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Subseries:

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FolderID:

Folder Title:

Learning Disabilities

Stack:

S

Row:

97

Section:

2

Shelf:

11

Position:

1

* Resend Campaign

* July 9 - get stuff from Ellen Schiller

→ JH - more reg mtgs?

* Teen pay effort - add LD

↳ Lyn @ CK mtg

* PSAs - Tremaine already doing it?

- no?

* Chambers of Commerce / bus Comm ^{how are we connected?}

1 - Research

2 - what we know / revised / T1 - ^{Andy} will do

3 - Strategic ways to push out info, by agency

4 - PSA

PHOTOCOPY
PRESERVATION

Yvonne Howard assess effort
10%, not too many

PHOTOCOPY
PRESERVATION

* JH steering comm?

**Interdepartmental Work Group on Learning Disabilities
Adult and Adolescent Subcommittee
Draft Action Steps
Draft Date: 6/25/96**

I. Collaborative Efforts

- A. Research and Evaluation**
- B. Dissemination of present knowledge and best practices**
- C. Technical Assistance**
- D. Leadership**

ADDENDUM

II. Agency-specific Action Steps

- A. DOJ**
- B. ED**
- C. DOL**
- D. DHHS**
- E. NIFL**
- F. new members**

**Interdepartmental Work Group on Learning Disabilities
Adult and Adolescent Subcommittee
Draft Action Steps
Draft Date: 6/25/96**

I. Collaborative Efforts:

A. Research and Evaluation

1. Develop research agenda. ASPE, NICHD, NIDRR and ADD will coordinate effort. The group would look to set goals and define areas of responsibilities on research in the LD area.
2. Identify potential sources for support for cross-cutting pilot projects. DOL/ETA, DHHS/ACF, DOJ/Civil Rights, and ED/OSERS, OVAE will provide leadership. Pilots would be designed as interagency approaches to identify, remediate, and accommodate persons with LD in a wide range of cross-cutting programs intended to develop self-sufficiency. One approach could be to "pool" funds for a joint RFP to states soliciting applications for service design models for persons with LD.
3. Develop an update of the 1987 "Report to Congress." The Health Research Extension Act of 1985 (P.L.99-158) established an Interagency Committee on Learning Disabilities, which produced the 1987 publication "Learning Disabilities: A Report to the U.S. Congress." 1997 will be the tenth anniversary year of that report and an appropriate time assess status of the goals, and to identify new federal goals that extend beyond the 1987 medical model design.
4. Explore ways to incorporate findings of the DHHS Disability Survey into service models. The Office of Disability, Aging, and Long-term Care has supported and will analyze the results of a major study of disabilities in the United States, including LD. The numbers and characteristics of persons with disabilities and the service utilization patterns will provide a wider understanding of the impact of LD and how persons with LD interact with public services.

B. Dissemination of present knowledge and best practices.

1. Develop a national mailing listing for information distribution.
2. Identify resources and develop plan for distributing current publications on state of the art information to states and

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local programs. Publications, from federal sources, could include--

- a) National Institute for Literacy (NIFL) Newsletter and National Adult Literacy and Learning Disabilities Center (NALLDC) products.
 - b) Dept. of ED's Reading reports (also Attention Deficit Disorder information)
 - c) DOL's "The Learning Disabled in Employment and Training Programs"
 - d) NICHD's reports on definition and reading.
 - e) DOJ's Report on LD
3. Develop a national listing of publications on LD in adults and adolescents, focusing on a wide range of topics drawn from state and local programs and from the private sector. Topics will include --
- a) Juvenile Justice and Adult Corrections
 - b) School to work Transition
 - c) Post-secondary issues
 - d) Social programs and poverty
 - f) Work place and accommodations
 - g) Literacy

3. Commission new papers on current best practices.

C. Technical Assistance:

- 1. Develop technical assistance program for state and local governments.
 - a) Develop a cross-agency manual on LD and its impact.
 - b) Develop a federal and regional speaker's bureaus for presentations on LD
 - c) Along with OVAE and ACF, develop staff LD expertise.
- 2. Develop cross-agency strategies, or provide support to agencies in their processes of development of strategies, for

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addressing learning disabilities as they affect major national issues, including;

- a) teen-parents b) School to Work
- c) welfare to work d) youth violence
- e) literacy/ESL f) worker retraining
- f) Goals 2000 and other educational reform efforts

D. Leadership:

- 1. Develop a strategy for making the LD adult issue to a focus of concern.** A wide range of options exist for how the Administration can call attention to the issue. The Interdepartmental Working Group on Learning Disabilities will evaluate options and make recommendations on direction.

