



DYSLEXIA INSTITUTES OF AMERICA

Producing Results for Lifelong Success

MYTHS ABOUT DYSLEXIA

[Dyslexia is often misunderstood. Click each myth to see the truth](#)

If a person is unable to read it means that (s)he has a low I.Q.

Dyslexics are persons with average to above average I.Q.'s, and are unable to read commensurate with their intelligence level. When a client is tested in our clinic for dyslexia, the first test given is an I.Q. test. Slow learners are not dyslexic.

Dyslexia cannot be diagnosed.

There are several tests on the market for determining whether a person is dyslexic or not. In addition, some of these tests will determine the level of severity and the KIND of dyslexia present.

Children under the age of 9 cannot be diagnosed with dyslexia.

There are several tests on the market at the present time for diagnosing dyslexia as early as 4 years of age. However, we term these early diagnoses as 'at risk' for dyslexia until the child is six months into their second grade of education.

Dyslexia is much more common in boys than in girls.

New research has shown that there are as many girls as boys with dyslexia. Boys are often easier to recognize in the classroom setting as they are more demonstrative than girls are and are more easily observed by the classroom teacher. Girls tend to be more quiet and submissive and are often overlooked.

Children who experience reading, writing, and spelling difficulties in grades 1 through 3 almost always outgrow them.

Early problems with letter recognition, letter sounds, and letter writing are signs of dyslexia. If your child seemed bright before entering school, and is experiencing difficulties with early reading instruction, have him/her tested for dyslexia. These problems, if left untreated, mushroom into major reading/comprehension problems. In addition, spelling and writing may be affected. When helping a dyslexic child, an early diagnosis and clinical therapy will prevent a loss of self-esteem, many hours of homework struggle at home, and future struggles in learning to read.

When a child has difficulties in reading, writing, and spelling, holding him/her back a grade will help him/her mature and become more ready to read.

Probably the worst thing you could do to a dyslexic child is retain them! As mentioned before, these children have average to above average intelligence and will suffer tragic loss of self-esteem when they 'fail' a grade. Rather, we suggest you obtain a diagnosis of dyslexia for the child, and make classroom modifications for him/her. Modification can be made in the following ways:

- If the child has not been tested for a Learning Disability, you can request such a test, in writing, from the school

principal. This obligates the school to test your child within 60 school days for a Learning Disability. If the diagnosis is made by the school and your child is referred for services to a Learning Disability teacher, you can then help write the Individualized Education Plan (IEP) for your child with assistance from the clinic, psychologist, or hospital that diagnosed him or her with dyslexia.

- If the child is already under the Learning Disability umbrella, you can have the dyslexia clinic, psychologist, or hospital that diagnosed the condition help write the Individualized Education Plan (IEP) for the student.
- If your child has been found to be dyslexic after the school finds them ineligible for a Learning Disability program, the diagnosis can be used to receive a 504 plan, which provides for necessary classroom modifications. We strongly suggest that you take with you a parent advocate (provided free of charge in most communities) for assistance in working with the school. The clinic, psychologist, or hospital that tested the student should also help design appropriate classroom modifications.

You can tell a person is dyslexic when they see things backwards, and reverse letters.

Although many dyslexics reverse letters and see things backwards, so do many normal early learners. This condition only becomes serious if it persists past the second grade.

Most children will outgrow dyslexia.

Dyslexia is a medical condition, such as diabetes. It cannot be outgrown, but can be treated. Dyslexics can be taught many cognitive processing skills, such as long/short term auditory or visual memory, to help them cope with their disability. Therapy can and does help dyslexics improve their ability to read, write, and spell.

Most classroom teachers can tell if a student is dyslexic and tailor instruction to best help that child.

Most teachers have not been trained about dyslexia in their undergraduate classes, and therefore often mistake the outward symptoms of poor processing skills as laziness, unwillingness to try, lack of motivation, etc.

Since dyslexia is a vision problem, vision therapy, colored lenses, and eye tracking exercises will cure the condition.

Although the dyslexic may have visual motor integration deficiencies or visual tracking problems, dyslexia is not a condition that can be cured with visual processing training, colored lenses, or eye tracking exercises. Visual processing may be a portion of the long term therapy for a dyslexic along with other specific cognitive and phonetic skills that (s)he lacks.

Dyslexia is a condition that only appears in English-speaking nations.

Dyslexia, once thought to be a problem with English-speaking countries exclusively, has now been found to be present elsewhere.

HALF-TRUTHS

Dyslexia can be diagnosed in a school setting when a student is tested for a Learning Disability.

Some of the subtests of the Wechsler I.Q. battery (commonly given for Learning Disability diagnosis) can indicate the possibility of dyslexia. Even though dyslexia comes under the umbrella of a Learning Disability, according to most schools, these schools are reluctant to make this definitive diagnosis, possibly because the dyslexic cannot and does not receive specific treatment for their condition in a Learning Disability resource program. Also, most resource specialists are not trained in dyslexia and therapy for dyslexics. The school may also be reluctant to refer the student to a clinic, psychologist, or hospital for further testing as this may indicate bias.

It is also important to keep in mind that if your child is given a Learning Disability test and does not qualify for the program, it does NOT mean that they are not dyslexic.

If you strongly encourage a dyslexic child to read aloud each day, it will help him/her learn.

False, because a dyslexic child is unable to decode (sound out) or encode (spell) words. Often (s)he laboriously works to recognize each word by sounding it out, and the sentence (s)he is attempting to read takes a long time to work out. By the time (s)he gets to the end of the sentence, (s)he has forgotten what the first part was about! Also, (s)he may have

problems with immediate or short-term memory, and cannot recall what was just read.

True, because encouraging the dyslexic child to read on his/her grade level for fluency practice can show marked improvement in skills. It is highly suggested that before practicing reading aloud with your child that you read and follow the explicit instructions on this method in the book *Overcoming Dyslexia*, by Sally Shaywitz, M.D.

We suggest you read to your child on his/her grade level, discussing content and meaning with him/her. This is especially true of students in the upper grades with subjects of history, science, etc. This aids the acquisition of higher-level vocabulary words that the student would be unable to decode, but would be able to understand. Remember that the printed material your child is able to read easily is probably not going to significantly increase his/her vocabulary because it is below their grade level.