Dyslexia and Additional Academic Language Learning

Module 3

Dyslexia across Europe

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Adapted for local contexts by Bulgarian, Czech, English and Welsh partners.

Please note that the original authors do not necessarily endorse all the adaptations made for the local context.
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Module 3 - Dyslexia across Europe

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Learning outcomes

- Acquire knowledge regarding differences relating to dyslexia across Europe, in terms of diagnosis, legislation and support measures for multilingual individuals with dyslexia

- Acquire knowledge about what to observe/how to collect information in order to understand whether students’ difficulties may be related to dyslexia (or another SPLD), or to their multilingual background

Supplementary material

Readers may also like to refer to the material made available through the DysVet project, where policy and practice reports from previous EU projects have been made available, as well as other information that may be of interest to the reader.
For details, go to www.dysvet.eu/en/resources.aspx
Introduction

A lot of diversity is present across Europe with regard to issues related to dyslexia. Different countries adopt different definitions, have different norms concerning diagnosis and different regulations regarding support measures for dyslexic pupils and students. The picture is complicated by the increasing presence of immigrant multilingual individuals, who are often not granted adequate support. In this module we are going to highlight the main differences regarding dyslexia in the partner countries of the Dyslang project, and also highlight some of the issues that teachers should be aware of with regard to dyslexia in multilingual individuals.
3.1 Dyslexia in partner countries

3.1.1 Dyslexia in Bulgaria – by Daniela Boneva

In Bulgaria, the first articles where the term “dyslexia” can be found date back to the 1980s. The first definition in Bulgarian was given by Prof. Matanova in 2001:

*Dyslexia is a general category of specific learning disorders, which refers to the ability in seven specific areas of functioning: impressive speech, expressive language, basic reading skills, comprehension of reading, basic writing skills, understanding of the writing, basic math skills, and mathematical thinking (Matanova, 2001).*

Other definitions that are often adopted in Bulgaria are the following:

*Dyslexia is a processing difference, often characterised by difficulties in literacy acquisition affecting reading, writing and spelling. It can also have an impact on cognitive processes such as memory, speed of processing, time management, co-ordination and automaticity. There may be visual and/or phonological difficulties and there are usually some discrepancies in educational performances. There will [be] individual differences and individual variation and it is therefore important to consider learning styles and the learning and work context when planning intervention and accommodations (Reid, 2009, p. 4).*

*Dyslexia is a specific learning difficulty that mainly affects the development of literacy and language related skills. It is characterised by difficulties with phonological processing, rapid naming, working memory, processing speed, and the automatic development of skills that may not match up to an individual’s other cognitive abilities (British Dyslexia Association, 1997).*

The first dyslexia association, the “Dyslexia Association – Bulgaria” (DABg) was founded in Ruse, in September 2005.

As far as diagnosis is concerned, in theory a general screening of all children is made by a speech therapist at the beginning of the school year in primary education courses. Within this process, the assessing therapist also collects data of reading/writing/maths related problems from class teachers.

Assessments can be made in specialised medical centres by children’s psychiatrists or clinical psychologists, in collaboration with speech therapists and neurologists when necessary.
Assessments can also be initiated by parents as a result of the screening or individually in a state speech therapists’ centre, where children are assessed by speech therapists, psychologists and neurologists. The assessment consists of a neuro-psychological and cognitive appraisal of written and speech presentation. Standardised diagnostic procedures and questionnaires are used to evaluate coordination, short term and working memory, text understanding, etc.

There is no standardised test for dyslexia. Different tests are used by different specialists. A far as cognitive tests are concerned, different IQ tests are used, like Wechsler, Raven, etc. The specialists use different tests to assess visual and auditory memory, working memory, attention, etc. In terms of specific reading, writing and calculation abilities, no specific tests are used. It is left to the specialist’s judgement to decide the extent to which an individual’s reading, writing and math skills match his/her age.

Finally, there is no differentiation in diagnosis for different groups of people, nor are there any specialised centres for diagnosis of dyslexia in immigrants or bilingual/multilingual individuals.

There are a very small number of immigrants in Bulgaria, and although bilingual individuals in the country number over 15% of the population they have never been considered as a separate group when it comes to assessing their specific learning difficulties/needs. In general, the education system in Bulgaria tends to be inclusive. All children attend mainstream school, so dyslexic students (diagnosed or not) are included in mainstream classes. There are very few “special” schools left in the country and those are for children with severe intellectual disability or visual and/or hearing impairments.

There is no overall governmental policy concerning dyslexia, nor any legal acts which are binding. While certain documents have been produced and distributed, the practice is still new and, in the absence of a monitoring procedure, implementation is left to the individual initiative of employers, school principals and university administrations.

The main dyslexia related regulation is Ordinance 1 for education of children and students with special educational needs. That said, the word “dyslexia” itself cannot be found in any Bulgarian legislative document.

Since there is no official document that sets out the rights of dyslexic people in Bulgaria, students with dyslexia cannot benefit from any specific compensatory or dispensatory measures. However, after the end of the DYSLEXIA VETO project (Leonardo, Transfer of innovations, 2009-2011), three vocational schools in the city of Ruse were awarded the quality mark of being “Dyslexia Friendly”. In these three schools, following a decision from the Pedagogical Council, dyslexic students obtained certain rights, such as extra time for tests and exams; individual consultations with all teachers; extra help and consultations for coursework.

Support providers for children and adults with dyslexia in Bulgaria, as
well as for teachers dealing with dyslexic children, are currently limited
to Non-Government Organisations (NGOs), private specialists and
academic groups in universities. While there have been several attempts
at regulation (i.e. in privately provided services for children with dyslexia),
the current situation can be described as quite chaotic.
3.1.2 Dyslexia in the Czech Republic – By Katerina Nevralova

The first dyslexia association, the Czech Dyslexia Association, was established in the Czech Republic in 1999. It is a voluntary non-profit organisation for professionals who deal with dyslexia, other specific learning disabilities and associated behavioural difficulties. The spirit of the association is one that fosters participation between people with dyslexia, parents of children with dyslexia and any other person who is willing to get involved in the various activities. The main aim of the organisation is to disseminate new knowledge to specialists who are active in the field of dyslexia.

The organisation also promotes support initiatives in collaboration with professionals of other related fields. In particular it:

- organises seminars, lectures and conferences aimed at deepening theoretical knowledge about dyslexia
- carries out educational activities, encourages and supports scientific work in the field of dyslexia
- publishes new research findings, disseminates information to parents, professionals and the general public while fostering debate about the documents currently relating to children and adolescents with dyslexia
- works on the creation of a database of information on specific learning disabilities in the Czech Republic.

The organisation carries on the work of Prof. Zdenek Matejcek and his colleagues. It links psychologists, special educators, speech therapists, teachers, neurologists, parents of children with dyslexia and individuals with dyslexia.

In the Czech Republic, assessment can be carried out by psychologists and special teachers/educators who work at psycho-pedagogical centres or a special pedagogical centre. The diagnosis cannot be determined by a parent, a teacher, or even by a paediatrician.

The teacher can carry out some sort of educational assessment on children whose lack of progress is a cause for concern. When a specific learning disability is suspected, the teacher will try to investigate the following areas:

- **Reading**: the level of reading speed, errors made, level of understanding, general reading behaviour
- **Writing - handwriting**: fine-motor difficulty (how the child holds the pen or pencil), ability to visualise letters and ability to remember the motor patterns of letter forms
- **Writing - spelling**: most common mistakes
- **Mathematics**: the child’s ability to understand simple number concepts and learn number facts and procedures; whether they can align numbers into proper columns, perform written calculations, and retrieve numerical facts (e.g. multiplication tables)
- **Focus**: the child’s ability to maintain focus and concentration
• Auditory perception: ability to divide words into syllables, ability to recognise the first sounds of a word, word retrieval (verbal confidence and fluency), comprehend words in a song, recognise when a sound changes, etc.
• Visual perception: possible difficulties in discrimination of figures, ability to distinguish an object from irrelevant background information, ability of the child to be aware of the distinctive features of forms including shape, orientation, size, and colour
• Speech: richness of vocabulary, ability to find suitable expressions, specific speech disorders
• Ability to reproduce rhythm
• Abilities relating to space and orientation
• Ability to recognise left and right
• Child’s ability/attitude when working in a team
• Family environment, general level and type of education, child care, parents’ values regarding the education and care of their children.

Diagnosis is generally carried out in the same way for all age groups, though the psycho-pedagogical centres work mainly with children and work with adults is rare. However, the Czech Dyslexia Association carried out a project called “Adults with Dyslexia” that aimed at informing adults and helping them with issues related to diagnosis.

There are a small number of centres for immigrants with dyslexia. One of them is the elementary school for children with specific learning disabilities in Karlovy Vary - special – pedagogical centre. One of the activities carried out in the school focuses on the support of immigrant children. Further information can be found at the following link: http://www.zsdys.cz/spc-logopedie.

As far as legislation is concerned, in the Czech Republic the legislation has been established in accordance with many other European countries, but the rules are not fully understood by the people who should apply them in practice; so the practical implementation is weak. Children and adolescents with dyslexia are treated in accordance with Czech School Law and Public Notice, but no regulations are available for adults with dyslexia. The support for these students is left to teachers’ competence and willingness to help.