Addendum

II. Agency-specific Action Steps

A. DOJ:

- 1) Create an intra-agency process, including Civil Rights, Corrections, Juvenile Justice, that looks at steps such as:**
 - a) Developing an Advisory Council on LD and JJ**
 - b) Developing a presentation for the Juvenile Justice and Delinquency Prevention Coordination Council.**
 - c) Including LD issues in training for COPS (Community Orientated Policing)**
 - d) Developing appropriate technical assistance for all covered entities.**
- 2) Civil Rights Division will address LD issues in its enforcement of ADA and Section 504**

B. ED

- 1. Develop staff position on LD in OVAE (in process)**
Include NIDRR and other parts of OSERS by expanding the scope of the group to include adolescents (youth in transition, school to work, etc.)
- 2. Work with standardized testing programs such as, GED, SAT, and GRE to develop process through which more students can access accommodations while taking tests.**
- 3. Work with postsecondary education to develop better support services.**
- 4. Develop stronger linkages between school to work and other transition services and vocational rehabilitation.**

C. DOL

- 1. Reprint and distribute the Report " The Learning Disabled in Employment and Training Programs."**
- 2. Work with NIFL and NALLDC to develop tool kit piece.**

D. DHHS

- 1. Work to increase awareness of LD and its impact with state and local partners in such areas as AFDC, Head Start,**

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Runaway programs, and public health programs, including such things as:

- a) Incorporate knowledge on improving family literacy practices in training and technical assistance to Head Start programs**
 - b) Include LD in the HHS Health People Initiative**
 - c) Provide information on LD to state and local providers of job training services to AFDC/JOBS populations**
- 2. Development of means to communicate findings of the Disability Survey to a wide audience.**

E. NIFL

- 1. Continued support for the National Adult Literacy and Learning Disabilities Center (NALLDC)**
- 2. Dissemination of other agencies materials as appropriate**
- 3. Providing staff support to learning disabilities working group.**

F. Develop Action steps with new members as they enter the process.

- 1) President's Committee on the Employment of Persons with Disabilities**
- 2) National Council on Disabilities**
- 3) EEOC**
- 4) Others**



U.S. Department of Justice

**Office of Juvenile Justice and
Delinquency Prevention**

Washington, D.C. 20531

**Coordinating Council on Juvenile Justice and Delinquency Prevention
Quarterly Meeting**

11:00 a.m. to 1:00 p.m.
Friday, June 28, 1996

*Attorney General's Conference Room
U.S. Department of Justice
Tenth Street and Constitution Avenue, N.W.
Please note: Picture I.D. required for admittance.*

AGENDA

- 11:00–11:10 **Welcome and Introductions**
Attorney General Janet Reno, Chair
Shay Bilchik, Administrator, OJJDP and Vice Chair
- 11:10–11:50 **“Learning Disabilities and the Juvenile Justice System”**
Peter Edelman, U.S. Department of Health and Human Services
Glenn Young, National Institute for Literacy, Washington, D.C.
The Honorable Jeffry H. Gallet, U.S. Bankruptcy Court and former
Family Court Judge for the State of New York
- 11:50–12:05 **Reauthorization of the Juvenile Justice and Delinquency Prevention Act**
John Wilson, Deputy Administrator, OJJDP
- 12:05–12:15 **Policy Committee on Youth in Federal Custody**
Michael Mahoney, Practitioner Member and Committee Chair
- 12:15–12:30 **Concentration of Federal Efforts Updates**
 - Federal Agency Task Force on Missing and Exploited Children
 - Delinquency Development Statements
 - National Juvenile Justice Action Plan
- 12:30–12:55 **1996 National Drug Control Strategy: Response to Increased Juvenile Drug Use**
General Barry McCaffrey, Director, Office of National Drug Control Policy
- 12:55–1:00 **Summary and Closing**
Attorney General Janet Reno, Chair
Shay Bilchik, Administrator, OJJDP and Vice Chair

ISSUE SUMMARY: "Learning Disabilities and the Juvenile Justice System"

BACKGROUND: One of the most frequently asked questions is how to identify a learning disabled child when he/she enters the juvenile justice system. Regardless of the presenting problem (e.g., abuse, neglect, truancy, delinquency), a large percentage of the children who come before the court have some specific learning disability that probably contributed to their presence in court, either indirectly or directly.

