

Evaluation of the Dyslexia Pilot Project: Year 2

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Executive Summary

Ohio's Dyslexia Pilot Project was established by House Bill 96 and signed by Governor Kasich in December 2011. The primary goal of the Dyslexia Pilot Project was to evaluate the effectiveness of early screening and reading assistance programs for children at risk for reading failure including those students exhibiting risk factors associated with dyslexia. A secondary goal of the Pilot Project was to evaluate whether effective early screening and reading assistance programs could reduce future special education costs.

To enable school districts to have a strategic plan in place to meet the needs of children at risk for reading failure, the Ohio Department of Education selected eight school districts to participate in the Dyslexia Pilot Project based on the merit of their proposals. Participating school districts were required to make a three-year commitment (2012-13, 2013-14, and 2014-15) to design and implement a tiered model of reading instructional support that utilized a multi-sensory structured language approach to instruction. School districts were required to select and administer technically adequate (i.e., reliable, valid, useful) assessments of phonological processing and rapid naming skills for the purposes of screening, intervention planning based on student's skills, and progress monitoring. Screening, early intervention, and progress monitoring activities were expected to focus on kindergarteners in Year 1 (2012-13), kindergarteners and first graders in Year 2 (2013-14), and kindergarteners, first, and second graders in Year 3 (2014-15).

As part of the Dyslexia Pilot Project, school districts were also required to provide professional development in evidence-based reading instruction and multi-sensory structured language instruction to teachers (general education and intervention specialists) serving students in kindergarten through second grade. School districts were also required to communicate to parents: (a) their child is eligible for reading intervention services through the Pilot Project, (b) the district's process to obtain parental consent for the student's participation in the Pilot Project, and (c) information about dyslexia, recommended multi-sensory structured language supports and possible services under state and federal law.

School districts were renewed for funding for Year 2 contingent on their implementation of the core components of the Pilot Project. Six of the eight school districts provided evidence of implementation sufficient to earn them a second year of funding. The six participating school districts in Year 2 (2013-14) included Cincinnati Public Schools (Hamilton County), Edison Local School Districts (Jefferson County), Indian Creek Local School District

(Jefferson County), Medina City School District (Medina County), Shawnee Local School District (Allen County), and Trimble Local School District (Athens County).

The findings of this evaluation of Year 2 implementation and outcomes were positive and point to many successes in screening and serving students at risk for reading failure. The Dyslexia Pilot Project met four of its objectives of having participating school districts: (a) choose technically adequate standardized curriculum-based measurement assessments for the purposes of screening, intervention planning, and progress monitoring; (b) implement universal screening using curriculum-based measurement assessments for benchmarking for the selection of students for intervention at the kindergarten level in Year 2 (2013-14); (c) communicate effectively to parents all aspects of the district's Pilot Project; and (d) provide professional development to K-2 teachers (general education teachers and intervention specialists) in the implementation of core evidence-based reading instruction, multi-sensory structured language instruction, and specific reading intervention programs within a tiered system of supports. The Dyslexia Pilot Project partially met its objective of having participating school districts demonstrate accelerated rates of student learning in response to evidence-based, multisensory-structured language instruction and increasingly intensive interventions. With each of these objectives, implementation practices varied among the six school districts in the Pilot Project. Findings and recommendations for improving implementation in each school district are presented in the Appendix.

The degree to which the Dyslexia Pilot Project lead to reductions in future special education costs will be evaluated in Year 3 of the Pilot Project when the impact of screening and intervention in kindergarten (Year 1) and kindergarten and first grade (Year 2) will be more likely to be detected in terms of special education eligibility rates.

Evaluation of the Dyslexia Pilot Project: Year 2

Ohio's Dyslexia Pilot Project presented school districts with an opportunity to participate in an initiative designed to promote early screening and intervention services for children with risk factors for dyslexia. The primary goal of the Dyslexia Pilot Project was to evaluate the effectiveness of early screening and reading assistance programs for children at risk for reading failure including those students exhibiting risk factors associated with dyslexia. A secondary goal of the Pilot Project was to evaluate whether effective early screening and reading assistance programs could reduce future special education costs. Established by House Bill 96, the Dyslexia Pilot Project was signed by Governor Kasich in December 2012.