When a pupil is diagnosed with dyslexia, the child is given special care and work according to an individualised curriculum. The school system allows him/her to work in accordance with legal norms. Detailed Guidelines for the integration of text (no /’. 710/2001-24 13) can be found on the website of the Ministry of Education (www.msmt.cz/socialni-programy/vyhlasky).
The term ‘Special Education’ was introduced in the Czech Republic in the 1960s. However, it wasn’t until relatively recently that the idea that ‘all children had a right to education’, first espoused in child development movements in the 1920s and 1930s, became part of educational and social policy. With that move towards the education of all children, educational-psychological counselling systems have flourished. However nowadays children with dyslexia are generally included in the regular education system, even though some special classes for dyslexic learners can still be found.
3.1.3 Dyslexia in England – By Jill Fernando

Dr Pringle Morgan published the first article on dyslexia in the British Medical Journal in 1896. At that time, dyslexia was referred to as ‘congenital word blindness’.

The Word Blind Centre was set up in Coram Fields, London in 1965. This was the first dyslexia association to appear in the country. The Helen Arkell Dyslexia Centre was established in 1971 in South West London and this was followed by The Dyslexia Institute and the British Dyslexia Association (BDA) in 1972.

There are a number of different definitions and descriptions of dyslexia, which may be variously appropriate for certain contexts or purposes.

In 2009 Sir Jim Rose’s Report on ‘Identifying and Teaching Children and Young People with Dyslexia and Literacy Difficulties’ gave the following description of dyslexia, which was adopted by the BDA Management Board, but with the addition of the further paragraph shown below, which should always appear with it:

The description of dyslexia adopted in the report is as follows:

‘Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.

Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed.

Dyslexia occurs across the range of intellectual abilities.

It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points.

Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia.

A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well founded intervention.’

In addition to these characteristics, the BDA acknowledges the visual and auditory processing difficulties that some individuals with dyslexia can experience, and points out that dyslexic readers can show a combination of abilities and difficulties that affect the learning process. Some also have strengths in other areas, such as design, problem solving, creative skills, interactive skills and oral skills.
Unlike other disabilities, dyslexia is not funded by the National Health Service (except in exceptional cases where undiagnosed dyslexia may be contributing to serious mental health issues). Assessments can be carried out by educational psychologists or by qualified teachers with post-graduate training in dyslexia.

Assessment is differentiated for different groups as follows:

- **Children**: Currently, schools have special needs policies and support pupils accordingly. When a child’s needs cannot be met, the school can fund a diagnostic assessment to establish if there are any underlying specific learning difficulties. If this is not carried out, the parent can follow the appeals procedure for refusal to assess and make an application for it to be reconsidered. Following a diagnostic assessment, if a child’s needs cannot be met within the normal teaching, a Statement of Special Educational Needs can be issued. This is a legal document which would specify the needs and provision. Likewise, an appeal for a Statement can be made if an application is rejected. Some parents may decide to fund an independent diagnostic assessment, but in this instance, the school will not be under any obligation to meet the recommendations. At the time of writing, the SEN Bill is going through parliament and the processes may well change.

- **Students in Further Education and Higher Education**: Students in further education may be funded to obtain a diagnostic assessment through their Learning Support Department, if the institution has sufficient funding available. Similarly, it can often be funded in higher education through the institution’s Access to Learning Fund once a student has commenced a degree course. However, waiting until this point can delay implementing support and this funding stream may be cut in the future. The majority of students fund their own diagnostic assessments, if they have not been done in school. These need to be completed by a qualified specialist teacher or chartered psychologist holding a Practicing Certificate using the recommended tests, in order for the student to be able to make an application for the Disabled Student Allowance (DSA). Following this, a Needs Assessment can be conducted and recommendations and support can be put in place. Further information on recognised testing can be found at: http://www.bdadyslexia.org.uk/files/SASCdoc.pdf

- **Jobseekers**: Jobseekers who feel they may have dyslexic difficulties should arrange an appointment with the Disability Employment Adviser at their local Job Centre but they are unlikely to receive a formal dyslexia assessment.

- **Employees**: Employees who believe that performance issues or work stress may be due to undiagnosed dyslexia can speak to their manager or Human Resources/Occupational Health. Employers are bound by the Equality Act (2010) to ensure that their employees with disabilities are not treated unfavourably and that they receive reasonable adjustments or support. Employers and the public sector will often fund a diagnostic assessment for dyslexia. Employees can request
a workplace needs assessment in order to decide upon the most appropriate adjustments, training and support.

In terms of the reports themselves, primary school reports are likely to have more details on testing of phonological awareness as teaching interventions will need to be planned. There is a lack of suitable tests for older adults so assessors may use tests which have not been standardised for the age of the person they are assessing. In this case, scores are not reported but the results are used qualitatively.

As far as assessment instruments are concerned, an assessment of a child generally lasts 2-3 hours and comprises various tests which will provide a full picture of the strengths and weaknesses of the child. These will normally include ability tests (verbal and non verbal reasoning), tests on phonological awareness, memory and processing speed as well as tests on reading, spelling, writing speed, comprehension and maths. The assessor should be able to explain their key findings at the end of the assessment and will also write a full report detailing all the results and outcomes. Assessments of adults take a similar length of time except for the DSA assessment, which is likely to take significantly longer.

Some examples of testing materials are the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Source</th>
<th>Suitability</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRAT4 Single Word Reading, Single Word Spelling and Sentence Comprehension (Wide Range Achievement Test 4(2006))</td>
<td>Wide Range Inc</td>
<td>Used with children and adults</td>
</tr>
<tr>
<td>The British Picture Vocabulary Scale (BPVSIII) (2009)</td>
<td>GL Assessment Ltd</td>
<td>Used with children Test of receptive vocabulary</td>
</tr>
<tr>
<td>York Assessment of Reading for Comprehension (YARC) (2009)</td>
<td>GL Assessment Ltd</td>
<td>Used with children</td>
</tr>
<tr>
<td>Comprehensive Test of Phonological Processing (CTOPP) (1999)</td>
<td>PRO-ED Inc</td>
<td>Used with children and adults but the ceiling is 24-11 so it has to be used qualitatively for older adults</td>
</tr>
<tr>
<td>Wide Range Intelligence Test (WRIT) (2000)</td>
<td>Psychological Assessment Resources Inc</td>
<td>Used with children and adults Tests of verbal and non-verbal reasoning</td>
</tr>
</tbody>
</table>

There are no specialised centres for assessment of dyslexia in immigrants/multilingual individuals, although a company called ELT Well has developed a battery of tests called “Cognitive Assessments for Multilingual Learners” and carries out tests in schools and colleges throughout the UK.
As far as the **education system** is concerned, legislation in the UK **prohibits discrimination** in education and **supports inclusive education**. The UK is also duty bound under international human rights law to provide inclusive education for all children. Most dyslexic pupils attend mainstream schools although some children attend schools (mostly private) which specialise in dyslexia. As teachers receive little initial training in dyslexia (or other specific learning difficulties), they are often unaware of effective ways to teach dyslexic children. In mainstream schools, some diagnosed pupils receive support from a dyslexia specialist whose services are ‘bought in’. There are many other pupils who may be dyslexic but who have not been formally diagnosed. Many of these will take part in literacy interventions and will be withdrawn from class to receive some small group support, often provided by teaching assistants.

As far as **legislation** is concerned, dyslexia was first recognised in the 1970 Chronically Sick and Disabled Persons Act. It was defined as a Special Educational Need in the 1993 Education Act. The Equality Act 2010 aims to protect disabled people and prevent disability discrimination. It provides legal rights for disabled people in various areas including education. There is also the SEN Code of Practice (2002) which stipulates that schools must provide appropriate support so that all children receive an inclusive education. This is available for parents in summary form, ‘Special Educational Needs – A Guide for Parents and Carers’, and provides information about the help that a child with special educational needs is entitled to and how it can be accessed.

Dyslexic pupils can receive access arrangements for exams. These vary from pupil to pupil but may include: extra time, a reader, an amanuensis (where the pupil dictates to a scribe), a transcript (where the pupil’s work is photocopied and illegible words are corrected), questions on tape, use of software, use of a computer, coloured overlays. Some of these adjustments must be applied for at the start of the course whereas others can be decided by staff (who must have supporting evidence available). There are specific criteria for each adjustment. For example, a pupil will only be allowed to use a word processor if this is their normal means of producing work.
3.1.4 Dyslexia in Italy – By Claudia Cappa

The word dyslexia was first introduced in the 1960s; before then, no scientific work on dyslexia had appeared in Italian scientific journals. In 1981 the book “Mio figlio non sa leggere” by U. Pirro was published and, at the beginning of the 1990s, the works by C. Cornoldi (I disturbi dell’apprendimento, 1991) and G. Sabbadini (Manuale di Neuropsicologia dell’età evolutiva, 1995) appeared.

The first Italian Dyslexia association, the “Associazione Italiana Dislessia” (AID), was founded in 1997 followed by many other associations that were mostly founded between 2000 and 2010.

The official and most widely adopted definition of Specific Learning Disabilities and Dyslexia comes from the Consensus Conference that was held in Rome in June 2011. In this Consensus Conference it was established that Specific Learning Disabilities include:

- **Dyslexia**: Specific Learning Disability related to decoding of written text
- **Dysorthographia**: writing disorder related to a difficulty with phonographic encoding and orthography/spelling
- **Dysgraphia**: disorder related to the fine motor skills of handwriting
- **Dyscalculia**: disorder related to arithmetical skills, i.e. the ability to understand and manipulate numbers.