A learning disability (LD) is a neurological condition that impedes a person's ability to store, process, or produce information. Learning disabilities can affect one's ability to read, write, speak, or compute mathematical problems and can also impair socialization skills. Individuals with LD are generally of average or above average intelligence, but the disability creates a gap between ability and performance.

The relationship between LD and juvenile delinquency is very complex. Some researchers (Swanson and Simpson, 1993) have concluded that children who have difficulties in school often become frustrated due to constant failure. In a theoretical framework, an assumption exists that this invariably leads to aggressive behavior. The assumption further holds that frustration leads to aggression. When children experience difficulties in school, there are laws that govern how the school system must respond. Therefore, there are multiple ways for learning disorders or attention deficit disorders to be recognized and addressed in the public education system.

Multiple risk factors contribute to entry into the juvenile justice system. Learning disabilities have been identified as an important risk factor. If a child has a learning disability, that child is much more likely to enter the juvenile justice system than if that child does not have a learning disability. The prevalence of LD in the juvenile delinquent population is extremely high. The general view is that approximately 35 percent of all children in the juvenile justice system have an identified learning disability. That percentage varies depending on how you measure the learning disability and what cut-off criteria are used to establish whether a child has a disability or not.

A variety of studies confirm that a disproportionate number of girls involved with the juvenile justice system have learning disabilities (Acoca and Austin, 1996; American Correctional Association, 1990; Calhoun et al., 1993; Hugo and Rutherford, 1992). When a learning disability is diagnosed early, girls are generally more successful than boys in using alternative learning strategies to compensate in problem areas (Perlmutter, 1987). However, the disability must first be recognized. Girls with learning disabilities typically remain undiagnosed and without help, putting them at risk for involvement with the juvenile justice system (Miller et al., 1995).

The U.S. Department of Health and Human Services (HHS), in conjunction with the White House Domestic Policy Council and U.S. Department of Education (ED), have established an

(continued on back)

Interagency Group on Learning Disabilities. The Secretaries of HHS and ED are emphasizing the need to address the early needs of people with learning disabilities. Experts in both departments are collaborating in the research and dissemination arenas to increase knowledge of professionals and the public about the nature, extent, and means of addressing learning disabilities.

DISCUSSION POINTS:

The presentation on “Learning Disabilities in the Juvenile Justice System” will provide a more in-depth overview and discussion of the impact on juvenile delinquency. Goals are to raise the issue of the impact of LD on the juvenile justice system; to give examples of how the impact manifests itself in policing, courts, and offender education; and to suggest action steps that can be taken to address LD in the juvenile justice system.

Some questions you might consider for discussion:

- Why is there a high number of children with LD in juvenile justice facilities?
- What can we do about it?
- Does remediation designed specifically for children with LD help keep children out of the juvenile justice system?
- Do specific interventions with children already in the juvenile justice system reduce recidivism?

STAFF RECOMMENDATIONS:

- 1) Facilitate a process for gaining additional knowledge on the issue of LD and juvenile delinquency.
- 2) Work with the National Council of Juvenile and Family Court Judges in updating and distributing their report on LD and the juvenile justice system.
- 3) Develop and support pilot projects to test intervention models, (e.g., first-time offenders).
- 4) Incorporate an LD component in existing training and technical assistance programs through current Federal, State, and local programs.
- 5) Develop a directory of resources for State and local programs to help with the costs of identification and remediation of LD in the juvenile justice population.



Office of Juvenile Justice and Delinquency Prevention

Shay Bilchik, Administrator

FACT SHEET #31 November 1995

Coordinating Council on Juvenile Justice and Delinquency Prevention

by Gina E. Wood

The Juvenile Justice and Delinquency Prevention (JJDP) Act establishes the Coordinating Council on Juvenile Justice and Delinquency Prevention as an independent body within the Executive branch of the Federal Government. The Council's primary functions are to coordinate all Federal juvenile delinquency prevention programs, all Federal programs and activities that detain or care for unaccompanied juveniles, and all Federal programs relating to missing and exploited children.

The Council, which is chaired by the Attorney General, meets quarterly and at the call of its Chair. The Administrator of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) serves as the Council's Vice-Chair.

The Council, as restructured by the 1992 amendments to the JJDP Act, is comprised of nine ex-officio members and nine non-Federal members who are juvenile justice practitioners. The ex-officio members are the Attorney General, the Secretaries of Health and Human Services, Labor, Education, and Housing and Urban Development, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Director of the Office of National Drug Control Policy, the Chief Executive Officer of the Corporation for National Service, and the Commissioner of the Immigration and Naturalization Service. The President may designate other key Federal officials with significant decision-making authority to serve on the Council.

