

Ohio Dyslexia Report for School Year 2023-2024



July 2025



**Department of
Education &
Workforce**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
INTRODUCTION	3
DATA AND FINDINGS	4
Section 1: Dyslexia screening results from the 2023-2024 school year	4
Section 2: Screening results for students in grades 4-6	6
Section 3: Disaggregated screening data for K-3 students	7
Section 4: Alignment between tier 1 universal screening and other state literacy assessments	8
Section 5: Alignment between tier 1 universal screening and state ELA test for students in grades 4-6.....	11
Section 6: Teachers’ completion of dyslexia-related professional development	12
ONGOING DYSLEXIA SUPPORT EFFORTS	13
REFERENCES	16

Executive Summary

There may be no greater purpose for an education system than to provide all learners with effective evidence-based instruction to build language and literacy knowledge and skills so they can enjoy full lives of learning and success. Ohio is committed to supporting an education system that prioritizes the language and literacy development of all learners. Effective April 12, 2021, House Bill 436 enacted legislation strengthening dyslexia supports for Ohio's children. Ohio's dyslexia support laws established requirements for the formation of the [Ohio Dyslexia Committee](#) and apply to each local, city, and exempted village school district in Ohio to include:

- [Professional development for identifying dyslexia and instructing students with dyslexia](#);
- [Dyslexia screening measures](#); and
- [A structured literacy certification process for teachers](#).

The Ohio Dyslexia Report provides a comprehensive overview of the implementation of Ohio's dyslexia support laws during the 2023-2024 school year, with respect to tier 1 and tier 2 screening results and participation in educator professional development for identifying and instructing students with dyslexia. Some key findings from this report include:

- Overall, approximately one-third of students in grades K-3 were flagged as at-risk based on their tier 1 universal screener.
- Just over one-half (52%) of students in grades K-3 flagged as at-risk on the tier 1 universal screener were administered a tier 2 intervention-based diagnostic but this rate of follow up was much lower for students in grades 4-6.
- Disaggregated results showed variability in at-risk percentages across student groups.
- There was a high degree of alignment between students flagged as at-risk on the tier 1 universal screener and results of other state assessments, including the K-3 reading diagnostic and Ohio's state test for English language arts.
- Educators engaged in the state's online professional learning courses demonstrated significant gains in knowledge, as measured by pretest and posttest assessments within the course.

Introduction

Ohio's Dyslexia Support Laws ([ORC 3323.25](#)) define dyslexia as “a specific learning disorder that is neurological in origin and that is characterized by unexpected difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities not consistent with the person’s intelligence, motivation, and sensory capabilities, which difficulties typically result from a deficit in the phonological component of language.” The percentage of students with dyslexia ranges from 5%-17%, while the percentage of students experiencing characteristics of dyslexia is reported as high as 15%-20% (Elliott & Grigorenko, 2014; Fletcher, et al., 2019; International Dyslexia Association, 2012; Odegard, et al. 2020).

OHIO'S VISION

Ohio's vision is for all learners to acquire the knowledge and skills to become proficient readers. The Ohio Department of Education and Workforce and its partners view language and literacy acquisition and achievement as powerful catalysts for improving student outcomes. Attaining proficiency in language and literacy skills is not merely desirable; it is imperative for the success of all students. This proficiency functions as a critical determinant of achievement across a variety of academic subjects and serves as a gateway to accessing a broad spectrum of post-secondary education and diverse workforce prospects.

OHIO'S DYSLEXIA SUPPORT LAWS

To strengthen supports provided for Ohio's children, Ohio's Dyslexia Support Laws were established in 2021. The law established requirements for the formation of the Ohio Dyslexia Committee, which is responsible for developing a dyslexia guidebook which provides implementation guidelines for Ohio's Dyslexia Support Laws. These laws highlight requirements for dyslexia screening for all kindergarten students and students in grades 1-6 upon parent request, or by teacher request with parent permission. In addition, the laws also require professional development for teachers in identifying characteristics of dyslexia and understanding the pedagogy for instructing students with dyslexia, and that schools and districts establish a structured literacy certification process for teachers and multidisciplinary teams to support the identification, intervention, and remediation of dyslexia. Despite the breadth of these laws to support awareness of and knowledge about the characteristics of dyslexia, this legislation does not include specifications or requirements pertaining to diagnosing dyslexia.

REPORT SECTIONS

The data and findings in this report are organized into the following sections:

- Section 1 provides aggregated dyslexia screening results from the 2023-2024 school year.
- Section 2 examines disaggregated dyslexia screening results from the 2023-2024 school year.
- Section 3 provides screening results for students in grades 4-6.
- Sections 4 and 5 investigate the intersection of screening results and other measures of early literacy.