For the above definitions, reference is made to the International Classification of Diseases, ICD-10, of the World Health Organization.

In Italy there is *specific legislation concerning dyslexia*. The first regulation was published in 2004 and was followed by a series of other laws implemented by the Ministry of Public Education in Italy. The most recent and complete regulations concerning dyslexia are contained in the “New rules on specific learning disabilities at school” (Law n.170/2010 - http://hubmiur.pubblica.istruzione.it/alfresco/d/d/workspace/SpacesStore/34ca798c-2cac-4a6f-b360-13443c2ad456/legge170_10.pdf). The law is made up of the following articles:

- **ART_1.** Acknowledgment and definition of dyslexia, dysgraphia, dysorthographia and dyscalculia
- **ART_2.** Purpose
- **ART_3.** Diagnosis
- **ART_4.** Teacher training
- **ART_5.** Measures of teaching and learning support
- **ART_6.** Provisions for the family
- **ART_7.** Implementation (DPR N. 5669 12 July 2011)
In particular, as far as diagnosis is concerned, Art. 3 of the law states that

1. The diagnosis is made by the National Health Service and is communicated by the family to the school. In regions where diagnosis by the NHS is not possible, diagnosis can be made by specialists or accredited facilities. 2. For students who, despite adequate targeted recovery planning activities have persistent difficulties, the school sends appropriate notification to the family. 3 It is the task of all educational levels, including kindergarten, to activate, after appropriate notice to families, relevant, timely intervention, appropriate to identify suspected cases of SPLD students. The outcome of these activities is not, however, a diagnosis of SPLD.

With regard to compensatory and dispensatory measures, Art. 5 (Measures of teaching and educational support) of the law states that:

1. Students diagnosed with learning difficulties have the right to the use of special dispensatory measures and flexibility of compensatory education during cycles of education, training and university studies.

2. Students with SPLD are guaranteed:

   a) the use of an individualised and personalised education plan, with effective and flexible school work, taking into account also characteristics of the subjects, such as bilingualism, adopting a methodology and an appropriate educational strategy;

   b) the introduction of compensatory measures, including means of alternative learning and information technologies, as well as being exempted from certain performance measures not essential to the quality of the concepts to learn;

   c) for the teaching of foreign languages, the use of compensatory measures that encourage verbal communication and to ensure a gradual pace of learning, also providing, where it proves useful, the possibility of exemption.

3. The measures referred to in paragraph 2 shall be regularly monitored to evaluate their effectiveness and the achievement objectives.

4. Students with learning difficulties are guaranteed, during the course of education and training, school and university education, adequate forms of monitoring and evaluation, also with regard to state examinations and university admission examinations.
The law makes explicit reference to bilingual individuals. There are still **no centres specialised in the diagnosis of dyslexia in immigrants or multilingual individuals**, but awareness regarding issues related to multilingualism has been increasing during the last few years. Diagnosis is differentiated for different age groups, for which different tests are available.

Regulations also require that in order to get a diagnosis of dyslexia, the following recent documentation must be provided:

- **Assessment of cognitive abilities certifying that the individual’s IQ is not below average** (for example through WISC-III/IV; Leiter International Performance Scale – Revised (Leiter-R); Coloured Progressive Matrices (CPM)).
- **Certification**, obtained through standardised and validated tests, excluding the presence of neurological, cognitive or sensorial pathologies, as well as other psychopathological disorders.
- **Assessment of the following parameters**:
  - For dyslexia: reading speed (for words, non-words, text), accuracy of reading (for words, non-words, text).
  - For dysorthographia: accuracy in orthography (for words, non-words, homophones (words that have the same sound shape) and text).
  - For dysgraphia: fluency of writing, quality of handwriting, pen hand grip and posture of the individual while seated.
  - For dyscalculia: speed and correctness of the components of numeric cognition, executive procedures, and calculation abilities.

There are several tests to measure the above parameters. In order for the assessment to be used to obtain a diagnosis, all the tests used must be standardised and validated by the scientific community.

The **education system** in Italy is **inclusive**, since all children, with any type of disability attend school in regular classes. Students with a physical disability are provided with the support of Special Educational Needs teachers. Students with Specific Learning Disabilities can benefit from appropriate compensatory and dispensatory measures, but not from the support of Special Educational Needs teachers.
3.1.5 Dyslexia in Switzerland - By Sara Giulivi and Gé Stoks

The first Swiss dyslexia association, the Verband Dyslexie Schweiz, (http://www.lesenlireleggere.ch/it/verband_dyslexie_schweiz.cfm), was founded in October 1994, but there are several other associations of parents and speech therapists that can provide information and support for dyslexic individuals.

In the Italian speaking part of Switzerland you can find, for example, the Associazione dislessia Ticino (http://www.dislessia-ticino.ch) and the Associazione logopedisti Svizzera italiana - http://www.alosi.ch/it/.

The Italian speaking part of Switzerland draws on the expertise of Italy in relation to a number of aspects concerning dyslexia and other Specific Learning Disabilities. For definitions, for example, reference is generally made to the official Italian documents (see par. 3.1.4).

There is currently no real legislation concerning specific learning difficulties nor are there any thorough regulations or protocols for diagnosis. At the moment, the support of students with dyslexia mostly relies on the collaboration between schools, families and the speech therapy service. The latter is generally considered as something more related to the educational and pedagogical field, rather than clinical and related to healthcare, as happens in Italy. The diagnostic tests most commonly used are those generally adopted in this country (see par. 3.1.4 for reference).

The Cantonal institutions of Canton Ticino are currently working on a document that will officially regulate all issues related to specific learning disabilities and that will be ready in the near future. To date, a temporary document is available that was released in December 2011 with regard to dispensatory and compensatory measures for students with dyslexia, dysorthographia and dyscalculia. The document was produced by the Office for Special Education and states that, according to international diagnostic parameters, students who present with dyslexia and/or dysorthographia and/or dyscalculia, can benefit from a number of dispensatory and compensatory measures. Among the former, the document mentions: reduced versions of tests (with differentiated evaluation), longer time allowed during testing, substitution of written tests with oral tests, and exemption from studying foreign languages. Students can also be allowed to take short breaks during class activities, photocopy their classmates’ notes instead of taking note themselves, and do oral instead of written homework. Among compensatory measures, mention is made of the possible use of text to speech synthesis, a word processor with spell check, an electronic dictionary and other tools.

Specific training for teachers regarding support of students with dyslexia is not available at the moment. Teachers mostly gather information by themselves, through discussions with colleagues, or by consulting the Servizio di Sostegno Pedagogico (SSP - Pedagogical support service), which is available both for elementary and secondary schools (as well as for nursery schools).
3.1.6 Dyslexia in Turkey – By Claire Ozel and Nalan Babür

The Turkish Ministry of Education (MEB) mainly uses the term “Specific Learning Difficulties” rather than “dyslexia”.

The most widely adopted definition of “specific learning difficulties” in Turkey is currently the following:

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, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(English translation from The Individuals with Disabilities Education Act (IDEA), 2004)

Even though MEB has recognised dyslexia since 1997, the establishment of norms and use of IEPs (Individual Education Plans) only began in the last few years. Teachers are getting more support through school counsellors and state run Rehabilitation Centres (RAM). However, classroom teachers still get limited support and it is difficult to organise differentiated teaching in their classrooms. Since 2009, support systems for teachers have been better and more intensively organised to address their needs.

There are a few associations related to dyslexia. The most well-known association was actually founded by the parents of students with ADHD. This association focuses on both ADHD and learning disabilities (LD). Although this association provides information, raises awareness, and develops resources on LD as well, it mainly focuses on ADHD and acts as a resource for parents and educators.

None of the associations currently present in Turkey are powerful enough to make an impact in the society with regard to issues concerning dyslexia and the training of teachers with respect to this specific learning difficulty.

Diagnosis is carried out by state hospitals or university hospitals. No other hospitals are allowed to carry it out. When a classroom teacher feels that a child needs to be assessed for dyslexia, the school will contact, on the child’s behalf, one of the rehabilitation centres run by the government. These centres use tests like WISC-R or Stanford-Binet, both adapted for Turkish. Depending on the results of the tests, the child may or may not be admitted to the child psychiatry clinics within the university or state hospitals. In those clinics, psychologists administer some IQ and neurological tests. Based on the additional results of these tests, the Child Psychiatrist will formulate the final diagnosis for the child.
The instruments normally used for diagnosis are the following:

- For IQ, attention system, memory system: WISC-R and Stanford-Binet
- For reading, writing and calculation abilities: tests have been developed recently in Turkish to assess word reading, phonological processing skills, and processing speed (Babür, F. N., Haznedar, B., Erdat-Çekerek, E., Erçetin, G., & Özerman, D., 2009). Reliability and validity studies for these specific tests have been completed, though they have not yet been shared with other professionals. Certain neurological tests are also used at university and state hospitals. The MEB is now in the process of developing school achievement tests and cognitive abilities tests that can be used to help discriminate dyslexia from difficulties with a different origin.

There is no diagnosis differentiation for different groups. Currently the instruments used to make a diagnosis are not comprehensive enough to allow for this. In addition there aren’t enough tools to assess cognitive abilities and school achievement.

There are no specialised centres for diagnosis of dyslexia in immigrants/multilingual individuals. State hospitals have no adaptation of tests for dyslexia, although some private counselling centres may have such adapted assessment tools. Information about this is not easy to access.