Eight school districts were selected by the Superintendent of Public Instruction for participation in the Dyslexia Pilot Project based on the merit of their proposal. To be considered for participation in the Dyslexia Pilot Project, school districts were required to address the following:

1. Identify a method of screening children for low phonemic awareness and other risk factors for dyslexia,
2. Provide for the enrollment of children identified as having risk factors in a reading program staffed by teachers trained in evidence-based reading instruction and multisensory structured language instruction, and
3. Include a methodology for evaluating the reading program's effects on the children's identified risk factors.

Participation in the Dyslexia Pilot Project involved a three-year commitment from school districts to invest in screening students and providing early intervention services beginning in Year 1 (2012-13) and continuing in Year 2 (2013-14) and Year 3 (2014-15).

Purpose of the Evaluation

The primary purpose of the evaluation was to examine the implementation and effectiveness of early screening and reading assistance programs for children at risk for reading failure including those students exhibiting risk factors associated with dyslexia and to provide specific and actionable recommendations to support school districts' efforts and to inform policy-level decision-making pertinent to the state of Ohio rules and regulations (e.g., Third Grade Guarantee). A secondary purpose of the evaluation was to examine the merit and worth of the professional development provided to teachers to implement core evidence-based reading instruction, multi-sensory structured language instruction, and specific reading intervention programs within a tiered system of supports. A tertiary purpose of the evaluation

was to determine the extent to which school districts communicated to parents effectively and consistently regarding the nature of dyslexia, its assessment, evidence-based multisensory structured language supports, possible services under state and federal law, and the districts' participation in the Dyslexia Pilot Project. The final purpose of the evaluation was to determine whether a tiered model of reading instructional support featuring early screening and targeted reading intervention can reduce future special education costs.

Description of Ohio's Dyslexia Pilot Project

The Dyslexia Pilot Project was designed by the Ohio Department of Education in recognition of the importance of early intervention and the early identification of reading difficulties. To enable school districts to have a strategic plan in place to meet the needs of children at risk for reading failure, the Ohio Department of Education selected eight school districts to participate in the Dyslexia Pilot Project based on the merit of their proposals. Participating school districts were required to make a three-year commitment (2012-13, 2013-14, and 2014-15) to design and implement a tiered model of reading instructional support that utilized a multi-sensory structured language approach to instruction. School districts were required to select and administer technically adequate (i.e., reliable, valid, useful) assessments of phonological processing and rapid naming skills for the purposes of screening, intervention planning based on student's skills, and progress monitoring. Screening, early intervention, and progress monitoring activities were expected to focus on kindergarteners in Year 1 (2012-13), kindergarteners and first graders in Year 2 (2013-14), and kindergarteners, first, and second graders in Year 3 (2014-15).

As part of the Dyslexia Pilot Project, school districts were also required to provide professional development in evidence-based reading instruction and multi-sensory structured language instruction to teachers (general education and intervention specialists) serving students in kindergarten through second grade. School districts were also required to communicate to parents: (a) their child is eligible for reading intervention services through the Pilot Project, (b) the district's process to obtain parental consent for the student's participation in the Pilot Project, and (c) information about dyslexia, recommended multi-sensory structured language supports and possible services under state and federal law.

Evaluation Questions

1. To what extent did participating districts choose technically adequate standardized curriculum-based measurement assessments for the purposes of screening, intervention planning (i.e., diagnostic), and progress monitoring?
2. To what extent did participating districts implement universal screening using curriculum-based measurement assessments for benchmarking for the selection of students for intervention at Kindergarten and Grade 1 in Year 2 (2013-14)?
3. To what extent did participating districts provide professional development to teachers (general education and intervention specialists) in kindergarten, first and second grade levels to implement the core evidence-based reading instruction, multi-sensory structured language instruction, and specific reading intervention programs at each tier?
4. To what extent did participating districts communicate to parents effectively and consistently regarding: (a) The district's participation in the Dyslexia Pilot Project, including information about dyslexia, recommended evidence-based multisensory structured language supports, and possible services under state and federal law; (b) Screening results and the selection of their child to participate in the Dyslexia Pilot Project and Tier II intervention(s); (c) Progress Monitoring reports and the frequency in which they will be shared; (d) Procedures for informing parent(s) of satisfactory progress and their child's return to Tier I or the need for further evaluation or Tier III intervention?
5. To what extent did students whose teachers participated in the Dyslexia Pilot Project's professional development demonstrate accelerated rates of learning in response to evidence-based, multisensory-structured language instruction and increasingly intensive interventions as measured over time by curriculum-based measurement assessments?
6. To what extent did the effectiveness of early screening and evidence-based, multisensory-structured language instruction within a tiered model of reading instructional support and intervention lead to reductions in future special education costs at a school district-level?