- Section 6 examines teachers’ completion of dyslexia-related professional development.

The report concludes with a description of some of the Department’s ongoing dyslexia support efforts.

Data and Findings

Section 1: Dyslexia Screening Results from the 2023-2024 School Year

Universal screening, referred to as a tier 1 dyslexia screening measure in Ohio’s dyslexia support laws ([ORC 3323.251](#)), identifies the students whose current level of skills indicate they may be at-risk of reading difficulties such as dyslexia. This is a similar but separate requirement from that of Ohio’s Third Grade Reading Guarantee legislation which uses the term “diagnostic assessment” to identify students who are not reading at grade level. The Ohio Department of Education and Workforce, in collaboration with the Ohio Dyslexia Committee, developed the criteria for state approved tier 1 dyslexia screeners. Following a rigorous review process by the Department’s Office of Assessment, a total of 10 dyslexia screeners were approved for use for the 2023-2024 school year.

Because of the comparable goals of Ohio’s Third Grade Reading Guarantee and dyslexia support laws, it was of interest to address the concern that screening should be valid, reliable, and efficient (Gaab & Petscher, 2022). Nine of the 10 tier 1 dyslexia screeners were approved to meet the requirements of the dyslexia support laws and the Third Grade Reading Guarantee. As seen in Table 1 below, several of the approved screeners were more widely used across the state compared to others.

Table 1. *The number of schools and districts that reported using each of the approved screeners and the total number of students screened.*

Tier 1 Universal Screeners	Number of Districts/Schools Using
i-Ready	203
Acadience Reading K-6	187
mCLASS DIBELS 8th Edition	187
Map Reading Fluency	134
Star CBM	132
aimswebPlus	93
Acadience Reading K-6 (formerly DIBELS Next)	38
Fast Bridge	7
Amira Dyslexia Screener	4

Note. Acadience Reading K-6 is listed twice because there are two different vendors of the same product. The sum of schools using the Acadience Reading K-6 product is 225.

In addition, it was of interest to understand the extent to which schools and districts might use more than one screener for the purposes of tier 1 dyslexia screening. This does not necessarily mean that students were screened multiple times, but that perhaps different school buildings within a district used different screeners, or that students in different grade bands were administered different screeners. Overall, as seen in Table 2, the majority of schools and districts (81.3%) used only one screener, but 21 schools and districts reported using four or more.

Table 2. *The number of schools and districts that reported using one, or more than one tier 1 screener.*

Number of Tier 1 Universal Screeners Used	Number of Districts/Schools	Percent
1	674	81.3%
2	98	11.8%
3	27	3.3%
4 or more	21	2.4%
Total	829	

In the 2023-2024 school year, districts and schools were required to administer a tier 1 universal screening for all students in grades kindergarten through grade 3 and submit the results to the Department. Unlike the K-3 reading diagnostic, the only grade that has a specified timeframe for administration is kindergarten. Kindergarten students must be screened after January 1 of the kindergarten year but not after December 31 of the following school year. As such, results show that the overall number of kindergarten students with tier 1 universal screening results ($n = 89,377$) is lower than the total number of kindergarten students with reading diagnostic results ($n = 119,622$; Ohio Department of Education and Workforce, 2025). Additionally, and as seen in the results in Table 3, the proportion of kindergarten students identified as at-risk is lower than other grades. It is possible that the later administration time allowed for an adequate amount of reading instruction for kindergarten students to demonstrate their skills and knowledge on the screener.

As outlined in the dyslexia support laws, students determined to be at-risk on the tier 1 universal dyslexia screener were to be administered a tier 2 intervention-based diagnostic assessment if not demonstrating progress after being progress-monitored for up to 6 weeks or could be given the tier 2 intervention-based diagnostic assessment immediately after the tier 1 universal dyslexia screener. Although there is some flexibility in the law regarding when to administer the tier 2 intervention-based diagnostic assessment, districts and schools were required to report the results of the tier 2 screener for each student who received it, as either “still at-risk” or “no longer at-risk”.

The administration of an intervention-based diagnostic assessment (tier 2 dyslexia screening) is not required until after a period of progress monitoring. However, it is best practice to promptly administer an intervention-based diagnostic assessment (tier 2 screening) to students determined to be at-risk and provide instructional support.