The Turkish education system has separate schools or classes for children with cognitive impairment disability, vision or hearing impairments, but there is no separate provision for children with specific learning difficulties. Inclusive classrooms are becoming more common in regular schools. The rule is to have only one or two students with disabilities per classroom. Children with mild levels of disability are included in such classes; those with moderate or severe forms of disabilities are not yet accepted as the teaching support is not yet adequate. A teacher can request more support from school counsellors or State Rehabilitation and Research Centres (RAM). Students can also be sent to state and private rehabilitation centres to get additional support if the school cannot effectively help them.

Even though some teachers are well trained in developing and using IEPs in their classrooms, many teachers still have difficulties in understanding and applying them. In the last 3-4 years, classroom teachers have received more in-service training. Courses are made up of 30-hour of training, usually to be completed in a week. Teachers who request more training on a particular subject can attend as many training sessions or educational seminars as they want. The MEB provides educational training which is provided by counsellors of the RAM centres, university lecturers and certain well recognised specialists in the field.

As far as legislation is concerned, the first written regulation for people with disabilities appeared in 1997. In 2005 a comprehensive Disability Act was approved (Disability Act, Ozurluler Kanunu, no. 5378, 2005) to protect the rights of people with disabilities. However, the term “dyslexia” was not specifically mentioned in this law. It aims to ensure equal
opportunities for people with disabilities and protects their civil rights in all aspects of employment, education, daily living, transportation, etc.

Even though the term “dyslexia” is not mentioned explicitly in any piece of legislation, there are more detailed legal regulations (kararnane), prepared by a board of specialists on behalf of the government, that specify that students with dyslexia have the right to special measures in class. These regulations, which provide clear statements as to how students with dyslexia should be accommodated in schools, protect the child’s right to education.

In general, during exams, students who have been diagnosed with dyslexia are allowed to have some extra time, and may use a dictionary to check for spelling. Also, they can apply to be examined orally instead of taking a written exam. They can use a computer for written assignments and can be exempted from reading aloud in class.

Schools are supposed to provide an appropriate education for students with dyslexia. Teachers have to design IEPs based on the needs of the child and apply it in their classrooms. Each month the classroom teacher and a specialist from the State Rehabilitation Centres have to write a report on the progress of the child. If the child needs some extra help, then the state allows the family to get help from private counselling centres. The state pays for up to 12 sessions a month to support the child’s education.

While school teachers, for all grades, are being increasingly informed and trained in terms of dyslexia, implementation of these educational adjustments is not done consistently across all phases of education. In higher education, the situation varies significantly, with some universities having clear measures and others not even recognising dyslexia.
3.1.7 Dyslexia in Wales – By Dee McCarney

Wales is a small country with a total population of just over 3 million people. As one of the four countries that make up the United Kingdom (the others being England, Scotland and Northern Ireland), Wales looks to the Westminster Parliament in London for some of its legislature, but it also has a devolved government of its own situated in Cardiff, the capital city. One of the areas for which the Welsh Government takes responsibility is education.

There are 22 local authorities (LAs) across Wales that administer the education provision in their region. The responsibilities of the LAs towards children with Special Educational Needs (SEN) are set out in the SEN Code of Practice which came into effect in April 2002. Part of their remit is to ensure that procedures are in place to identify and give appropriate support to children with literacy difficulties, including those that may have dyslexia. However, each LA has the flexibility to decide how those procedures should be implemented in their particular geographical area.

Nineteen of these local authorities have chosen to adopt the definition of dyslexia proposed by the British Psychological Society in 1999:

“Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the ‘word level’ and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis of a staged process of assessment through teaching.”

Three local authorities use the British Dyslexia Association (2004) definition:

“Dyslexia is best described as a combination of abilities and difficulties that affect the learning process in one or more of reading, spelling, writing. Accompanying weaknesses may be identified in areas of processing, short-term memory, sequencing and organisation, auditory and/or visual perception, spoken language and motor skills. It is particularly related to mastering and using written language, which may include alphabetic, numeric and musical notation.”

A survey of provision for dyslexia across Wales was undertaken in 2010 with each of the 22 LAs supplying information on procedures under their jurisdiction. The survey revealed wide variation across the country, both in terms of how children with possible dyslexia were identified and the type and amount of subsequent support they were given.

The situation was complicated by the fact that some LAs are in areas where English is the main language spoken in the majority of the homes, others are in predominantly Welsh-speaking areas, and a few (in the larger urban areas) have substantial numbers of children coming from
homes where the main language is neither English nor Welsh. (The information that follows relates mainly to primary schools, with secondary schools responsible for setting their own policies and employing their own dyslexia specialist as required.)

One common trend across all the LAs is a tendency to avoid the use of the word ‘dyslexia’ when a child has problems with literacy. The preference is to use ‘specific literacy difficulties’ or ‘dyslexic tendencies’, with the justification that they seek to provide support for all children with literacy difficulties whether or not these are caused by dyslexia.

In the past it has been common for an LA to hold a central team of specialist teachers that can be called upon by a school to assess a child and subsequently provide a period of one-to-one support out of the classroom. While a number of LAs still follow this model, the majority were following a policy of moving away from this towards the ‘empowerment’ of the classroom teacher; in other words, giving teachers the tools to recognise literacy difficulties and adequately support the child in the classroom environment without need for external specialist intervention. The role of the central team in these LAs is one of advising and training teachers, rather than one of ‘hands on’ support of individual children.

In many of the LAs, programmes of intensive support are provided for specified periods - either for a set number of weeks or until the child attains a specified goal. These criteria vary between LAs, with language issues playing a complicating role. In areas where Welsh is widely used in the community, the child may receive additional support in both English and Welsh, the language supported may be dependent on the language of the school, or it may be the preference of the parents.

LAs with high proportions of pupils coming from homes where neither Welsh nor English is spoken often enlist the help of multi-ethnic support services, who provide interpreters and, in some cases, bilingual classroom assistants who can help the child access the curriculum. Where the child is not making the expected progress and there is a concern that it may not be just unfamiliarity with the language of the classroom causing difficulties, the multi-ethnic service may attempt to assess the child for dyslexia but there is a lack of suitable assessment material to do this for a multi-lingual child. (This lack of language appropriate material was also highlighted in the case of Welsh medium schools.)

Whether the additional support is based in the classroom or provided by an external specialist, if an individual child still fails to improve with regards to literacy, each LA has in place a set procedure by which the school (or, in some cases, the parents) can request a statutory assessment of their child’s strengths and weaknesses.

The procedures vary between LAs, but generally involve standardised assessments performed by an Educational Psychologist as well as an examination of the child’s work over an extended period and evidence of what additional support has already been put in place.
The outcome of this procedure may be alternate suggestions for classroom or one-to-one specialist support, or, if the case meets certain criteria set by the specific LA, the child may receive a Statement of Special Educational Need where the needs of the child and the specific support that they are entitled to are stipulated. This statement is legally binding on the LA and the means must be found to comply. In some cases this can result in the child being required to attend a different school or a special support centre, but in many LAs the support is provided by a specialist teacher going into the child’s school on a regular basis. If the parents of the child disagree with the decision made by the LA, they have the right to appeal to the SEN Tribunal in Wales where the case will be reconsidered.
3.1.8 Summary

The following tables summarise the main differences that have emerged with regard to the most relevant dyslexia related issues in the partner countries of the project.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>THE TERM DYSLEXIA INCLUDES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BULGARIA</td>
<td>A variety of learning difficulties including reading, writing, spelling and maths difficulties</td>
</tr>
<tr>
<td>CZECH REPUBLIC</td>
<td>Reading difficulties</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>Reading and spelling difficulties</td>
</tr>
<tr>
<td>ITALY</td>
<td>Reading (only decoding) disability</td>
</tr>
<tr>
<td>SWITZERLAND</td>
<td>Reading (only decoding) disability</td>
</tr>
<tr>
<td>TURKEY</td>
<td>Mostly reading difficulties, but may include dysgraphia as well.</td>
</tr>
<tr>
<td>WALES</td>
<td>Reading and/or spelling difficulties</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>WHO CARRIES OUT DIAGNOSIS OF DYSLEXIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>BULGARIA</td>
<td>Psychologists, speech therapists, child neurologists and other kinds of specialists</td>
</tr>
<tr>
<td>CZECH REPUBLIC</td>
<td>Psychologists and special teachers/educators who are members of a psycho-pedagogical centre or special pedagogical centre. No teachers or paediatricians are allowed to carry out the diagnosis</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>Educational psychologists or qualified teachers with postgraduate training in dyslexia and (sometimes) a practising certificate</td>
</tr>
<tr>
<td>ITALY</td>
<td>Neuropsychiatrists with speech therapist, psychologist, motor psycho-therapist - National Health Service</td>
</tr>
<tr>
<td>SWITZERLAND</td>
<td>Speech therapists in collaboration with teachers and families</td>
</tr>
<tr>
<td>TURKEY</td>
<td>Psychologists and psychiatrists from state hospitals and university hospitals</td>
</tr>
<tr>
<td>WALES</td>
<td>There is a move away from diagnosing dyslexia with many local authorities preferring to support children with literacy difficulties whether or not they are caused by dyslexia, but if a diagnosis is called for this is usually given by an Educational Psychologist.</td>
</tr>
<tr>
<td>COUNTRY</td>
<td>LEGISLATION ABOUT DYSLEXIA</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>BULGARIA</td>
<td>2001: Guidelines and Methodological instructions by the Ministry for Education for pupils with SPLD.</td>
</tr>
<tr>
<td>CZECH REPUBLIC</td>
<td>1970: Dyslexia was recognised for the first time in the Chronically Sick and Disabled Persons Act.</td>
</tr>
<tr>
<td></td>
<td>1993: Education Act, where dyslexia was defined as a Special Education Need in the 1993 Education Act.</td>
</tr>
<tr>
<td></td>
<td>2002: the SEN Code of Practice stipulates that schools must ensure to all children an inclusive education.</td>
</tr>
<tr>
<td></td>
<td>2010: the Equality Act stipulates that disabled people should be protected from discrimination.</td>
</tr>
<tr>
<td></td>
<td>Students with dyslexia can benefit from dispensatory and compensatory measures during exams. These measures can be applied for at the beginning of the course or decided later by the staff. They follow specific criteria and vary from pupil to pupil.</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>2010: law n° 170/2010 - “New rules regarding specific learning disabilities at schools”: gives the right to diagnosed students to benefit from special dispensatory and compensatory measures during all cycles of education, including university. Students with SPLD are guaranteed an individual education plan that takes into account also other characteristics of the subject, such as bilingualism. The law includes compensatory and dispensatory measures specific for language learning and regulates the forms of monitoring and evaluation in state examinations and university examinations.</td>
</tr>
<tr>
<td>ITALY</td>
<td>2011: a temporary document was produced by the Office for Special Education. It regulates several dispensatory and compensatory measures for students with dyslexia, dysorthographia and dyscalculia.</td>
</tr>
<tr>
<td>SWITZERLAND</td>
<td>2011: a temporary document was produced by the Office for Special Education. It regulates several dispensatory and compensatory measures for students with dyslexia, dysorthographia and dyscalculia.</td>
</tr>
<tr>
<td>COUNTRY</td>
<td>DATE</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
</tr>
<tr>
<td>TURKEY</td>
<td>1997</td>
</tr>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>WALES</td>
<td>2002</td>
</tr>
</tbody>
</table>
3.2 Dyslexia in other countries

