



Learning Disabilities Identification: A Primer for Parents

BY ROBERT LICHTENSTEIN, PHD, NCSP, *Massachusetts School of Professional Psychology, Boston*

Learning disabilities—technically known as specific learning disabilities—are by far the most common educational disability. Learning disabilities (LD) are not immediately apparent, as affected children and adults look no different from others and have normal range intellectual abilities. However, a learning disability can pose significant challenges and be the source of considerable stress for schoolchildren and their parents.

Learning disabilities affect about 5–10% of the population. Nearly half of all children who receive special education and related services through the public schools do so under the specific learning disability category.

WHAT IS A LEARNING DISABILITY?

Research has greatly expanded our understanding of learning disabilities over the past 25 years. We have learned a great deal about the nature of learning disabilities, including that there is a great deal yet to be discovered.

Definitions

Here is the definition that appears in federal special education law (the regulations of the Individuals with Disabilities Education Improvement Act of 2004):

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (34 CFR 300.7).

Dyslexia is a term used by researchers, and is often used interchangeably with reading disability. Although the term *dyslexia* is used generically to refer to reading disability, researchers use the term more specifically to refer to difficulty with accurate and fluent single word identification. Similarly, but less familiar, *dyscalculia* is used to signify math disability and *dysgraphia* to signify writing disability. School personnel will understand what you mean if you use these terms, but will likely translate them into the widely used term—learning disabilities—that is formally recognized within the field of special education.

Common Characteristics

There is general agreement that:

- Learning disabilities are heterogeneous—there are various types of LD, and there is no single defining characteristic common to all learning disabilities.
- Learning disabilities are the result of intrinsic cognitive difficulties, or “dysfunction” in the way the brain processes specific types of information.
- The cognitive dysfunction underlying LD is in most cases related to language rather than to visual-perceptual difficulties (e.g., the ability to remember words and facts, to retrieve information from memory, or to recognize and process sounds and match them with letters or symbols).

- Learning disabilities may be inherited, as they tend to run in families.
- Of children identified as having LD, the great majority (over 80%) have a disability in the area of reading.
- Learning disabilities vary in their degree of severity, and moderate to severe LD will continue to have impact throughout the life span.
- The obstacles to learning posed by a learning disability depend upon the demands of the learning situation and can be reduced by effective instruction, supports, and accommodations provided in an educational setting.

WHAT ARE THE SIGNS OF A POSSIBLE LEARNING DISABILITY?

A severe learning disability is fairly easily identified. A child with LD will appear noticeably different from same-age peers in the behaviors noted below.

Preschool-Age Children

Typical characteristics of preschool children who may have a learning disability include:

- Delay in speaking
- Problems with pronunciation
- Difficulty recognizing when words rhyme
- Difficulty learning names of letters

Primary Grade Children

Symptoms of possible LD often appear early in a child's school years:

- Difficulty identifying each of the sounds in a word
- Difficulty learning the sounds made by each letter
- Nonfluent speech and oral reading
- Inability to sound out simple words
- Use of imprecise language; not being able to remember the names of things
- Poor spelling, often far from accurate
- Avoidance of reading, especially reading out loud
- Messy handwriting
- Inability to finish schoolwork in reasonable time

Mild Learning Disabilities

A milder or more subtle learning disability can be difficult to identify. This is because (a) there is no rule of thumb or dividing line that separates what might be described as cognitive inefficiency or difficulty from what is called a disability or disorder, and (b) the degree of impairment experienced by the individual depends on situational factors—what is expected, the quality of

instruction and supports, and the individual's effort and motivation.

WHAT IF A LEARNING DISABILITY IS SUSPECTED?