Results of the tier 1 universal screener and tier 2 intervention-based diagnostic are presented below in Table 3. It should be noted that the overall at-risk rate for the tier 1 universal screener is only slightly lower than the percentage of students identified as not on track from the K-3 reading diagnostic (36.7%; Ohio Department of Education and Workforce, 2025). As expected, the at-risk percentages from the tier 2 intervention-based diagnostic assessment were considerably higher (50% or higher) for all grades, compared to the at-risk percentages from the tier 1 universal screener.

Table 3. Results of the tier 1 universal screener and tier 2 intervention-based diagnostic for K-3 students in the 2023-2024 school year.

Grade	Tier 1 Universal		Tier 2 Intervention-Based Diagnostic	
	Not At-risk	At-risk	Not At-risk	At-risk
<i>No text</i>				
K	72% (64,425)	28% (24,952)	49% (6,820)	51% (6,963)
G1	62% (73,279)	38% (44,346)	45% (9,491)	55% (11,654)
G2	66% (80,719)	34% (41,702)	44% (9,812)	56% (12,673)
G 3	68% (77,896)	32% (37,279)	45% (8,946)	55% (10,743)
Total	67% (296,319)	33% (148,279)	45% (35,069)	55% (42,033)
Total Number of Students	444,598		77,102	

These results also provide some insight into the policy implementation specific to administering the tier 2 intervention-based diagnostic assessment. As described above, schools and districts have two options for monitoring students who are identified as at-risk on the tier 1 universal screener: a) immediately administer the tier 2 intervention diagnostic assessment, or b) progress monitor the student for up to 6 weeks and administer the tier 2 intervention diagnostic assessment to students who are not demonstrating progress. Data in Table 3 indicate that approximately 52% of students identified as at-risk on the tier 1 universal screener ($n = 148,279$) received the tier 2 intervention-based diagnostic at all. Although the law permits the option to progress monitor and wait, research suggests that best practice is to engage in immediate follow up screening (Torgesen, 2004), as outlined in [Ohio's Dyslexia Guidebook](#). Rather, students whose screening results indicate the likelihood of risk should be immediately given additional and more in-depth assessments, such as a tier 2 intervention-based diagnostic assessment, to identify the specific skills for which the student needs additional support and instruction.

Section 2: Screening Results for Students in Grades 4-6

Another important component of Ohio's dyslexia support laws pertains to the available screening for students in grades 4-6. Ohio's laws required mandatory universal screening for all students in grades K-3 for the 2023-2024 school year. However, students in grades 4-6 whose parent requested a tier 1 universal screener, or whose teacher recommended a screening and obtained parent permission, could also have received a tier 1 universal screener. Similar to the process for younger students, any student determined to be at-risk on

the tier 1 universal screener was required to be progress monitored for up to six weeks and given a tier 2 intervention-based diagnostic assessment if needed or could have been administered the tier 2 intervention-based diagnostic assessment immediately.

Results from the implementation of this part of the dyslexia screening laws are presented below in Table 4. As expected, the proportion of students determined to be at-risk on the tier 1 universal screener was slightly higher compared to the proportions for students in younger grades, as these were students whose parent or teacher had identified some concerns and requested follow up. Overall, very few students in these older grades received a tier 1 universal screener, particularly in grade 6. Furthermore, only 15% ($n = 834$) of students determined to be at-risk on the tier 1 universal screener ($n = 5,506$) were even administered the tier 2 intervention-based diagnostic assessment.

Table 4. Results of the tier 1 universal screener and tier 2 intervention-based diagnostic for students in grades 4-6 in the 2023-2024 school year.

Grade	Tier 1 Universal			Tier 2 Intervention-Based Diagnostic			
	No text	Not At-risk	At-risk	Total	Not At-risk	At-risk	Total
G4		63% (4614)	37% (2709)	7323	44% (160)	56% (202)	362
G5		58% (2480)	42% (1824)	4304	52% (153)	48% (143)	296
G6		59% (1415)	41% (973)	2388	59% (104)	41% (72)	176
Total		61% (8509)	39% (5506)	14015	50% (417)	50% (417)	834

Section 3: Disaggregated Screening Data for K-3 Students

The data outlined thus far indicate that the overall rate of potential risk for dyslexia, as determined by a tier 1 universal screener, was approximately 33%, with some variation across different grade levels. However, some research suggests that risk identification rates can vary across different student groups and special populations (Hosp et al., 2011; Odegard et al., 2020). Table 5 shows the percentages of students identified as at-risk on the tier 1 and tier 2 screeners from different student groups. These data show a range in risk identification rates, with disproportionately higher rates for students with disabilities, students who are English learners, and Black and Hispanic students.

Table 5. Disaggregated results of the tier 1 universal screener and tier 2 intervention-based diagnostic for K-3 students in the 2023-2024 school year.