The Council's Responsibilities

- 1) Coordinate all Federal juvenile delinquency programs, programs and activities that detain or care for unaccompanied juveniles, and programs relating to missing and exploited children.
- 2) Examine how programs can be coordinated among Federal, State, and local governments to better serve at-risk youth.
- 3) Make annual recommendations to the Congress with respect to "coordination of overall policy and development of objectives and priorities for all Federal programs and activities that detain or care for unaccompanied juveniles."

- 4) Review the programs and practices of Federal agencies and report on the degree to which Federal agency funds are used for purposes consistent with the requirements of the JJDP Act.

- 5) Review and make recommendations with respect to joint funding proposals undertaken between the Office of Juvenile Justice and Delinquency Prevention and any agency represented on the Council.

- 6) Review the reasons why Federal agencies take juveniles into custody and make recommendations to improve Federal practices and facilities for holding juveniles in custody.

Profile of Major Activities

Historically, the Coordinating Council has focused on a variety of special initiatives such as proposing a Weed and Seed Youth Component Program, supporting the Ida B. Wells Community Initiative in conjunction with the Chicago Housing Authority, encouraging amendments to the JJDP Act to mandate research on how youth are being handled on Indian reservations and in Alaskan Native communities, and providing financial support to the Cities in Schools dropout prevention program.

Some of the publications produced by the Coordinating Council include: *Federal Agency Juvenile Delinquency Development Statements*; *Juvenile Alcohol and Other Drug Abuse: A Guide to Federal Initiatives for Prevention, Treatment and Control*; *Survey on Federal Practices With Regard to Taking Juveniles Into Custody*; and *Responding to Sexual Abuse and Exploitation of Youth: A Handbook Based on the Paul and Lisa, Inc., Approach*.

The 1992 amendments broadened the Council's responsibilities to include coordination with State and local programs. Recent Council discussions reflect a desire to address critical program issues between Federal programs and State and local communities and to build funding partnerships with national organizations concerned with juvenile justice and delinquency prevention.

National Juvenile Justice Action Plan

During the initial meeting of the reconstituted Coordinating Council, the Attorney General's call for a "national agenda for children" received unanimous support. The development of a *National Juvenile Justice Action Plan*, supporting State and local efforts to comprehensively address the needs of the nation's children, is the Council's response to her challenge to develop such an agenda.

The *Action Plan* focuses on critical areas that demand immediate Federal, State, and local attention. It advocates adoption of eight priority objectives designed to prevent and control delinquency and improve the juvenile justice system. The objectives are to ensure immediate and appropriate sanctions and treatment services; enhance public safety by prosecuting certain serious and violent juveniles in criminal court; decrease youth involvement in criminal activity (including gang offenses, illegal firearms, and illicit drug use); break the cycle of domestic violence, victimization, and abuse and neglect; create positive opportunities for children and adolescents; mobilize citizens and communities by providing information about problems and solutions; evaluate programs and practices to determine if they are making a significant difference; and promote public awareness of juvenile justice issues. For each of these priority objectives, targeted approaches and strategies founded upon research are recommended.

Implementing the Plan

The *National Juvenile Justice Action Plan* is a working document that describes coordinated Federal efforts to support State and local initiatives and establish strengthened linkages between national organizations and state and local communities. The *Action Plan* supports State and local implementation of OJJDP's *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*. The *Comprehensive Strategy* provides a framework for a continuum of care system designed to break the cycle of juvenile violence and delinquency. A blueprint for implementation of the *Comprehensive Strategy* has recently become available through OJJDP's *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*.

The *Guide* provides an in depth review of programs, practices, and tools that can be used to support step by step implementation of the system of prevention services and juvenile justice sanctions called for by the *Comprehensive Strategy*. The *Action Plan* provides a companion piece for juvenile justice practitioners providing national leadership and Federal resources to support a community's effort to prevent delinquency, intervene in early delinquent behavior, and respond effectively to serious, violent, and chronic offenders.

The *Action Plan* includes specific steps Federal agencies will initiate to support the implementation of comprehensive State, local, and tribal efforts to enhance public safety, reduce violence and serious delinquency, and foster positive youth development.

These priority activities also facilitate the coordination among key Federal juvenile justice and delinquency prevention policies, programs and activities.