Evaluation Method

District Participants

Six school districts continued their participation in the Dyslexia Pilot Project in Year 2 (2013-14): Cincinnati Public Schools (Hamilton County), Edison Local School Districts (Jefferson County), Indian Creek Local School District (Jefferson County), Medina City School District (Medina County), Shawnee Local School District (Allen County), and Trimble Local School District (Athens County). The demographic characteristics of the student population for each school building is presented in Table 1.

Table 1. Demographic Characteristics of Schools Participating in the Dyslexia Pilot Project

	Percentage of Student Population		
	Economically Disadvantaged	Students with Disabilities	Limited English Proficiency
Cincinnati Public Schools			
Mt. Washington Elementary	73.7%	11.1%	3.4%
Roberts Paideia Academy	95.3%	20.5%	38.4%
Edison Local Schools			
John E. Gregg Elementary	67.0%	15.3%	< 1.0%
Stanton Elementary	72.9%	12.9%	< 1.0%
Indian Creek Local Schools			
Hills Elementary	67.2%	15.1%	< 1.0%
Wintersville Elementary	55.6%	10.7%	< 1.0%
Medina City Schools			
Blake Elementary	14.1%	9.4%	< 1.0%
Heritage Elementary	20.3%	10.1%	< 1.0%
Northrop Elementary	23.5%	16.8%	< 1.0%
Shawnee Local Schools			
Elmwood Elementary	31.2%	8.3%	< 1.0%
Trimble Local Schools			
Trimble Elementary School	71.1%	21.5%	< 1.0%

Source: Ohio Department of Education, School Report Cards for 2013-14

Evaluation Design

A case study methodology was used in conjunction with quantitative analyses of student learning outcome data to evaluate the Dyslexia Pilot Project in Year 2. The use of case study methodology acknowledges the unique contextual factors of each participating school district relevant to districts' implementation of the Pilot Project. This design permitted concurrent collection of qualitative and quantitative data. Multiple sources of case study data were triangulated to fully describe each school district's implementation of the Pilot Project in Year 2.

Data Collection Procedures

Descriptive data regarding the districts' implementation of the Pilot Project for Year 2 (2013-14) were obtained from the Ohio Department of Education, Office for Exceptional Children as submitted by the participating school districts. On-site visits were conducted toward the end of the 2013-14 school year. Each site visit included an in-depth review of the school district's Pilot Project implementation, as evidenced by their documents, products, and student-level outcomes. The on-site visit was conducted with the district's Project Manager and other personnel key to the local implementation of the Dyslexia Pilot Project.

Student learning outcomes as measured over time by curriculum-based measurement assessments were obtained for the kindergarten and first grade students screened in Year 2 directly from each school district during or prior to the on-site visit. Descriptive information regarding the type and duration of early intervention services provided to students based on the screening outcomes were also gathered directly from each school district. Data management, data security, and the protection of human subjects was and continues to be a priority for the evaluation of the Dyslexia Pilot Project. Data collection procedures were reviewed by the University of Cincinnati's Institutional Review Board, a committee for the protection of human subject in research.