Student Group	Tier 1: % of students at-risk	% of students who received the Tier 2	Tier 2: % of students at-risk
All Students K-3 (n=444,598)	33% (148,279)	52% (77,102)	55% (42,033)
Students with Disabilities (n = 67,740)	63% (42,732)	49% (20,869)	72% (15,093)
English Learners (n = 33,160)	56% (18,604)	46% (8,615)	70% (5,991)
Economically Disadvantaged (n = 259,854)	44% (113,764)	49% (55,487)	60% (33,550)
Black, Non-Hispanic (n = 73,144)	51% (37,348)	52% (19,351)	63% (12,134)
Hispanic (n = 37,441)	49% (18,281)	47% (8,514)	64% (5,477)
American Indian or Alaskan Native (n = 660)	42% (277)	47% (129)	60% (78)
Multiracial (n = 31,612)	37% (11,609)	50% (5,774)	53% (3,080)
White, Non-Hispanic (n = 286,788)	27% (77,365)	54% (41,501)	49% (20,266)
Asian or Pacific Islander (n = 14,953)	23% (3,399)	54% (1,833)	54% (998)

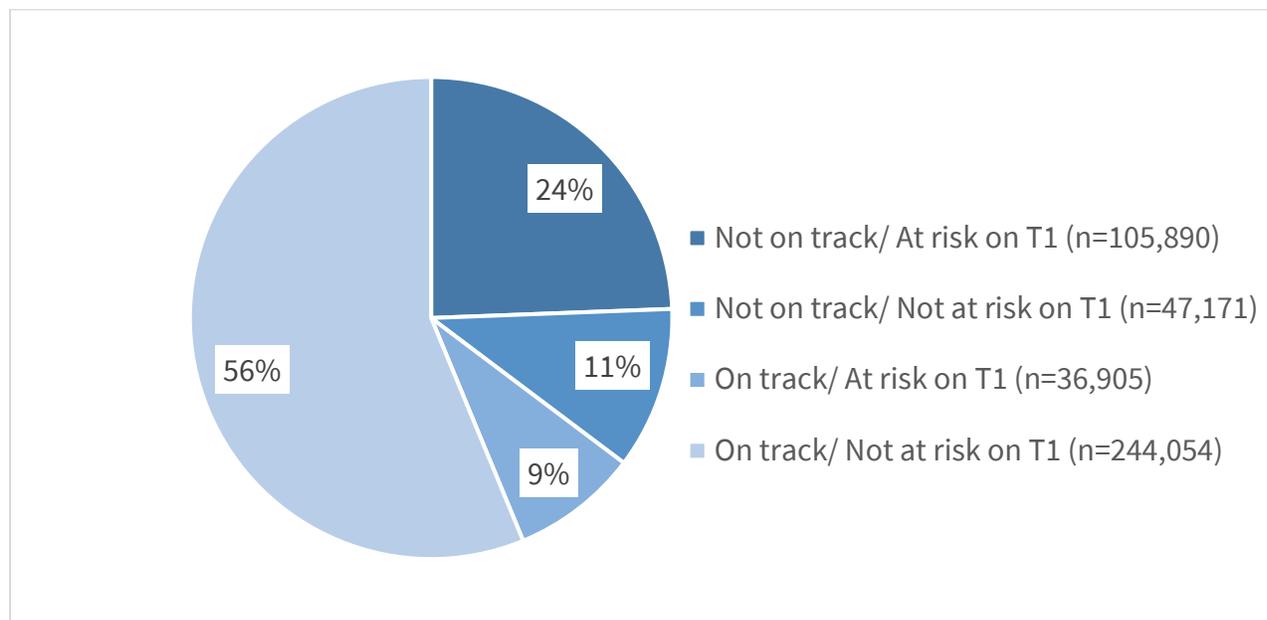
The table above also includes the percentage of students identified as at-risk on the tier 1 universal screener who received follow up screening on a tier 2 intervention-based diagnostic assessment. On average, 52% of students at-risk on the tier 1 universal screener were additionally screened, although again there was slight variability when examined by student groups. Students with disabilities and English learners had the highest rates of risk, followed by Hispanic and Black students.

