

Dyslexia and English Language Learners (ELLs)



Dyslexia is a condition that affects individuals from all cultural and linguistic backgrounds. Dyslexia and other learning disorders can affect ELLs as much as non-ELLs. Being multilingual or culturally/linguistically diverse does not increase risk for dyslexia.

Collaborative teamwork is essential when working with ELLs, as overlapping factors add complexity to differential diagnosis, and requires competence in bilingual language development and the science of dyslexia and reading disorders. When conducting evaluations for dyslexia among a diverse, multilingual population, a number of factors must be considered.

Qualities of Individual Languages

Bilingual students with dyslexia will have symptoms of difficulty across both languages, but the nature of those difficulties may differ. Reading and writing disorders—including dyslexia—present differently depending on the nature of the language, as well as the severity of the disorders. In particular, the ratio of sounds (i.e., phonemes) to letters (i.e., graphemes) make any language either more transparent (e.g., Spanish, German) or opaque (e.g., English).

Individuals with dyslexia tend to struggle more with reading accuracy in opaque languages and reading speed in more transparent languages (Serrano & Defior, 2008). Regardless of language, individuals with dyslexia exhibit weaknesses in phonological awareness (PA) and rapid automatic naming (RAN) that contribute to reading and spelling difficulties, although research suggests that the contribution of PA decreases with age whereas the contribution of RAN increases (Furnes & Samuelsson, 2011; Vaessen et al., 2010). Further, these tasks may be more or less familiar to individuals from culturally and linguistically diverse backgrounds.

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99



English-Dominant Norms

Dyslexia measures typically include norms that are based on an English-dominant population. For this reason, it can be difficult to interpret results for ELLs or students who are linguistically diverse. For example, using English-dominant dyslexia screeners may result in a higher-than-expected classification rate of risk status for ELLs.

Timing of Assessment and Instruction

For ELLs, the timing of screening or assessment should be based on:

- 1. How long English instruction has occurred, and
- 2. How long the student has been in the U.S. and in formal education.

The interplay of these factors makes ELLs even more diverse as a population and professionals need to understand educational history affects performance to ensure accurate interpretation of that performance.

Decision-Making with a Multi-Expert Team

Bilingual assessment and subsequent decision-making, requires training and collaboration of language and assessment experts with general education staff. Speech-language pathologists, school psychologists, educational diagnosticians, and bilingual educators support teachers and administrators by contributing to educational evaluation and decision-making for this population of students, taking into account the ongoing science related to dyslexia in ELLs and developmental patterns and characteristics of language acquisition in the primary language.

The team evaluates and considers key factors in making evidence-based decisions for next steps.

Key risk factors for dyslexia among ELLs include:	
A profile of strengths and weaknesses that is characteristic of dyslexia within the language of instruction	A history of reading and spelling difficulties in the language(s) of instruction
A history of oral language disorder or delay in the primary language(s)	A family history of dyslexia, or suspected dyslexia based on significant reading/spelling difficulties
A history of reading and spelling difficulties in the student's native language, if the student learned to read/write in their native language	Overall cognitive ability is not significantly impaired, as measured by a test in the student's dominant language or a nonverbal ability test
Weaknesses in phonological awareness and/or rapid automatic naming, in the primary and secondary languages	Poor response to intervention



Any positive screening result, whether a student is classified as ELL or not, should be followed by further assessment measure(s) to establish whether or not the student actually has dyslexia.

Consider the following questions and answers.

Q. Should ELLs be screened for dyslexia?

A. Yes. Dyslexia is not language-specific; further, a screener does not diagnose. The goal of any screener is to sort reliably individuals who are "at risk" vs. those who are "not at risk." Any positive screening result, whether a student who is classified as ELL or not, should be followed by further assessment measure(s) to establish whether or not the student actually has dyslexia. In the case of a student who is an ELL, if dyslexia exists it will present in English and in the student's primary language(s).

Q. What factors should be considered for ELLs in the context of literacy and dyslexia?

A. Coordinated language instruction/intervention supports overall linguistic development. Consolidating all general and bilingual education assessment data, as well as any special education involvement, offers a clearer picture of an ELLs language performance. Key areas to assess include word identification, nonsense word decoding, reading fluency, spelling, a comparison of listening and reading comprehension, and phonological processing (including phonological awareness, phonological memory, and rapid automatic naming).

Q. What might be a strategic process for addressing dyslexia risk for ELLs?

A. After universal screening, districts look at the total group of those classified as at risk and address Tier 2/early intervention needs for all of them immediately. Simultaneously, districts should sort those at risk into subgroups who may need further assessment. ELLs should go into a process to check for dyslexia risk in their primary language. Non-ELLs could be considered for performance-based targeted screening and a more intensive intervention program. Students at risk who also have a family history of dyslexia, if not already identified, should go directly into a diagnostic process. This type of "what's next" follow-up supports a systematic way of handling risk status gathered very quickly and universally. Early intervention and further assessment happen at the same time.

Q. Should assessment of dyslexia risk focus on students' academic performance in their primary or secondary languages?

A. Literacy (reading and writing) evaluations should be conducted in the language(s) of instruction. As an example, if a student comes from a bilingual home but has only received instruction in English, then we only assess their literacy skills in English.

However, it is important that oral language testing be conducted in the student's primary language and secondary language (usually English) to determine dominance and proficiency across languages, as this information should guide the assessment process. When no language dominance is established, Evaluate processing skills such as phonological awareness and RAN in both the primary and secondary languages to the extent possible. If traditional assessments are not available in the student's primary language, consider qualitative information gathered from in-depth teacher and caregiver interviews. Dynamic assessments also help establish learning capabilities.

Q. How should ELLs be monitored for reading development and dyslexia risk?

A. Like non-ELL students, ELL students should be screened annually early in the student's educational career. Repeated screenings may help as language instruction progresses and the student's proficiency in English increases. Close progress monitoring supports clear decision-making from the interprofessional team in light of the timing factors highlighted previously for each student.

References

Furnes, B., & Samuelsson, S. (2011). Phonological awareness and rapid automatized naming predicting early development in reading and spelling: Results from a cross-linguistic longitudinal study. Learning and Individual Differences, 21, 85-95.

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