Data Analysis

Quantitative data analysis were used to evaluate the effectiveness of each district's Pilot Project implementation on student learning outcomes. Student learning outcomes, as defined by the Dyslexia Pilot Project, include standardized curriculum-based measurement assessments for measuring phonological processing (e.g., phoneme blending, deletion, substitution, and segmentation), rapid naming skills (e.g., letter naming fluency), and oral reading fluency. These short duration, short-cycle assessments are sensitive to growth and valid for use in monitoring student growth over time. For the purpose of this evaluation, a rigorous analysis of students' initial skills as assessed through the screening measures was conducted to evaluate the accuracy and appropriateness of the school and district's process for identifying students exhibiting risk factors associated with dyslexia. National norms were used to determine the number and percentage of students whose needs were best served by the core instruction (Tier

I), core instruction plus strategic intervention (Tier II), or core instruction plus intensive, individualized intervention (Tier III). Where multiple measures of early literacy skills were used, students were classified as in need of intensive intervention if they performed within the intensive range on any of the measures administered during that screening period. Local norms were used in instances where the percentage of kindergarten students in need of intensive intervention according to the national norms exceeded 50%. Hit rates were calculated to represent the percentage of students who were selected for strategic, small group reading intervention (Tier II) and individualized, intensive reading intervention (Tier III) appropriately.

The effects of the reading intervention on student progress was evaluated by calculating individual student growth or rates of improvement over time compared to expected rates of growth based on empirically-based benchmarks.

Evaluation Findings

To what extent did participating districts choose technically adequate standardized curriculum-based measurement assessments for the purposes of screening, intervention planning (i.e., diagnostic), and progress monitoring?

The Dyslexia Pilot Project met its objective of having participating school districts choose technically adequate standardized curriculum-based measurement assessments for the purposes of screening, intervention planning, and progress monitoring. DIBELS Next was administered in five of the six school districts using three measurement occasions for universal benchmarking: beginning benchmark (fall), middle benchmark (winter), and end benchmark (spring). One school district administered DIBELS (6th Edition) for the purposes of screening, intervention planning, and progress monitoring during the beginning benchmark (fall), middle benchmark (winter), and end benchmark (spring) periods. For the districts that selected DIBELS Next, all of the measures were used according to the recommended guidelines for administration and all of the kindergarten students were assessed at each benchmark period. For the district that selected DIBELS (6th Edition), the recommended guidelines for administration were not followed and only a subset of kindergarten students were assessed at end benchmark (spring). Descriptions of the screening, intervention planning, and progress monitoring practices used by each participating district and recommendations for improving practices are provided in the Appendix.

To what extent did participating districts implement universal screening using curriculum-based measurement assessments for benchmarking for the selection of students for intervention at kindergarten and first grade in Year 2 (2013-14)?

The Dyslexia Pilot Project met its objective of having participating districts implement universal screening using curriculum-based measurement assessments for benchmarking for the selection of students for intervention at the kindergarten and first grade levels in Year 2 (2013-14). Across all six participating districts, 871 kindergarten students were screened during the beginning benchmark period (fall), 887 screened during the middle benchmark period (winter), and 877 kindergarten students screened during the end (spring) (See Table 2).

Table 2. Number of Kindergarten Students Screened by Benchmark Period in Year 2 (2013-14)

	Beginning (Fall)	Middle (Winter)	End (Spring)
Cincinnati Public Schools			
Mt. Washington Elementary	80	82	80
Roberts Paideia Academy	89	89	86
Edison Local Schools			
John E. Gregg Elementary	47	47	47
Stanton Elementary	68	74	71
Indian Creek Local Schools			
Hills Elementary	58	63	63
Wintersville Elementary	103	106	104
Medina City Schools			
Blake Elementary	75	75	75
Heritage Elementary	17	17	17
Northrop Elementary	75	75	75
Shawnee Local Schools			
Elmwood Elementary	206	209	208
Trimble Local Schools			
Trimble Elementary School	53	50	51
<i>Number of KDG Students Screened in Year 2</i>	<i>871</i>	<i>887</i>	<i>877</i>
<i>Number of KDG Students Screened in Year 1</i>	<i>686</i>	<i>687</i>	<i>638</i>

At Grade 1, 740 students were screened during the beginning benchmark period (fall), 758 screened during the middle benchmark period (winter), and 723 students screened during the end (spring) (See Table 3).