Section 4: Alignment Between Tier 1 Universal Screening and Other State Literacy Assessments

As schools and districts began to plan for implementing Ohio’s dyslexia support laws in the 2023-2024 school year, an important consideration was how to incorporate these additional testing requirements into existing ones. Specifically, all students in grades K-3 are required to receive the K-3 reading diagnostic in the fall of the school year as part of the Third Grade Reading Guarantee laws. The purpose of the K-3 reading diagnostic is to identify students who are not reading at grade level and need to be placed on a Reading Improvement and Monitoring Plan to help them get “on track” to reading proficiency. The purpose of a tier 1 universal screener is similar, but specific to identifying students who exhibit a likelihood of having dyslexia or characteristics of dyslexia. Although we would expect a high degree of alignment between results from the tier 1 universal screener and the K-3 reading diagnostic, it is also possible that each assessment would identify unique groups of students. As seen in

Figure 1 below, that was indeed the case when examining the comparability of at-risk identification from the tier 1 universal screener and the not on track identification from the K-3 reading diagnostic. Of the 44% of students who were at-risk or not on track on at least one of the screener, just over half were identified as such on both measures, with a significant number of students whose reading difficulties were only identified on one of the screeners. Note that the overall sample size here is slightly smaller than in other analyses, as this includes only students who were administered both screeners.

Figure 1. Alignment of risk identification on the tier 1 universal screener and the K-3 reading diagnostic (N = 434,020).



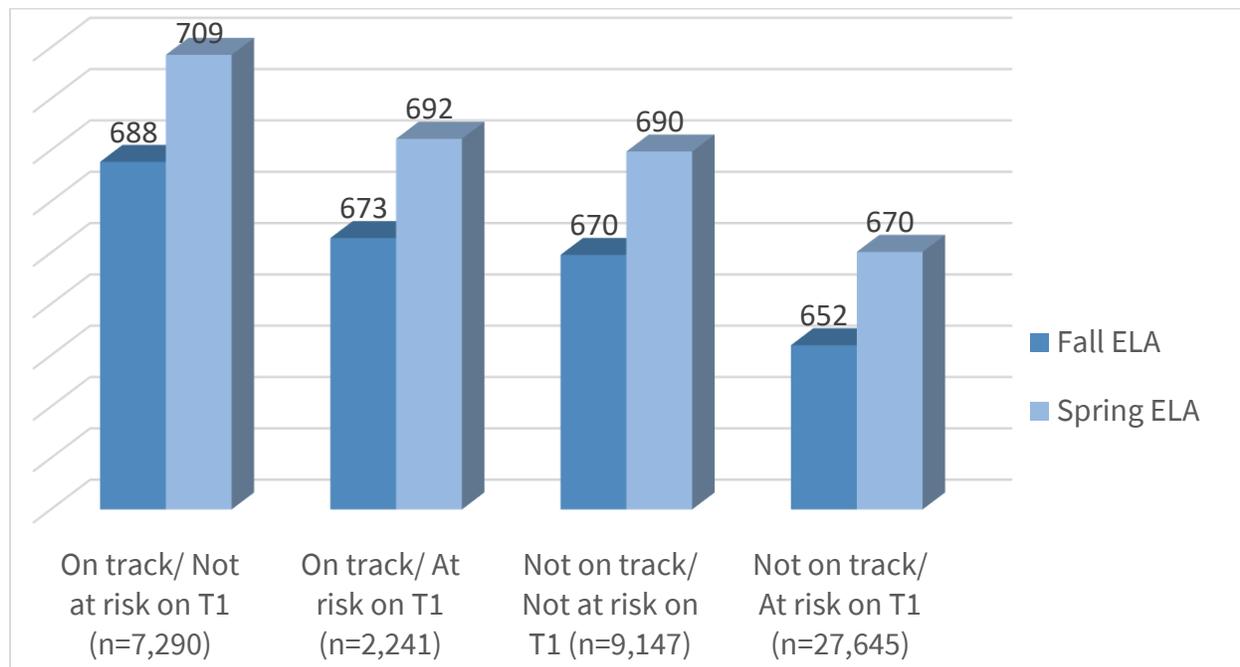
This result is particularly interesting given that the majority of tier 1 universal screeners on the state-approved list can be used for meeting the requirements of the dyslexia support laws and the Third Grade Reading Guarantee. On the one hand, this may be occurring due to screening happening at different times of the year, particularly for kindergarten students but possible for students in other grade levels as well. This possibility can be further tested in subsequent years when the dyslexia screening laws primarily pertain to kindergarten students. However, it might also be the case that the scoring mechanisms approved to meet each of the screening requirements (dyslexia support laws and Third Grade Reading Guarantee) are unique enough to be sensitive to reading difficulties that are characteristics of dyslexia specifically. i-Ready, for example, is on the state-approved list to meet both legal requirements and is one of the most commonly used assessments in the state for the purposes of tier 1 universal screening. When i-Ready is used as a tier 1 universal screener, additional subtests must be administered and scored to determine the student’s risk classification. Therefore, although the same assessment is used, it is possible that students’ outcomes on the two screening processes could be different.