3.2.1 Dyslexia in France – by Dr Dominic Griffiths (Glyndŵr University, Wales) and Dr Maryvonne Priolet (Université de Reims, Champagne-Ardennes)

Introduction

The responsibility for the identification and support of people with dyslexia has, in France, traditionally been under the auspices of the medical authorities. However, in more recent years some responsibility has shifted a little more (though by no means entirely) to the education system, not least because of the sheer level of demand for identification, support, examination access arrangements etc.

Definitions of ‘La Dyslexie’ (Dyslexia) in France

No single definition of dyslexia has been adopted in France but one widely referred to is offered by the Institut National de la Santé et de la Recherche Médicale (INSERM, 2007):

‘Dyslexia is a constitutional impairment of the symbolic function, which specifically affects letter-sound (grapheme-phoneme) correspondence, rendering it difficult to memorise and to synthesise in practice.’

A rather broader definition is offered by the national dyslexia support organisation, ANPDEYS France (Association Nationale d’Associations d’Adults et de Parents d’Enfants Dys’), who define dyslexia as:

‘...a persistent difficulty in the learning of reading and the achievement of fluency amongst intelligent children, normally educated and without pre-existing sensory impairments and/or psychological difficulties.’

Note that this definition does not address spelling and writing, which are classified separately under the heading of ‘Dysorthographie’.

The Federation Française des Dys (the national umbrella organisation covering all types of Specific Learning Difficulties: dyslexia, dyscalculia, ADHD etc.) tends to avoid the intelligence/reading discrepancy and, rather than a definition, lists difficulties associated with dyslexia which are persistent, with no reference to measures of intelligence. This latter approach is that which seems to underpin the protocols for the identification and diagnosis of dyslexia followed in the French education system.

Legislation

The rights of French citizens with dyslexia to be educated in mainstream schools has been covered by the more general legislation of 2005 enshrining this right (in principle) for all those with a ‘handicap’ (sic) to be thus educated.
Identification/diagnosis of dyslexia in France

Where concerns are raised about a child’s progress in acquiring literacy skills in the Cours Préparatoire (CP) year (8-9 year olds), a referral will often be made to the school doctor, who will carry out phonological testing (for example blending and segmentation of sounds in words).

From there, a referral may be made for direct support from a speech therapist. Although these practitioners are private, the fees for their support can be reclaimed through social security by the child’s family. In some cases the referral is made directly by the school to the speech therapist. Support sessions from the speech therapist will be one or more 30 minute slot per week (usually no more than two sessions, weekly).

Sometimes the school in-house generic special educational needs (SEN) teacher may offer some support but these sessions are not usually coordinated with the speech therapist, nor do they replace the speech therapist sessions. However, since recent government economic cutbacks, SEN teachers are often now shared between a cluster of schools, so that access to these teachers is often very limited.

If problems persist for more than two years after initial identification (never earlier than the Cours Élémentaire Deuxième Année (E2) year (7 yr olds)), then a move to formal diagnosis of dyslexia can be made. In other words the ‘response to intervention’ model (rather than the old discrepancy model) is used in France.

Where more severe cases of dyslexia are identified by the local ‘maison départementale des personnes handicapées’, then the pupil might be referred for placement in a mainstream primary or secondary school with a dyslexia resources base.

Identified children would get extensive withdrawal for extra literacy support as well as access to in-class support, assistive technology and access arrangements for examinations.

A commonly used test battery for dyslexia assessments for 6-10 year olds is the EVALEC, (Evaluation de la lecture et des compétences reliées), a computerised battery of tests covering reading accuracy and speed, phonological awareness, working memory and rapid-naming.

Dyslexia in further and higher education in France

In 2011 updated legislation from 2005 confirmed the legal right of dyslexic students to appropriate access arrangements in examinations subject to assessment by a locally nominated or university medical service doctor. A commonly used assessment tool for adolescents and adults is the EVALAD (Evaluation du langue écrit et des compétences transversals), much like the EVALEC but aimed at older learners.

Dyslexic students do not qualify for a disabled students bursary, however, as dyslexia is not officially categorised as a ‘disability’ in France.
3.2.2 Dyslexia in India – information provided by Maharashtra Dyslexia Association

In India, Specific Learning Disabilities are defined as:

“a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.” (Government of India, Ministry of Social Justice and Empowerment, Department of Disability Affairs, September, 2012).

In an Order issued by the Honourable Justice R. M. Lodha of the Bombay High Court in July 2006, it states that the denial of accommodations amounts to contempt of Court. In a judgement dated 11 July 2013, Bombay High Court Chief Justice Mohit S. Shah holds the school responsible for creating awareness and informing the students as well as their parents about the accommodations available to students with a specific learning disability.

Maharashtra was the first State in India to recognise Specific Learning Disability and grant accommodations to students of Class X in 1996. This was possible because of the efforts of the parents of children with specific learning disabilities who then went ahead to establish the Maharashtra Dyslexia Association.

Maharashtra Dyslexia Association (MDA) is a not-for-profit organisation committed to securing the rights of students with specific learning disabilities to an appropriate education. MDA was started in March 1996 by a group of parents and professionals with a view to creating awareness about dyslexia amongst the educational community in the city and the general public, and advocating the rights of students with specific learning disabilities. MDA aims to provide a better understanding of this common, but often misunderstood, condition and provide appropriate remedial assistance, thus working towards the acceptance of the special needs of children with specific learning disabilities and enabling them to reach their full potential.

Provisions granted by the Maharashtra State Board of Secondary and Higher Secondary Education in the State of Maharashtra, India:

- 25% extra time
- Oral Test along with the written examination for Standard I to IX
- Promotion to next class on the basis of the average class score
- Writer/typewriter
- Question papers to be read out
- Exemption from second and third language
- Physiology-hygiene and home science in place of science
- Arithmetic of Standard I to IV – errors of interchanging of computation signs and number reversal to be ignored
- Arithmetic of Standard V accepted in Standard V & VI
• Arithmetic of Standard VI accepted in Standard VII & VIII
• Arithmetic of Standard VII accepted in Standard IX & X
• Use of calculator at Class X Examination
• Spelling errors and incorrect sentence construction to be ignored
• Errors in respect of showing directions in geography to be ignored
• Students between Standard I & IX exempted from drawing diagrams, graphs, and charts (Marks for such questions proportionately distributed to the other questions or students to be provided with supplementary questions)
• 20% consolidated grace marks in one or more subjects
• Students are permitted to write in ordinary print
• Exemption from having to write detailed answers during exams

Provisions at the Class XII Examinations conducted by the Maharashtra State Board of Secondary and Higher Secondary Examination since 1998:

1. Extra time: one hour
2. Option of vocational subjects instead of second language
3. Reader and Writer
4. Calculator for maths in all streams & book-keeping and accountancy, commerce stream
5. 20 grace marks in one or more subjects
6. Disregarding of spelling errors and number reversals

Provisions at The University of Mumbai Examination since 2005:

1. Additional time: 15 minutes for 1-hour paper; maximum 30 minutes for a 2 or more hours paper
2. Option of vocational subjects instead of second language
3. Reader and Writer
4. Calculator for maths in all streams & book-keeping and accountancy, commerce stream
5. 20 grace marks in one or more subjects
6. Disregarding of spelling errors and number reversals

Provisions granted by the Central Board of Secondary Education (CBSE) to the students appearing at the Class (X) examinations:

1. Amanuensis
2. Additional time: 1 hour for 3-hour paper; 50 minutes for 2 ½ hour paper; 40 minutes for 2-hour paper; 30 minutes for 1 ½ hour paper
3. English & any four of the following subjects:

   - mathematics; science; social science; another language; music; painting; home science; introductory information technology; commerce (elements of business); commerce (elements of book keeping & accountancy)

Provisions granted by the Council for the Indian School Certificate Examinations to students appearing at the ICSE (Class X) Examinations:

1. Exemption from the study of a second language
2. Allowance of additional time – 15 minutes for a 1-hour paper, 30 minutes for a 2-hour paper and 45 minutes for a 3-hour paper
3. Use of an/a Amanuensis/Reader/Reader-cum-Writer
4. Use of a Casio fx-82 MS (Scientific) calculator for mathematical calculations only in the following Subjects – mathematics, science & geography
5. Disregarding of spelling errors
6. Use of a magnifying glass

Provisions granted by the state of Tamil Nadu:

Since March 1999, students appearing for Class X and XII Government Examinations - Higher Secondary, Secondary, Middle School, Matriculation, Anglo-India, ESLC receive the following accommodations:

I. Extra time of 1 hour to answer examination papers
II. Exemption from one language
III. Use of calculator
IV. Use of Clarke’s Table
V. Appointment of scribe to read the question paper or answer the paper
VI. Disregarding of spelling errors

Since 2007, undergraduate students and since 2009, postgraduate students have received the following accommodations:

1. An additional one third of the stipulated time
2. Amanuensis
3. Disregarding of spelling errors

Provisions granted by the State of Andhra Pradesh:

Since March 2004, students appearing for Class X Examinations conducted by the Secondary Board of Examination, Andhra Pradesh, have been granted the following accommodations:

1. Exemption from writing in the 3rd language
2. Scribe
3. Additional time of 1 hour for each paper

Since 2007, undergraduate and postgraduate students have been able to access:

1. Scribe
2. Additional time of 1 hour for each paper

Provisions granted by the state of Karnataka:

Since 2008, children with dyslexia studying in Classes 1 to 10 in the Government recognised schools in Karnataka are able to access the following accommodations:

1. Exemption from 2nd and 3rd language
2. Additional time - for examinations of 2 ½ to 3 hours - 1 hour extra, for examinations of 2 hours - 45 minutes extra, for examinations of 1 hour - 30 minutes extra.

3. Permission to use calculators during examination

4. Permission for an Assistant to read question papers at the expense of the parents

5. Evaluators instructed to disregard small spelling mistakes except in the case of proper nouns, nouns, pronouns.

6. In the case of children studying in government recognised schools the following evaluation is to be followed from classes 1 to 9:

<table>
<thead>
<tr>
<th>CLASS</th>
<th>WEIGHTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oral Examination</td>
</tr>
<tr>
<td>Class 1 to 2</td>
<td>100</td>
</tr>
<tr>
<td>Class 3 to 4</td>
<td>75</td>
</tr>
<tr>
<td>Class 5, 6 &amp; 7</td>
<td>50</td>
</tr>
<tr>
<td>Class 8 &amp; 9</td>
<td>30</td>
</tr>
</tbody>
</table>

- Since 2010 students have been given the option to drop mathematics and general science from their studies in SSLC (Class X). In lieu of these subjects, they can select any two among the following five - Indian political science, Indian economics, Indian history, Hindustani music and Carnatic music.

Provisions granted by the State of Kerala:

Since 2012, Class X students presenting for the SSLC Examination have been granted the following accommodations:

1. Service of Scribe or Interpreter will be permitted.

Dyslexia:
   i) Additional time of 10 minutes per hour per paper
   ii) Assistance of an interpreter, if necessary.

Dysgraphia:
   i) Additional time of 10 minutes per hour per paper
   ii) Exemption from either first language or second language and also Hindi if necessary. Instead, they can opt for subjects such as:
      a) Computer education
      b) Horticulture
      c) Catering
      d) Drawing and painting

Since there are two papers in the first language, any two of the subjects have to be selected if a student is being exempted from the first language.
   iii) A scribe will be permitted, if required.
Dyscalculia:
   i) Exempted from mathematics and permitted to choose subjects from computer education, rattan work, vocal music, instrumental music
   ii) Assistance of an interpreter for mathematics only, if required
   iii) Permitted to use simple calculator, if necessary
   iv) Additional time of 10 minutes per hour per paper

Diagnostic tests for Specific Learning Disability:

In India, there is no one test used for the purpose of diagnosis. Different professionals use different batteries of tests, the most common one being the Woodcock Johnson III - Tests of Achievement. Also, Indian adaptations of WISC III, WISC - IV India Edition and Binet-Kamat Test of Intelligence are the commonly used intelligence tests.

Assessment Battery used at MDA:

1. Wechsler Intelligence Scale for Children – Fourth Edition (Indian Adaptation) (WISC-IV)
2. Bender Visual Motor Gestalt Test (BG)
3. Ann Arbor Learning Inventory
5. Gray Oral Reading Test – Fifth Edition (GORT-5)
6. Word Identification and Spelling Test (WIST)
7. Test of Written Language – Fourth Edition (TOWL-4)
8. Woodcock Johnson III - Tests of Achievement

To be able to access the accommodations, students need to submit a certificate of disability/diagnostic report, depending on the State and the Board conducting the examinations.

In Maharashtra State, The State Board only recognises certification from the LD Clinics of the 3 Hospitals in Mumbai– Lokmanya Tilak Municipal General Hospital, B.Y.L. Nair Hospital and KEM Hospital.

In Karnataka State, candidates need certification from one of the following:
   • National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore;
   • St John’s Hospital, Bangalore
   • All-India Institute of Speech and Hearing, Mysore
   • any psychiatrist working in a government hospital
   • any clinical psychologist with an M.Phil. and attested by a government doctor (not below the rank of a district surgeon)
   • Malleswaram Dyslexia Association.

In Tamil Nadu State, psychiatrists from Government Hospitals can certify based on the assessment by a Clinical Psychologist as per the Tamil Nadu Government Order No. 47 Sl No. 1, issued on February 18, 1999.
In Kerala State, a Certificate is required from a psychiatrist above the rank of Asst. surgeon in any Govt. Hospital countersigned by the DEO or a Registered Clinical Psychologist.

In Andhra Pradesh State, a certificate is required from the Child Psychiatry Department at Niloufer Hospital.

For Council For The Indian School Certificate Examinations, recommendations must be sent by the Head of the School and necessary documents and a detailed diagnostic report (by a competent authority approved by the State/Central Government and acceptable to the Council) must be provided.

The Central Board of Secondary Education requires a Certificate from a Municipal or Government Hospital.
3.2.3 Dyslexia in Malaysia – information provided by Ong Puay Hoon

In Malaysia, there is no standard definition for dyslexia. A diagnosis of dyslexia can only be signed by a medical professional (medical officer or specialist). An educational psychologist or clinical psychologist can do a screening and then refer the child to a medical professional with a report. The assessment process usually involves an IQ test, a battery of reading, copying, writing and spelling tests, and vision and auditory tests.

Access arrangements are only provided in examinations. These include extra time (15 minutes extra for every hour of the exam), a larger font size, questions printed on coloured paper, a reader, a scribe, the use of technological aids such as a voice recorder or computer and a separate room for the exam. No clear access arrangements are provided for classroom teaching and learning.
3.2.4 Dyslexia in Poland – by Magdalena Ziemnicka

In 1959, the first article on dyslexia in Poland, “Dysleksja”, was published in “Szkola Specjalna” (“Special School”) by Anna Drath, a child psychiatrist. She then initiated research on dyslexia at the Department of Mental Health at the Polish Academy of Sciences. At the same time, research work on the psychological aspects of reading disorders began at Warsaw University, led by Professor Halina Spionek.

The Polish Dyslexia Association was set up by Professor Marta Bogdanowicz in 1991. It comprises psychologists, speech therapists, neurologists, parents and dyslexic individuals. It is a non-profit organisation and one of its aims is to advise decision-makers in the area of specific learning difficulties. The association regularly organises seminars and conferences promoting knowledge and awareness of dyslexia.

Professor Bogdanowicz was the first person who broadly popularised the term “children at risk of dyslexia”, as well as describing “developmental dyslexia” as a syndrome which includes dyslexia, dysorthographia and dysgraphia.

There are a number of definitions of dyslexia. The Polish Dyslexia Association adheres to the following definition:

Developmental dyslexia - specific difficulties in reading and writing among children with normal mental development. Difficulties are caused by an impairment of some cognitive and motor functions, and their integration. This is caused by abnormal functioning of the nervous system.

http://www.ptd.edu.pl/o_dysleksji/co_to_jest_dysleksja_rozwojowa

The most frequently used term to describe the syndrome of specific learning difficulties in reading and writing is “developmental dyslexia”. In Poland, three sub-terms are used:

- Dyslexia - specific difficulties in reading;
- Dysorthographia - specific difficulties in mastering the correct spelling;
- Dysgraphia – difficulties with motor coordination required for handwriting.

The assessment can be carried out at a public or an authorised private psycho-pedagogical centre. The diagnosis is developed on the basis of joint work between an educational psychologist, a specialist teacher, and, when necessary, a speech therapist, or pediatrician. An assessment made when a child is at primary school is valid throughout the child’s school education and is free of charge at public centres.