Table 3. Number of Grade 1 Students Screened by Benchmark Period in Year 2 (2013-14)

	Beginning (Fall)	Middle (Winter)	End (Spring)
Cincinnati Public Schools			
Mt. Washington Elementary	48	51	50
Roberts Paideia Academy	71	71	68
Edison Local Schools			
John E. Gregg Elementary	48	47	38
Stanton Elementary	43	43	37
Indian Creek Local Schools			
Hills Elementary	58	63	59
Wintersville Elementary	92	103	99
Medina City Schools			
Blake Elementary	58	59	51
Heritage Elementary	22	23	14
Northrop Elementary	62	62	60
Shawnee Local Schools			
Elmwood Elementary	176	180	178
Trimble Local Schools			
Trimble Elementary School	62	60	61
Number of Grade 1 Students Screened in Year 2			
	740	758	723
Number of KDG Students Screened in Year 1			
	686	687	638

An analysis of the screening results for a stable group of kindergarten students (that is, students who participated in their district’s Pilot Project for at least two benchmark periods), indicates that the percentage of students with “intensive” needs decreased from 51.5% during the beginning benchmark (fall) period to 35.3% in the end benchmark (spring) period. The percentage of students in need of less intensive “strategic” intervention increased from 17.2% during the beginning benchmark (fall) period to 23.3% in the end benchmark (spring) period and the percentage of students whose needs were met by the core instructional program increased from 31.2% during the beginning benchmark (fall) period to 41.1% in the end benchmark (spring) period (See Table 4).

Table 4. Percentage of Kindergarten Students by Level of Need Among the Six Participating School Districts, Year 2

Kindergarten	Beginning (Fall)	Middle (Winter)	End (Spring)
Intensive	51.5%	53.1%	35.3%
Strategic	17.2%	19.8%	23.3%
Core	31.2%	27.1%	41.1%

Note: Screening results are based on students who participated in the Pilot Project for at least two benchmark periods.

An analysis of the screening results for a stable group of first grade students (that is, students who participated in their district’s Pilot Project for at least two benchmark periods), indicates that the percentage of students with “intensive” needs decreased from 55.5% during the beginning benchmark (fall) period to 30.3% in the end benchmark (spring) period. The percentage of students in need of less intensive “strategic” intervention increased from 15.8% during the beginning benchmark (fall) period to 31.5% in the end benchmark (spring) period and the percentage of students whose needs were met by the core instructional program increased from 28.6% during the beginning benchmark (fall) period to 38.2% in the end benchmark (spring) period (See Table 5).

Table 5. Percentage of Grade 1 Students by Level of Need Among the Six Participating School Districts, Year 2

Grade 1	Beginning (Fall)	Middle (Winter)	End (Spring)
Intensive	55.5%	36.1%	30.3%
Strategic	15.8%	21.6%	31.5%
Core	28.6%	42.2%	38.2%

Note: Screening results are based on students who participated in the Pilot Project for at least two benchmark periods.

The results suggest a reduction in risk of reading failure for a stable group of kindergarten and first grade students participating in their district's Dyslexia Pilot Project. The results also indicate that additional comprehensive support of kindergarten and first grade students is needed to further reduce the risk of reading failure across the participating schools in the Dyslexia Pilot Project. Given the large proportion of students identified as needing strategic and intensive intervention, considerable effort should go into strengthening the core instruction provided in Tier I, as well as strategic interventions in Tier II in order to reduce the number of students identified as at risk in subsequent screening periods. Although many high-need schools will struggle to achieve the ideal, it is expected that 80-90% of students' needs are met within the core instructional program, only 5-10% of the students are in need of strategic interventions, and only 1-5% of the students are in need of intensive interventions. Screening outcomes for each of the participating school districts are provided in the Appendix along with recommendations for improving screening implementation.

To what extent did participating districts provide professional development to teachers (general education and intervention specialists) in kindergarten, first and second grade levels to implement the core evidence-based reading instruction, multi-sensory structured language instruction, and specific reading intervention programs at each tier?

The Dyslexia Pilot Project met its objective of having participating districts provide professional development to K-2 teachers (general education teachers and intervention specialists) in the implementation of core evidence-based reading instruction, multi-sensory structured language instruction, and specific reading intervention programs within a tiered system of supports. All six participating school districts invested in professional development on topics that met the requirements of the Dyslexia Pilot Project (See Table 6). Cincinnati Public Schools provided an exemplar for professional development by having teachers participate in an Orton-Gillingham Multisensory Reading course coupled with a Practicum (including 14 on-site coaching occasions) provided by the Mayerson Academy in coordination with Mt. St. Joseph University's Science of Reading Partnership Program. Trimble Local Schools collaborated with a faculty member from Ohio University's Patton College of Education for training, on-site coaching, and supplemental support from Graduate Fellows (licensed teachers pursuing a Master's Degree in Special Education). Indian Creek Local Schools and Edison Local Schools partnered with Step-by-Step Learning for their professional learning opportunities in data-based decision making and intervention design. The Shawnee Local Schools and Medina City Schools secured professional development in multi-sensory structured language instruction primarily through The Institute for Multisensory Education. Additional detail regarding the professional development offered by each participating district and recommendations for improving districts' professional development is presented in the Appendix.