Starting in the fall of third grade, all students take the Ohio state test for English language arts (ELA), which serves as an early marker of student performance on the standards. Data from

the 2023-2024 school year showed that 64.5% of third grade students achieved a score of proficient or higher. Students who score below the “proficient” level in the fall are required to take the test again in the spring. Students who score at the “proficient” level (700) or higher in the fall may also take the test in the spring at the discretion of the district or school.

Figure 2 below shows the results of analyses examining students’ scores on the ELA test for the four groupings of students categorized by their risk/on track status on the two screeners (tier 1 universal screener and K-3 reading diagnostic).

Figure 2. Fall and spring ELA scores for students in varying risk identification subgroups.



This analysis represents just the subset of students who took the state ELA test in the fall and the spring. Analyses indicated significant differences among the four groups in their ELA score, both in fall and spring. Students not at-risk on either screener had the highest scores at both time points compared to the other groups. Students who scored on track on the K-3 reading diagnostic but were at-risk on the tier 1 universal screener had significantly higher scores on the fall ELA test compared to peers who were not on track on the reading diagnostic but also not at-risk on the tier 1 universal screener. As expected, students who were identified as both at-risk and not on track had the lowest overall scores on the ELA test. It should be noted that on average, students in all of the three risk subgroupings did not achieve a proficient score on the state ELA test even in the spring.

Finally, a more refined analyses that accounted for school level variation and controlled for students’ ELA score in fall examined the extent to which students in each of the group subgroupings demonstrated comparable rates of change or improvement on the state ELA test throughout the year. Results showed significant differences such that students who were not at-risk and on track demonstrated the most gain over the year, students at-risk on tier 1 universal but on track on the K-3 reading diagnostic demonstrated more gain compared to

students who were not on track but not at-risk and students identified as at-risk on both screeners had the lowest amount of gain over the year.

Section 5: Alignment Between Tier 1 Universal Screening and State ELA Test for Students in Grades 4-6

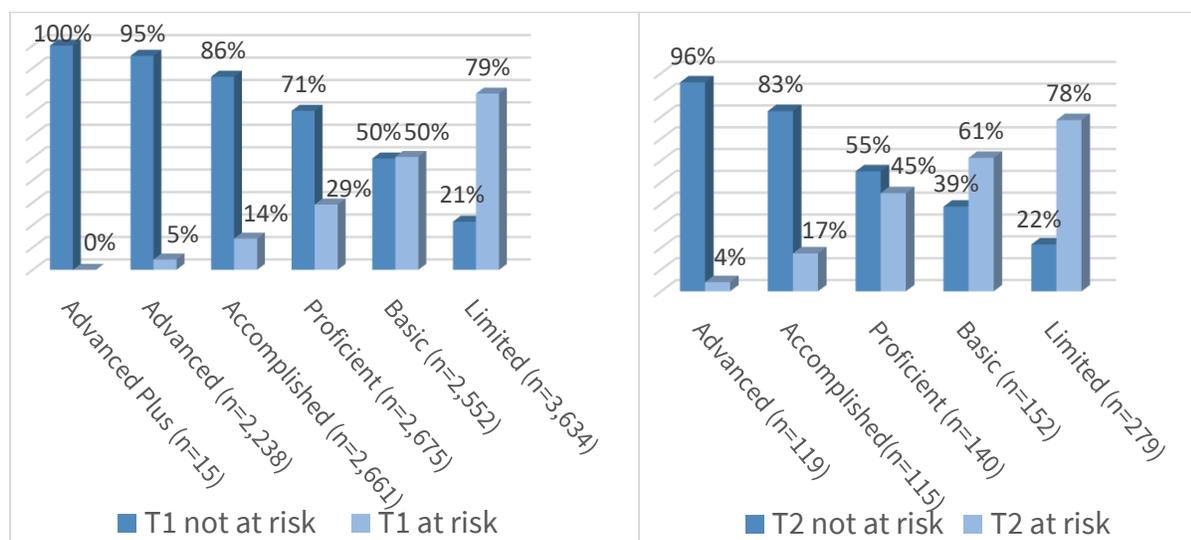
As described earlier, students in grades 4-6 could have received a tier 1 universal screener, and subsequent steps, upon request from a parent or teacher recommendation with parent permission. Results illustrated above showed that for those older students who were screened, approximately 40% were determined to be at-risk on the tier 1 universal screener. Among the students who were then given the tier 2 intervention-based diagnostic assessment, approximately 50% were determined to still demonstrate risk for dyslexia. As shown in Table 6 below, the students in grades 4-6 who were identified as at-risk on both screeners had state ELA scores that aligned with their risk status. Students in grades 4-6 only take the state ELA test in the spring of their school year. Students determined to be at-risk on their tier 1 universal screener had significantly lower scores on the state ELA test compared those students who were determined to be not at-risk. Results were similar when comparing spring ELA scores based on risk identification from the tier 2 intervention-based diagnostic assessment.