If your child is having difficulty learning in school compared to other children, it is best to discuss it with school personnel when this first becomes apparent. Often, teachers or other school professionals will already be aware of these difficulties. Ideally, the school will first try instructional and/or behavioral strategies that can be implemented in the general education environment (that is, the child's regular classroom, possibly supplemented by opportunities for remedial instruction or additional practice). The practice of providing quality instruction, plus additional, timely assistance as needed in general education and monitoring the effectiveness of these efforts to determine if more intensive assistance is needed, is known as *response to intervention* (RTI). Educators and researchers are in general agreement that RTI, when properly implemented, produces better outcomes for children than more traditional approaches and uses school resources effectively (e.g., Batsche, Elliott, Graden, Grimes, et al., 2005).

If noticeable improvement with general education supports and strategies is seen fairly quickly (within, say, 6–12 weeks), that is a good sign. It suggests that the child should remain in the general education program and does not require special education services. (It should be noted that a child may have a learning disability but not qualify for special education services, if the curriculum and instruction provided in the general education program meet the child's needs.) However, if the child is not catching up to classmates despite faithful implementation of RTI or other general education interventions, valuable information has been obtained: (a) the child requires more, or a different type, of support, and (b) a referral for special education evaluation should be considered.

HOW IS A LEARNING DISABILITY IDENTIFIED OR DIAGNOSED?

Children who have not responded well to modifications in classroom instruction may have a learning disability, and may be eligible for services in special education. The next step following efforts in the regular education program is referral for a comprehensive evaluation by the special education team.

The Special Education Evaluation

The school's special education assessment team will design an evaluation to address suspected areas of difficulty and to address eligibility criteria established by the state. Parents are to be included in planning this

evaluation and must give their consent prior to the start of any assessment procedures.

An educational evaluation to determine the need for special education services is likely to include some or all of the following types of information:

- Review of school records
- Parent, teacher, and student interviews
- Work products (such as completed assignments)
- Direct observation of the child in the classroom
- Response to intervention data—repeated measures of the child’s performance when provided with well-chosen and appropriately applied remedial services and strategies
- Individual assessment of cognitive and academic skills, as prescribed by the evaluation team and state regulations

The Diagnosis of Learning Disability

Recent changes in federal legislation and regulations (e.g., IDEA 2004 and its regulations of 2006) now permit the use of various methods for determining whether a child has a learning disability that requires special education services.

Discrepancy and alternative approaches. Formerly, the prevailing approach to identifying LD involved comparing test scores; significantly higher scores on ability (i.e., intelligence) tests than on achievement tests served as the usual criteria for classifying a student as having a learning disability. This “discrepancy” method, while still permitted by law, is no longer regarded as an effective approach by experts in the field, and conflicts with a substantial body of sound research. Disadvantages of this approach include a delay or failure to provide specialized assistance to children during the early elementary school years, when intervention can be most effective.

Federal regulations allow (do not require) schools to use the discrepancy approach to identifying learning disabilities, but also promote the use of scientifically based alternative methods. As a consequence of new regulations and broader discretion at the state and local level under IDEA 2004, the types of assessment data gathered in the educational evaluation and the way these data are interpreted to determine eligibility and service options may vary from school to school, district to district, or state to state.

As alternatives to the discrepancy method, two widely used approaches to determining whether school-age children have learning disabilities are (a) response to intervention (RTI), as described earlier, and (b) traditional psychoeducational assessment, using standardized tests of cognitive abilities and educational skills to identify

psychological processes that are indicative of a learning disability.

Response to intervention. School districts are increasingly using a response to intervention (RTI) approach as a major part of the process of identifying LD. An RTI approach relies upon repeated measurement of academic skills or behaviors that are the targets of intervention efforts. The RTI approach is best embedded within an overall service delivery system in which (a) all children receive quality instruction in the general education classroom, (b) regular screening is used to identify children who are experiencing difficulty and need additional supports and strategies, and (c) the progress of children who receive additional support is regularly monitored to determine if even more intensive services are required. Progress monitoring typically involves brief, individually administered probes of specific academic skills, which is known as curriculum-based measurement (CBM). Using an RTI approach, the indication that a child has a learning disability is based on two key considerations: underachievement relative to peers, and insufficient response to good instruction and appropriate interventions.