Table 6. Number of Teachers Receiving Professional Development through the Dyslexia Pilot Project in Year 2 (2013-14)

Professional Development Focus (<i>Provider</i>)	Number of Teachers
Cincinnati Public Schools	
Response to Intervention (<i>Mayerson Academy</i>)	18
Orton-Gillingham Multisensory Reading Course + Practicum (<i>Mayerson Academy</i>)	11
Edison Local Schools	
DIBELS Next (<i>Step By Step Learning</i>)	35
Data Analysis and Instructional Planning (with Coaching) (<i>Step By Step Learning</i>)	27
Indian Creek Local Schools	
DIBELS Next Data Analysis (<i>Step By Step Learning</i>)	28
DIBELS Small Group Instructional Planning (<i>Step By Step Learning</i>)	28
Small Group Instructional Modeling and Coaching (<i>Step By Step Learning</i>)	28
Medina City Schools	
Lindamood Bell Visualizing and Verbalizing (<i>Certified Lindamood-Bell Trainer</i>)	21
Strategies for Supporting Comprehension and Expression (<i>Charles Haynes, Ed.D., CCC-SLP</i>)	13
Shawnee Local Schools	
Orton Gillingham Multisensory Instruction (<i>The Institute for Multisensory Education</i>)	10
Trimble Local Schools	
Orton-Gillingham and the Language Tool Kit (<i>Ohio University's Patton College of Education</i>)	6
DIBELS Next (<i>Ohio University's Patton College of Education</i>)	6

To what extent did participating districts communicate to parents effectively and consistently regarding: (a) The district's participation in the Dyslexia Pilot Project, including information about dyslexia, recommended evidence-based multisensory structured language supports, and possible services under state and federal law; (b) Screening results and the selection of their child to participate in the Dyslexia Pilot Project and Tier II intervention(s); (c) Progress

Monitoring reports and the frequency in which they will be shared; (d) Procedures for informing parent(s) of satisfactory progress and their child’s return to Tier I or the need for further evaluation or Tier III intervention?

The Dyslexia Pilot Project met its objective of having participating districts communicate to parents the district’s participation in the Dyslexia Pilot Project. The six school districts worked closely with the Ohio Department of Education, Office for Exceptional Children to ensure parents received notification of the district participation in the Pilot Project, parent permission forms for the selection of children to receive intervention through the Dyslexia Pilot Project, and specific information regarding student intervention support and movement within the tiers.

To what extent did students whose teachers participated in the Dyslexia Pilot Project’s professional development demonstrate accelerated rates of learning in response to evidence-based, multisensory-structured language instruction and increasingly intensive interventions as measured over time by curriculum-based measurement assessments?

The Dyslexia Pilot Project partially met its objective of having students demonstrate accelerated rates of learning in response to evidence-based, multisensory-structured language instruction and increasingly intensive interventions. In five of the six school districts with high levels of implementation fidelity for screening, matching students to interventions based on need, and progress monitoring, student gains in basic early literacy measures met or exceeded the rates of improvement calculated from the national benchmark norms (See Appendix: Cincinnati Public Schools, Edison Local Schools, Indian Creek Local Schools, Medina City Schools and Shawnee Local Schools). The student outcomes were mixed in Trimble Local School District where implementation was hampered by significant teacher turnover (See Appendix: Trimble Local Schools). Taken together, the results of the analysis of student gains in early literacy skill fluency indicate that the successful implementation of the core components of the Dyslexia Pilot Project are associated with accelerated rates of learning.

To what extent did the effectiveness of early screening and evidence-based, multisensory-structured language instruction within a tiered model of reading instructional support and intervention lead to reductions in future special education costs at a school district-level?