Table 6. Comparison of state ELA spring scores for students in grades 4-6 identified as at-risk or not at-risk on the tier 1 and 2 screeners.

Screener	ELA spring score for students not at-risk	ELA spring score for students at-risk
Tier 1 universal screener	725 (n=8,383)	667 (n=5,392)
Tier 2 intervention-based diagnostic	723 (n=405)	664 (n=400)

Students who score 700 or higher on the state ELA test are considered to be “proficient” readers, but additional categories are also calculated to further understand levels of reading ability, ranging from Limited to Advanced Plus, with Proficient in the middle. To further understand the intersection of risk for dyslexia identification and performance on the state ELA test, the proportion of students at-risk and not at-risk on both the tier 1 and tier 2 screeners was examined for each of the ELA performance categories. In Figure 3 below, it is evident that most of the students in grades 4-6 who were identified as at-risk on the screeners scored below proficient; however, a small percentage of those students did score in the Accomplished and even Advanced categories. Perhaps most interestingly, of the 140 students who received the tier 2 intervention-based diagnostic and scored within the Proficient range, 45% were actually identified as demonstrating risk for dyslexia. Although this represents only a very small subset of students, these analyses do suggest the overall reading abilities of students who are identified as at-risk on these screeners can vary considerably.

Figure 3. Comparison of students in grades 4-6 identified as at-risk on tier 1 and tier 2 screeners based on ELA proficiency categories.



The dyslexia screening results were further validated by their association with students’ reading performance. First, students determined to be at-risk on the tier 1 universal screener and the tier 2 intervention-based diagnostic had higher ELA spring scores as compared to their not-at-risk peers. Second, students’ dyslexia risk rate was negatively associated with the students’ proficiency level. Specifically, the proportion of at-risk students was the lowest for those with advanced reading levels or above but steadily increased as students’ reading proficiency level decreased.

In sum, these analyses suggest that there is a high degree of alignment among the multiple assessments that students receive and that the tier 1 universal screener may be sensitive enough to identify a subset of students at-risk for dyslexia, or characteristics of dyslexia that is different from reading difficulties examined on the K-3 reading diagnostic. In large part, dyslexia screening results are also associated with performance on the state ELA test. These results should be interpreted with some caution, however, as the timing of the screenings and assessments was not accounted for in these analyses. Future reports, that will primarily focus on tier 1 universal screening for kindergarten students, will be able to incorporate that factor as well and further inform questions about the usefulness of multiple screenings throughout the year.

Section 6: Teachers’ Completion of Dyslexia-related Professional Development

[Ohio's Dyslexia Support Laws](#) require all kindergarten through third grade teachers, as well as teachers providing special education instruction to children in kindergarten through grade 12, to complete professional development on identifying characteristics of dyslexia and understanding pedagogy for instruction of students with dyslexia.

The Ohio Dyslexia Committee requires educators to complete 18 hours of professional development aligned with the [Ohio Dyslexia Guidebook](#). This professional development will support educators in identifying characteristics of dyslexia and understanding the pedagogy for instruction of students with or at-risk of dyslexia. Professional learning options are evidence-based and include instruction and training for identifying characteristics of dyslexia and understanding the pedagogy for instructing students with dyslexia.

The Department’s Introduction to Dyslexia courses for kindergarten-grade 3 and grades 4-12 are freely available to Ohio educators to meet the [professional development requirements of Ohio’s Dyslexia Support Laws](#). As of April 2025, more than 36,000 educators have enrolled in the courses and more than 28,000 educators have completed the courses.

The course includes a pretest and posttest for learners to assess knowledge gained from taking the course. Learners must achieve at least 80% on the posttest to receive the course completion certificate. Average scores on the pretest and posttest for each of the available courses are presented below. On average, course takers scored 23 percentage points higher on the posttest compared to the pretest.

