

Dyslexia FAQ

Dyslexia 101



COLORADO
Department of Education

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What exactly is dyslexia?

The Colorado Department of Education has elected to use the following definition of dyslexia, established by the International Dyslexia Association (2002) and adopted by the National Institute of Child Health and Human Development (Lyon, Shaywitz and Shaywitz, 2003):

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

For more in-depth information and a breakdown of this definition, please visit [section 2.1 in CDE's Dyslexia Handbook](#).

I have heard some people say dyslexia is when students see words backwards. Is that true?

Dyslexia is not primarily a visual problem; it is a language-based problem. Many children reverse their letters when learning to read and write. Reversing letters is not a sure sign of dyslexia, and not all students with dyslexia reverse letters. There are a lot of myths about dyslexia and its characteristics. More information about this and other myths surrounding dyslexia can be found in section [2.2 in CDE's Dyslexia Handbook](#).

Can an IEP team or the IEP say dyslexia? I have been told we educators are not allowed to talk about dyslexia or we will lose our jobs.

In 2015, the federal Office of Special Education and Rehabilitation Services (OSERS) put out a [Dear Colleague Letter](#) that addresses this misconception among educators who are reluctant to use dyslexia in evaluations, eligibility



determinations, or when developing the individualized education program (IEP) under the IDEA. It states that there is nothing in the IDEA that would prohibit educators from using the term dyslexia in IDEA evaluation, eligibility determinations, or IEP documents. The diagnostic term “dyslexia” can be used by clinicians working in a private clinical setting *and* by evaluation teams found within a public school setting. For more guidance about using the term dyslexia in a public school setting, visit section 3.4 in [CDE’s Dyslexia Handbook](#). Also, [Littleton Public Schools](#) has guidance available to help educators talk about dyslexia in the context of public school.

I was told that dyslexia is a medical diagnosis that needs to come from a medical doctor or has to be completed in a clinical setting. Is that true?

A comprehensive evaluation for dyslexia may be completed as part of the determination of eligibility for special education in a public school, or it may be administered in a hospital, clinic, or private setting. Evaluations of this type may be completed by a team of professionals or by a single clinician depending on the setting. In some situations, a primary-care physician or pediatrician may refer an individual to a dyslexia specialist, psychologist, or neuropsychologist for an evaluation, but this clinical referral is not necessary for a school to initiate a school-based evaluation to determine eligibility for special education. A public school assessment team is likely to include a school psychologist; a learning specialist or special education teacher; a speech-language pathologist; and possibly a school social worker and a school nurse. For further discussion about the process of evaluating a student suspected of having dyslexia, visit [section 3.3 in the CDE Dyslexia Handbook](#).

Do all reading disabilities fall under the dyslexia label? How do we differentiate between dyslexia and other disabilities that present like dyslexia?

The hallmark of dyslexia is a word-level reading problem that is unexpected in a child who seems to have all the requisite skills (i.e., intelligence, verbal skills, and motivation) that are necessary to become a reader. There are other ways students can struggle with reading, for example, while some students with dyslexia also have difficulty with other aspects of language (e.g., oral and written), there are also some students who are able to decode the words but don’t understand what they are reading (e.g., language comprehension problems but intact word-level reading). There are other profiles and conditions that may impact learning to read. Though dyslexia is the most common cause of reading difficulty, it is not the only cause. [The Simple View of Reading](#) is a framework to help better understand the skills needed to be a proficient reader. For professional development in the science of reading, visit the free CDE online learning course for [Assessing Preventing and Overcoming Reading Difficulties](#) presented by David Kilpatrick Ph.D.

Don’t we have to wait until third grade to be able to identify characteristics of dyslexia?

Current research into the early identification of dyslexia suggests that children at risk for dyslexia can be identified early when intensive interventions are the most effective. The National Institute of Health has found that children at risk for reading failure can be reliably identified with [92% accuracy](#) even before kindergarten through the use of an effective screening process. For more information about early screening for dyslexia, visit [section 3.2 in CDE’s Dyslexia Handbook](#). For information about how dyslexia may present itself at different stages of development, visit [section 2.3 in CDE’s Dyslexia Handbook](#).