Psychoeducational assessment. In comparison, the traditional psychoeducational assessment approach to LD identification relies heavily upon the information obtained by administering a battery of tests that assess a child’s skills and abilities in an effort to determine the cause and nature of the student’s difficulties. A test battery will typically include a measure of general cognitive functioning (intelligence test), selected tests of special abilities, and a comprehensive standardized achievement test. Test findings are considered along with other relevant sources of information, such as the classroom (including observations, and teacher and parent input). While an RTI approach collects information about a child’s progress over time, a traditional psychoeducational assessment evaluates the child’s performance at one given point in time.

Criteria for LD identification. Regardless of the approach, there are two absolute requirements for determining that a child has a learning disability that qualifies for special education services: (a) underachievement relative to age and grade expectations when provided with appropriate learning experiences, and (b) the exclusion of sensory, environmental, and emotional factors and other disabilities as the primary cause of the underachievement. With any approach, the professional judgment of well-informed school psychologists, special education teachers, and other professional educators is

an essential element in interpreting assessment data to identify LD.

DEALING WITH A LEARNING DISABILITY

Contending with a child's learning disability can be the source of distress, frustration, or confusion for parents. Yet there are many ways that both school personnel and parents can effectively support a child with LD. In addition to speaking with a knowledgeable and supportive professional educator, it can be helpful to talk with other parents of children with learning disabilities. You might seek out such parents through the schools (e.g., a parent-teacher organization), at the recommendation of a school psychologist or other educator, or through an advocacy group organization such as those listed in the Recommended Resources. It is important to remember that with early and appropriate instructional supports, children with LD can complete high school and go on to postsecondary education and training, and ultimately become successful, independent adults.

REFERENCES

- Batsche, G., Elliott, J., Graden, J. L., Grimes, J., Kovalski, J. F., Prasse, D., et al. (2005). *Response to intervention policy considerations and implementation*. Alexandria, VA: National Association of State Directors of Special Education.
- Individuals with Disabilities Education Improvement Act. 20 U.S.C. §§ 1400-1485 (2005).
- Individuals with Disabilities Education Improvement Act Regulations, Part B (2006). 34 C.F.R. Part 300.

RECOMMENDED RESOURCES

Print

- Cortiella, C. (2009). *The state of learning disabilities (2009)*. New York: National Center for Learning Disabilities. Retrieved October 2, 2009, from <http://www.nclld.org/stateofld>

- Klotz, M. B., & Canter, A. (2010). Response to intervention (RTI): A primer for parents. In A. Canter, L. Z. Paige, & S. Shaw (Eds.), *Helping children at home and school III: Handouts for families and educators* (S3H23). Bethesda, MD: National Association of School Psychologists. Available: <http://www.nasponline.org/resources/factsheets/rtiprimer.aspx>
- Harvey, V. (2010). Study skills to improve student learning: A Guide for parents. In A. Canter, L. Z. Paige, & S. Shaw (Eds.), *Helping children at home and school III: Handouts for families and educators* (S2H25). Bethesda, MD: National Association of School Psychologists.
- Shaywitz, S. (2003). *Overcoming dyslexia: A new and complete science-based program for reading problems at any level*. New York: Knopf.

Online

- LD Online: <http://www.ldonline.org>
- National Research Center on Learning Disabilities: <http://www.nrclld.org>
- Parent Advocacy Coalition for Educational Rights (PACER): <http://pacer.org>
- RTI Action Network: <http://www.rtinetwork.org>
- WrightsLaw: <http://www.wrightslaw.com>

Organizations

- Learning Disabilities Association of America: <http://www.ldanatl.org>
- National Center for Learning Disabilities: <http://www.nclld.org>

Robert Lichtenstein, PhD, NCSP, is Director of the School Psychology Program at the Massachusetts School of Professional Psychology in Boston. He represents the National Association of School Psychologists on the National Joint Committee on Learning Disabilities.

© 2010 National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814—(301) 657-0270