Different methodologies are needed for children with differing needs.
- Accommodations are often needed throughout school
- Well-trained, caring teachers do make a difference.

---

---

---

---

---

---

---

---