Assessment for adults is problematic in Poland. There are few centres which can carry out assessments and they always charge a fee.
According to the 2010 Act, school teachers are obliged to screen for dyslexic difficulties:

Rozporządzenie Ministra Edukacji Narodowej w sprawie warunków organizowania kształcenia, wychowania i opieki dla dzieci i młodzieży niepełnosprawnych oraz niedostosowanych społecznie w przedszkolach, szkołach i oddziałach ogólnodostępnych lub integracyjnych (Dz.U. Nr 228, poz. 1490) 17 listopada 2010r.

There are five levels of support for dyslexic children, (Bogdanowicz, 2004):

1. Help from their parents under teacher’s guidance;
2. Specialist teaching in “corrective-compensatory” sessions held within the schools, typically 2 hours once or twice a week;
3. Individual therapy in psycho-pedagogical centres;
4. Therapeutic/support classes organised by the school;
5. Day-care centres. There are several of these in Poland. They are full time education centres with the option to live at the centre during the week. The students admitted to these centres often have additional emotional and behavioural issues.

The cost of most of the above mentioned activities is covered by the state. There are no specialised centres for the assessment of dyslexia in immigrants/multilingual individuals. However, the 2010 Act mentions that multilingual children have special educational needs.

Dyslexic pupils can receive appropriate access arrangements for exams according to the law:

Rozporządzenie Ministra Edukacji Narodowej zmieniające w sprawie warunków i sposobu oceniania, klasyfikowania i promowania uczniów i słuchaczy oraz przeprowadzania sprawdzianów i egzaminów w szkołach publicznych (Dz.U. Nr 228, poz. 1491) 17 listopada 2010r.

For example dyslexic students taking high school exams may receive the following arrangements (http://www.oke.krakow.pl/inf/staticpages/index.php?page=20060630115113731):

1. Having the possibility of selecting responses without having to transfer them from one card/sheet to another;
2. Having extra time;
3. Using a computer;
4. Receiving help from the teacher in writing down their responses;
5. Having questions read out loud;
6. The use of detailed assessment criteria for spelling in Polish and other modern languages.
There is no legislation for higher education institutions. Individual universities can establish their own range of support for students. The first universities which developed a model of support for dyslexic students in Poland were Warsaw University http://www.bon.uw.edu.pl and Jagiellonian University (Krakow) http://www.bon.uj.edu.pl. Support varies according to the specific needs of students the student and the subject/s they are studying. It may include extra time, the use of a computer, the possibility to record lectures, the substitution of an oral exam for a written one, exam with an oral one etc.

There is no legislation supporting dyslexic jobseekers and employees. However, the idea of Corporate Social Responsibility is becoming more and more popular in Poland and consequently employers have started to think more about how to support the diversity and needs of their employees.

Further reading:

http://csr.pl
http://dysvet.eu
http://www.ptd.edu.pl
http://www.bon.uj.edu.pl
http://www.bon.uw.edu.pl/
http://isap.sejm.gov.pl/DetailsServlet?id=WDU20102281490
http://isap.sejm.gov.pl/DetailsServlet?id=WDU20102281491


Drath A. (1959) Dyseksja, Szkoła Specjalna, (pp. 4-5).
3.2.5 Dyslexia in Singapore

The Dyslexia Association of Singapore (www.das.org.sg) uses the following definition:

“Dyslexia is a neurologically based specific learning difficulty that is characterised by difficulties in one or more of reading, spelling and writing. Accompanying weaknesses may be identified in areas of language acquisition, phonological processing, working memory and sequencing. Some factors that are associated with, but do not cause, dyslexia are poor motivation, impaired attention and academic frustration.

The extent to which dyslexia is apparent in a particular language is affected by the quantity and quality of exposure to that language and other languages. Dyslexics are likely to have greater difficulty with languages that have more complicated orthographic, phonological and/or grammatical systems.

The effects of dyslexia can be largely overcome by skilled specialist teaching and the use of compensatory strategies”.

(Dyslexia Association of Singapore, 2003)

According to Lee Siang (Executive Director of Dyslexia Association of Singapore), dyslexia is relatively well accepted in Singapore. The Singapore government provides partial funding to the Dyslexia Association of Singapore. DAS has 2,400 students in 11 centres in Singapore. English is the main language of government, business and school but they have many students with dyslexia who come from Chinese, Malay or Tamil speaking homes who find the bilingual school approach in mainstream schools a challenge. DAS’s work is focused on preschool, primary and secondary school students and there is little in terms of services at the tertiary/adult level.
3.2.6 Dyslexia in other countries – information and links

**Australia:**
*Australian Dyslexia Association*
Dyslexia Assessment and Support Services supports adults and children with dyslexia
Email: karen@dyslexiasupportservices.com.au
Website: http://dyslexiaassociation.org.au/

*AUSPELD - Australian Federation of SPELD Associations*
Supporting people with learning disabilities across Australia
Email: support@dsf.net.au
Website: http://auspeld.org.au/

**Austria:**
*Österreichischer Bundesverband Legasthenie*
(ÖBV, Austrian Federal Dyslexia Association)
Website: http://www.legasthenie.org

*Steirischer Landesverband Legasthenie*
(STLL, Styrian Dyslexia Association)
Email: rouschal@yahoo.de
Website: http://www.legasthenie-stll.com

*Initiative LEGA Vorarlberg (LEGA)*
Email: office@lega.at
Website: http://www.lega.at

**Belgium:**
*ADHD-ASC-DYSLEXIA Family Resources Brussels*
We provide help, resources and training for English-speaking families
Email: jnorris@adhd-edu.be
Website: http://www.adhd-edu.be

*Sprankel*
Vereniging van ouders van normaalbegaafde kinderen met leerproblemen
(SPRANKEL, Sprankel, Association of Parents of Normally Gifted Children with Learning Disabilities)
Website: http://www.sprankel.be

*Dies-'s-lekti-kus*
Eerste hulp bij leerstoornissen en/of problemen bij het leren
Website: http://www.letop.be

**Brazil:**
*Brazilian Dyslexia Association*
Angloinfo (information on special needs education in Brazil)
Email: contato@dislexia.org.br
Website: http://www.dislexia.org.br/ (in Portuguese)
Cyprus:
ΠΑΓΚΥΠΡΙΟΣ ΣΥΝΔΕΣΜΟΣ ΔΥΣΛΕΞΙΑΣ
(CDA, CYPRUS DYSLEXIA ASSOCIATION) EFF
Email: info@cyprusdyslexia.com
Website: http://www.cyprusdyslexia.com

Denmark:
Ordblinde/Dysleksiforeningen i Danmark
(Danish Dyslexia Association)
Email: kontor@ordblind.org
Website: http://www.ordblindeforeningen.dk

Egypt:
Egyptian Learning Disabilities Association
Website: http://www.elda-egypt.org/

The Lighthouse School
School for students with dyslexia and other overlapping specific learning
disabilities.
Email: rafat@lighthouseschoolonline.com
Website: http://www.lighthouseschoolonline.com/index.html

Finland:
Finder - Erilaisten oppijoiden liitto/Förbunder för all inlärning
(Finnish Diverse Learners’ Association)
Website: http://www.erilaistenoppijoidenliitto.fi

France:
Association Française de Parents d’Enfants en Difficulté d’Apprentissage
du langage écrit et oral (APEDA-France)
French Association of Parents of Children with learning disabilities in
written and oral language
Website: http://www.apeda-France.com

Fédération française des Dys (FFDys)
French Federation of Dys
Troubles cognitifs spécifiques; troubles du langage et des apprentissages
Email: contact@ffdys.fr
Website: http://www.ffdys.com

Germany:
Bundesverband Legasthenie und Dyskalkulie
(Federal Association of Dyslexia and Dyscalculia)
Website: http://bvl-legasthenie.de/
(See also http://www.interdys.org/GlobalPartnersGermany.htm)

Ghana:
Dyslexia Awareness Centre, ‘Crossroads@u2kan’
For children and adults with dyslexia/SpLD
Website: http://www.dyslexiaghana.com/
Vision Port International School
Dyslexia friendly international school in Accra
Email: visionport@u2can.com
Website: http://www.u2kan.co.uk/#

Greece:
Σύλλογος γονέων παιδιών με δυσλεξία και μαθησιακές δυσκολίες Θεσσαλονίκης και Β. Ελλάδος
(Association of parents and guardians with children with dyslexia and learning difficulties of Thessaloniki and Northern Greece)
Website: http://www.dyslexia-goneis.gr

India:
The Dyslexia Association of India
Email: info@dyslexiaindia.org.in
Website: http://www.dyslexiaindia.org.in/index.html

Maharashtra Dyslexia Association
Website: http://www.mdamumbai.com

Ireland:
The Dyslexia Association of Ireland
Aims to promote the understanding, treatment and prevention of the problems associated with dyslexia, a specific learning disability.
Suffolk Chambers, 1 Suffolk Street, Dublin 2, Ireland
Tel: 00 353 1 679 0276
E-mail: info@dyslexia.ie
Website: http://www.dyslexia.ie/

Japan:
Education in Japan Community
Japan Dyslexia Society (NPO Edge)
Provides information on legislation, definition of dyslexia, identification and assessment etc.
Email: info@npo-edge.jp
Website: http://www.npo-edge.jp/?p=138

Kuwait:
Kuwait Dyslexia Association (K. D. A.)
Email: contact@q8da.com
Website: http://www.q8da.com/