Early screening and intervention using evidence-based, multisensory-structured language instruction within a tiered model of reading instructional support and intervention is designed to remediate basic skill deficits and reduce students' risk for reading failure. A reduction in the number of students identified as needing special education services as a result of addressing reading skill deficits for a greater proportion of the students is a desired outcome of the Dyslexia Pilot Project and will enable schools to dedicate more resources to students who require the most intensive level of support safeguarded by special education. The degree to which the Dyslexia Pilot Project lead to reductions in future special education costs will be evaluated in Year 3 of the Pilot Project when the impact of screening and intervention in kindergarten (Year 1) and kindergarten and first grade (Year 2) will be more likely to be detected in terms of special education eligibility rates.

Conclusions

School districts selected to participate in the Dyslexia Pilot Project agreed to a three-year commitment (2012-13, 2013-14, and 2014-15) to design and implement a tiered model of reading instructional support that utilized a multi-sensory structured language approach to instruction. School districts were required to select and administer technically adequate (i.e., reliable, valid, useful) assessments of phonological processing and rapid naming skills for the purposes of screening, intervention planning based on student's skills, and progress monitoring. Screening, early intervention, and progress monitoring activities were expected to focus on kindergarteners in Year 1 (2012-13), kindergarteners and first graders in Year 2 (2013-14), and kindergarteners, first, and second graders in Year 3 (2014-15).

As part of the Dyslexia Pilot Project, school districts were also required to provide professional development in evidence-based reading instruction and multi-sensory structured language instruction to teachers (general education and intervention specialists) serving students in kindergarten through third grade. School districts were also required to communicate to parents: (a) their child is eligible for reading intervention services through the Pilot Project, (b) the district's process to obtain parental consent for the student's participation in the Pilot Project, and (c) information about dyslexia, recommended multi-sensory structured language supports and possible services under state and federal law.

School districts were renewed for funding for Year 2 contingent on their implementation of the core components of the Pilot Project. Six of the eight school districts provided evidence of implementation sufficient to earn them a second year of funding. The focus of this annual evaluation was on the six school districts continuing in the Dyslexia Pilot Project in Year 2: Cincinnati Public Schools, Edison Local School Districts, Indian Creek Local School District, Medina City School District, Shawnee Local School District, and Trimble Local School District.

The findings of this evaluation of Year 2 implementation and outcomes are positive and point to many successes in screening and serving students at risk for reading failure. The Dyslexia Pilot Project met all five its objectives of having participating school districts: (a) choose technically adequate standardized curriculum-based measurement assessments for the purposes of screening, intervention planning, and progress monitoring; (b) implement universal screening using curriculum-based measurement assessments for benchmarking for the selection of students for intervention at the kindergarten level in Year 1 (2012-13); and (c) provide professional development to K-2 teachers (general education teachers and intervention specialists) in the implementation of core evidence-based reading instruction, multi-sensory structured language instruction, and specific reading intervention programs within a tiered system of supports; (d) communicate effectively to parents all aspects of the district's Pilot Project; and (e) demonstrate accelerated rates of student learning in response to evidence-based, multisensory-structured language instruction and increasingly intensive interventions.

With each of these objective, implementation practices varied among the six school districts in the Pilot Project. Findings and recommendations for improving implementation in each school district are presented in the Appendix.

The degree to which the Dyslexia Pilot Project lead to reductions in future special education costs will be evaluated in Year 3 of the Pilot Project when the impact of screening and intervention in kindergarten (Year 1) and kindergarten and first grade (Year 2) will be more likely to be detected in terms of special education eligibility rates.

Appendix

The Appendix contains the Year 1 Review summaries for each of the school districts participating in the Dyslexia Pilot Project evaluation:

Cincinnati Public Schools
Edison Local Schools
Indian Creek Local Schools
Medina City Schools
Shawnee Local Schools
Trimble Local Schools

Note: Student outcomes for screening, implementation planning, and rates of improvement are presented in the aggregate for the district for districts that had one to three elementary schools involved in the Pilot Project. The exception is Cincinnati Public Schools, in which the two elementary schools participated in different professional development offerings. For Cincinnati Public Schools, student outcomes for screening, implementation planning, and rates of improvement are presented separately for each of the two elementary schools.