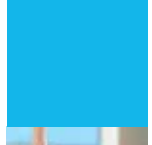
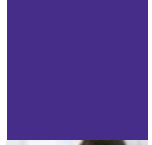


Balance MLS and Assistive Technology



Learning Ally



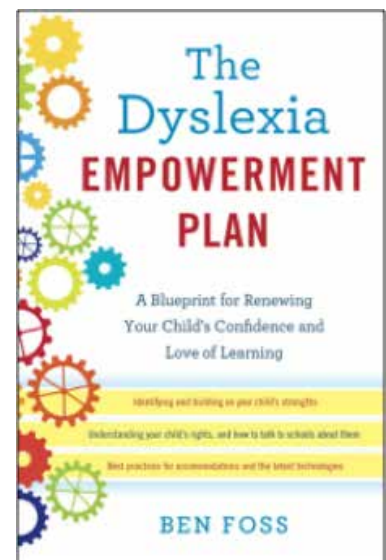
Both, Not Either/Or

Many people assume that if you push a student hard enough he will learn to read in a standard way. I can't repeat often enough that this is absolutely untrue for someone who is dyslexic. However, every child should be given an opportunity to learn to eye-read, and learning accommodations should begin with the right methods of teaching eye reading, blended with assistive technology training.

The best path to learning for dyslexic children is to use a Multi-Sensory Language teaching method (outlined below) for the first two to three years after being identified, while simultaneously employing the best accommodation technologies described. This approach guarantees the student an alternative way to learn when they hit their maximum eye-reading capability or reach a plateau (that is below what they are capable of). For example, even if your child achieves average standard reading ability by fifth grade, she might be able to digest intellectual content that would be appropriate for a tenth grader. If this is the case, you are doing her a disservice by shackling her to standard reading instead of freeing her to race ahead as her mind allows. Put another way, standard reading is not the goal; learning should be.

For dyslexic people, the most useful method for teaching reading is Multi-Sensory Language models, often called MSL. MSL will not turn children with dyslexia into standard readers; it is more likely to help your child develop a somewhat stilted process for doing what other people do fluidly. To use a metaphor, it teaches them the most efficient way to crawl up stairs. This is better than not getting in the building at all, to be sure, but a ramp is greatly preferable. Unfortunately, Orton-Gillingham (OG) teaching is usually presented as a "remediation" program. This label of remediation quickly forces dyslexic students down the dyslexia-as-disease path. This is a risky decision for three reasons.

From the Book, *THE DYSLEXIA EMPOWERMENT PLAN* by Ben Foss.
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First, it reinforces the sense that your child is broken. Second, even if your child makes real improvement from MSL training, she is never going to be as fluid an eye reader as her mainstream peers. Why is this dangerous? If you have gone from being in a wheelchair to being able to hoist yourself up stairs by leaning on a banister, you might start to think of yourself as cured and therefore start refusing ramps. All the while, standard learners will be jogging effortlessly up the stairs, gliding with the ease you could have had with your wheelchair on a ramp. This is especially true if she is going to move on to a higher education level. She might match her fifth grade peers, but will she be in the top 50 percent of eye readers in college? No. And that is fine. Ironically, we should want our children to do so well in their overall education that they will not be the best reader there. This is proof that their poor reading has not held them back!

Finally, there is the risk that your child will not reach mainstream standards of knowledge and will therefore conclude for herself—or have others conclude for her—that she is lazy or stupid. I had OG style interventions from second grade onward in order to improve my reading, but I still am in the bottom 15 percent in my broad reading score and the bottom 1 percent in my ability to name a letter when I see it. I value the standard reading I can do, but I do not, and your child should not, take on the shame that comes with thinking that reading with your eyes is the only way to learn.

Other Supports for Standard Reading

There are some strategies that may provide a certain amount of incremental benefit. One of these is the use of colored filters or colored paper, which is thought to make the process of eye reading easier. Proponents of this approach ask you to try out blue, yellow, or red glasses, or colored transparencies held over the page. Your child may find that it makes a slight improvement; for many years I used a blue filter over my text and convinced myself that it made reading better. Using my wheelchair/stairs analogy, however, I think of colored filters as equivalent to putting some sand on the stairs for a person who cannot climb with ease— it gives you more traction, but the stairs haven't become a ramp. A recent variation on this is tweaking text to make it better for the dyslexic reader, such as making part of a letter fatter or putting color around it. The worst part is that these kinds of incremental strategies can end up diverting your child from finding a better path. Getting a 5 percent increase in access to text by putting a filter over it can prevent you from looking for the 95 percent improvement your child might get through proper accommodations, such as audiobooks.



Sometimes a methodology improves your child's eye reading capability slightly because it is implemented through one- on- one tutoring. It's not that the methodology is working; rather, the child drinks up the attention and praise or believes he is improving because of the effort he is putting in. I have seen modern- day snake oil salesmen simply substitute their made up catch phrases for the eye of newt in concoctions of old, in some cases calling dyslexia a "gift," in other cases calling it a "condition," always insisting that they have the cure. In the worst cases, the charlatans take thousands of dollars in seminar, tutoring or therapy fees from families.

The upshot of all this? Make sure what you pick from MSL is well researched and validated. You can find a list of solid programs here. And then be sure to add both MSL and assistive technology to your child's learning environment as soon as possible, moving over to assistive technology solely once you have the benefits of MSL instruction or have hit the point of diminishing returns. Typically after two to three years of MSL instruction, you have reached the effective maximum of what your child can read in a standard way and focusing entirely on AT makes sense.