Luxembourg:
Dyslexia and Special Education Needs (DYSPEL)
Support group for families and professionals in Luxembourg with an interest in dyslexia and other special educational needs
Email: petros@dyspel.org
Website: http://www.dyspel.org
Malaysia:
**Persuatan Dyslexia Malaysia**
Seminars for teachers and parents, counselling and special classes for dyslexic children
Email: enquiry@dyslexiamalaysia.org.my
Website: http://www.dyslexiamalaysia.org.my/index.php

**Sri Rafelsia Learning Support and Intervention Services**
Jalan 27/70A, Desa Sri Hartamas, 50480 Kuala Lumpur, WP, Malaysia
Tel: +(6)012 371 0372
E-mail: enquiries@srirafelsia.com
Website: http://www.srirafelsia.com/

Netherlands:
**Stichting Dyslexie Nederland (SDN)**
(Netherlands Dyslexia Association)
Website: http://www.stichtingdyslexieneederland.nl

New Zealand/Aotearoa:
**Dyslexia Foundation of New Zealand**
Email: info@dfnz.org.nz
Website: http://www.dyslexiafoundation.org.nz

Norway:
**Dysleksi Norge**
(Dyslexia Norway)
Email: post@dysleksiforbundet.no
Website: http://www.dysleksinorge.no

Portugal:

Russia:
http://www.dyslexia-international.org/WDF/Files/WDF2010-Grigorenko-paper.pdf

Slovenia:
**Bravo - društvo za pomoč otrokom in mladostnikom s specifičnimi učnimi težavami**
(Bravo Association for helping children and adolescent with specific learning difficulties)
Website: http://www.drustvo-bravo.si
South Africa:
SAALED The South African Association for Learning and Educational Differences
Email: membership@saaled.org.za
Website: http://www.saaled.org.za/

Spain:
Centre d’Estudi i Tractament de Dislexia Montserrat Estil-les
The Centre Montserrat Estil-les specialises in diagnosis and treatment of dyslexia and attention deficit disorder in children, adolescents and adults.
E-mail: info@montserratestil-les.com
Website: www.montserratestil-les.com/

Sweden:
Svenska Dyslexiföreningen
(The Swedish Dyslexia Association)
Email: kansliet@dyslexiforeningen.se
Website: http://www.dyslexiforeningen.se/
3.3 Dyslexia in a Multilingual Society

Different languages have different characteristics and different demands. Depending on the language, dyslexia will manifest itself in different ways and will be more or less easy to identify. In the case of students with a multilingual background, things tend to get more complicated. There are behaviours that are generally attributed to an SpLD, but that may simply be the consequence of the pupil’s sociocultural background, of lack of adequate learning opportunities or of inadequate teaching methodologies.

For these reasons, it is very important for the teacher to be able to observe their pupils/students and to understand whether intervention might be needed or not. It is important to try to distinguish between difficulties that could be attributed to an SpLD and those that are related to insufficient linguistic competence.

The teacher needs to know what kind of information should be gathered and what kind of questions need to be asked about their pupils/students and their families before deciding to investigate the possibility of an SPLD. For this purpose, the tables and diagram included below may guide the teacher in the observation of his/her students and in the collection of relevant information. It should be stressed that this information should be collected over time. It is not recommended that a parent should be asked all the questions in one meeting. It is essential to build up a positive relationship with parents and to recognise that this process takes time.

Once the information is collected, it is important for the language teachers to communicate, exchange ideas and discuss together, in order to dig deeper and obtain a more thorough understanding of their student’s difficulties (and their origin).

In the case where the information gathered by the teacher leads them to suspect the presence of a SPLD, there is another issue to consider, namely which language the diagnosis should be carried out in (see also Module 7).

If the student has lived for a sufficient time in the new country, has had good learning opportunities and is proficient in the language of the environment (L2), then the diagnosis can be done in the L2. If this is not the case, in other words if the individual still manifests great difficulties in the L2, then diagnosis should be done in L1. However, this may not be possible, as tests in the first language of the child may not be available in the new country. So the solution should be to use tests that are as “independent” as possible from the language, and that are usable and interpretable also by professionals who neither speak nor understand the first language of the student to be diagnosed. It will be necessary to limit the interference of the L2 and let the individual rely as much as possible on his/her knowledge of their first language while carrying out the test.
The diagram below can be very useful in gathering information from parents about the languages that their child speaks and listens to in different contexts and for building up an overall picture of their language exposure. Bear in mind that parents may sometimes give answers that they think the teacher wants to hear and may, for example, understate the amount of time devoted to communication in a language that isn’t the language of the classroom. In order to avoid this, it is essential that teachers stress the importance of multilingualism and the maintenance of home languages from the outset. It is also important to find out whether the child speaks other languages besides his/her mother tongue (L1) and the language of the classroom (L2). Sometimes parents may not mention a dialect that a child speaks because they may assume that it is of low status and therefore not of interest to the teacher. Parents should be encouraged to mention all languages and dialects spoken and to give an indication of the level of proficiency in each.

Languages spoken in different context

Illustration based on “Languages spoken in different contexts” (p64) International New Arrivals, Travellers and Supplementary Schools Team, Manchester City Council (EMA and SEN Guidance.pdf)
### QUESTIONS

<table>
<thead>
<tr>
<th><strong>A</strong> What is the country and language of origin of the family?</th>
<th><strong>HOW TO FIND THE ANSWER</strong></th>
<th><strong>ANSWERS (only white fields apply)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School records</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B</strong> How long have the pupil/student’s parents been living in the new country?</th>
<th><strong>HOW TO FIND THE ANSWER</strong></th>
<th><strong>1 year</strong></th>
<th><strong>3-5 years</strong></th>
<th><strong>&gt;5 years</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ask parents</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C</strong> What is the level of competence of your pupil/student’s parents in the L2?</th>
<th><strong>HOW TO FIND THE ANSWER</strong></th>
<th><strong>Speaking</strong></th>
<th><strong>Listening</strong></th>
<th><strong>Reading</strong></th>
<th><strong>Writing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infer from interaction with parents. Think about this in terms of the implications for meetings (interpreter required?), letters home, parents’ ability to support their child with homework etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>D</strong> Does your pupil/student have parents or relatives who have had difficulties in literacy learning?</th>
<th><strong>HOW TO FIND THE ANSWER</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Be aware that this could be a very sensitive issue. Unless you have developed a good relationship, in which case the parents might mention this unprompted, there’s no guarantee that the parent will want to admit to this and there’s a risk of damaging your relationship with them.</td>
<td></td>
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</tbody>
</table>

Use your conversations with parents, your observation of the child and information from bilingual staff to build up a picture of the child’s exposure to and proficiency in different languages. The table below may be useful for recording this information.
1. How many years has the pupil/student studied in the country of origin?
   - Ask your pupil/student or his/her parents

2. To what extent can the pupil/student master the language of origin?
   - Ask parents

3. How many years has the pupil/student been studying in the new country?
   - Ask your pupil/student or his/her parents

4. Have parents reported any language impairment or any delay in language acquisition (L1)?
   - Ask parents

5. How long has the pupil/student been living in the new country where a second language is spoken?
   - Ask parents

   **Years**
   - <1
   - 1-3
   - 3-5
   - >5

6. What has been the level of exposure of the pupil/student's to the language spoken in the new country? (L2)
   - Ask parents about language(s) used with peers outside school, language of TV programmes etc

   **Level of Exposure**
   - Low
   - Lower middle
   - Higher middle
   - High

7. If the pupil/student has started school in the country of origin, did he/she manifest any difficulties and/or delays in reading?
   - Ask parents
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>L1 (first language/mother tongue)</th>
<th>L2 (language spoken in the new country)</th>
<th>FL (additional curricular language)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>If the pupil/student started school in the country of origin, did he/she manifest any difficulties and/or delays in writing?</td>
<td>Ask parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>If the pupil/student started school in the country of origin: what is the writing system that the pupil/student used when he/she started school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>How long was the period of intensive and systematic contact with the language?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>How long has the pupil/student been studying the FL?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Did the pupil/student start learning the FL in the country of origin or in the new country?</td>
<td></td>
<td>Country of origin</td>
<td>New country</td>
</tr>
<tr>
<td>13</td>
<td>Can the difficulties encountered by your pupil/student in L2 and FL be attributable to phonetic and phonological differences between the languages involved (L1 vs L2 and L1 vs FL)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>L1 (first language/ mother tongue)</td>
<td>L2 (language spoken in the new country)</td>
<td>FL (additional curricular language)</td>
</tr>
<tr>
<td>---</td>
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<td>---------------------------------------</td>
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</tr>
<tr>
<td>14</td>
<td>Can the difficulties encountered by your pupil/student in L2 and FL be attributable to syntactic differences between the languages involved (L1 vs L2 and L1 vs FL)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Can the difficulties encountered by your pupil/student in L2 and FL be attributable to typological differences between the languages involved (L1 vs L2 and L1 vs FL)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>What is the level of proficiency in the L1 and L2?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>What is the pupil/student’s attitude to the first, second and foreign language?</td>
<td>Negative</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>18</td>
<td>What is the attitude of the pupil/student’s parents and relatives to the first, second and foreign language.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>What is the attitude of the pupil/student’s peers to the first language?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>L1 (first language/mother tongue)</td>
<td>L2 (language spoken in the new country)</td>
<td>FL (additional curricular language)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>----------------------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>20</td>
<td>Does the school environment favour integration, fostering interest and curiosity towards the language and culture of immigrant students?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>What is the pupil/student's level of motivation to learning the L2 and the FL?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
References


**Links and further reading**