Course Title	Pretest Average	Posttest Average
Introduction to Dyslexia, Grades K-3	69%	92%
Introduction to Dyslexia, Grades 4-12	68%	91%

Ongoing Dyslexia Support Efforts

The [Ohio Dyslexia Committee](#) is responsible for developing many of the implementation guidelines for Ohio’s dyslexia support laws. The Department, in partnership with the Ohio Dyslexia Committee, is committed to the implementation of projects and initiatives to help Ohio districts and schools effectively implement evidence-based practices grounded in the science of reading. These practices will reinforce and enhance the learning process for all children including children with dyslexia or dyslexic characteristics and tendencies. The following highlights ongoing dyslexia support efforts in Ohio:

- **Ohio’s Dyslexia Guidebook:** As required by [Ohio law](#), [Ohio’s Dyslexia Guidebook](#) contains best practices and methods for universal screening, intervention, and remediation for students with dyslexia or students displaying dyslexic characteristics and tendencies. Districts and schools use the guidebook to access critical information for successful implementation of Ohio’s Dyslexia Support Laws.
- **Professional Learning Opportunities:** The Ohio Department of Education and Workforce has made available multiple professional development courses to meet the requirements in state law. The Department’s Introduction to Dyslexia courses for kindergarten-grade 3 and grades 4-12 will continue to be freely available to Ohio educators to meet the [professional development requirements of Ohio’s Dyslexia Support Laws](#). [Ohio’s Introduction to the Science of Reading K-12 Courses: Overview of Content](#) supports educators’ knowledge of evidence-based structured literacy practices.

- **Assessment Supports:** [The Literacy Assessment Selection Tool](#) describes the different skills that should be assessed by tier 1 and tier 2 dyslexia screeners and can be used to assist districts and schools with their screener selection process. [The Administering Literacy Assessments for Students with Low Incidence Disabilities and Complex Communication Needs Guidance Document](#) provides resources and recommendations for accommodations and scaffolds districts may use when administering district-wide literacy screenings. These can be used when administering the required tier 1 universal screener and the reading diagnostic required under the Third Grade Reading Guarantee and other district assessments.
- **Structured Literacy Certification:** [Ohio Revised Code 3319.078](#) requires districts to establish a Structured Literacy Certification process for teachers providing instruction in kindergarten through third grade. [Ohio law](#) defines appropriate certification as either certification at a certified level, or higher, from a research-based structured literacy program or any other certification as recognized by a majority vote of the Ohio Dyslexia Committee. The Department, in partnership with the Ohio Dyslexia Committee, developed a [Structured Literacy Certification Guidance Document: A Planning and Auditing Tool for District Leaders and Educators](#). This document includes guidance for districts as well as considerations for planning when establishing a structured literacy certification process and auditing systems and processes already in place.
- **Family Engagement Resources for Ohio’s Dyslexia Support Laws:** The Department has partnered with [Ohio’s Statewide Family Engagement Center](#) at The Ohio State University to develop sample communication tools and guidance for schools related to Ohio’s Dyslexia Support Laws. These resources are aligned with *Ohio’s Dyslexia Guidebook* for schools and can be adapted for local use. This collaboration has resulted in sample letters schools can send to families after dyslexia screenings, an informational guide about dyslexia for Ohio families, a handout about structured literacy, and more.

The Department is committed to helping educators support all students increase their literacy skills to become lifelong learners. We would like to thank our Ohio Dyslexia Committee colleagues for their unwavering dedication to this work.

Ohio Dyslexia Committee Members

- Rebecca Tolson, Chair: IDA Board Member and Center for Structured Literacy, University of Akron (International Dyslexia Association Appointment)
- LaMonica Davis: Elementary Principal, Akron Public Schools (State Superintendent of Public Instruction Appointment)
- Steven M. Griffin: Language Arts Coordinator, Worthington City Schools (Ohio Speech and Hearing Professionals Board Appointment)
- Dana Hamilton: Classroom Teacher, Wheelersburg School District (State Superintendent of Public Instruction Appointment)
- Chinnon Jaquay: School Psychologist, Fremont City Schools (State Superintendent of Public Instruction Appointment)
- Mike McGovern: Parent (International Dyslexia Association Appointment)

- Amy Murdoch: Higher Education, Mount St. Joseph University (Ohio Department of Higher Education Appointment)
- Melissa Spangler: Reading Intervention Specialist, Rocky River School District (State Superintendent of Public Instruction Appointment)
- Trevor Thomas: Superintendent, Heath City Schools (State Superintendent of Public Instruction Appointment)
- Olivia Weisman: ESC of Lorain County (State Superintendent of Public Instruction Appointment)
- LM Clinton (original): Associate Administrator, Ohio Department of Education and Workforce (State Board of Education Appointment)
- Sherine Tambyraja (current): Senior Research Strategist, Ohio Department of Education and Workforce (Director of Ohio Department of Education and Workforce Appointment)

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