Overall the *Action Plan* provides guidance for effective action by Federal, State, and local policymakers and juvenile justice professionals. It is the Coordinating Council's hope that the *Action Plan* will facilitate the development of a national vision of justice for America's youth. To receive a copy of the *National Juvenile Justice Action Plan*, contact the Juvenile Justice Clearinghouse at 1-800-638-8736.

Coordinating Council Members

The Honorable Janet Reno, Chair, Attorney General
Shay Bilchik, Vice Chair, Office of Juvenile Justice and Delinquency Prevention
Donna E. Shalala, U.S. Department of Health and Human Services
Richard W. Riley, U.S. Department of Education
Robert B. Reich, U.S. Department of Labor
Henry G. Cisneros, U.S. Department of Housing and Urban Development
Barry McCaffrey, Office of National Drug Control Policy
Harris Wofford, Corporation for National Service
Doris Meissner, Immigration and Naturalization Service

Practitioner members:

Lisa M. Beecher, Detective
Portland Police, Bureau of Investigations, Portland, ME
The Honorable James L. Burgess, Presiding Judge
18th Judicial District of Kansas, Wichita
John Cahill, Program Coordinator
Clark County Family and Youth Services, Las Vegas, NV
John A. (Jack) Calhoun, Executive Director
National Crime Prevention Council, Washington, DC
Dr. Nancy G. Guerra, Associate Professor
Department of Psychology, University of Illinois at Chicago
Michael J. Mahoney, President
John Howard Association, Chicago, IL
The Honorable Gordon A. Martin, Jr., Associate Justice
Massachusetts Trial Court, Boston, MA
Mary Ann Murphy, Manager
Regional Center for Child Abuse and Neglect, Spokane, WA
Rose W. Washington, Executive Director
Berkshire Farms Center, Canaan, NY

For further information regarding the Coordinating Council, please contact:

Gina E. Wood, Director
Concentration of Federal Efforts Program
Office of Juvenile Justice and Delinquency Prevention
633 Indiana Avenue NW, Suite 706
Washington, D.C. 20531
(202) 616-9159 (Phone) or (202) 307-2093 (FAX)
Internet address: gwoods@justice.usdoj.gov

U.S. Department of Health and Human Services

The Office of Disability, Aging and Long-Term Care Policy
 Room 424-E, Humphrey Building
 200 Independence Ave., SW
 Washington, D.C. 20201

FAX (202)401-7733



TO: Diana Fortuna

NUMBER OF PAGES: Cover + 3

FAX NUMBER: 202-456-7028

DATE: 6/21/96

FROM:

Michele Adler	☐	Andreas Frank	☐	Maria Martino	☐
Kathleen Bond	☒	Mary Harahan	☐	Bill Marion	☐
Floyd Brown	☐	Jennie Harvell	☐	Robyn Stone	☐
Robert Clark	☐	Ruth Irwin	☐	Tammy Terrell	☐
Pamela Dory	☐	Ruth Katz	☐	Brenda Veazey	☐
John Drabek	☐	Gavin Kennedy	☐		
Nancy Eustis	☐	Nadine Langon	☐		

REMARKS/COMMENTS

For the meeting on Tuesday.
 Kathy Bond

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Institute of Child Health
and Human Development
Bethesda, Maryland 20892

June 20, 1996

TO: Peter Edelman, Esq.
FROM: G. Reid Lyon, Ph.D.
SUBJECT: Presentation Outline for June 25

Peter, Here is a brief description and rationale for our discussion of the recommendations on reading disability among young children.

SHORT-TERM GOAL: To produce an Interdepartmental/Interagency resource that provides the professional and parent communities with research-based guidelines for early reading instruction.

DESCRIPTION: This resource could serve to consolidate the major replicated research findings of the past decade and translate them into guidelines for effective teaching practices for the development of pre-reading and beginning reading skills in kindergarten and the primary grades.

The development of this resource follows nicely on existing collaborations between OSEP, NICHD, OERI, and the NAS. OSEP in collaboration with NICHD has mounted a campaign to disseminate general information regarding early reading, and the NAS is now in the process of reviewing the major research findings obtained by NICHD and OSEP researchers. The proposed resource would provide more specific information for schools and parents than existing sources and would provide the following information:

- 1) A review of the elements of valid research - Few parents and teachers understand how to distinguish between valid and invalid research findings. This section of the resource guide could provide a "user-friendly" overview of the conditions that should be in place in any research study that is used to inform practice or to serve as a foundation for specific teaching practices. A checklist could be developed along with examples to aid the user in evaluating methods and materials.

Page 2 - Mr. Edelman

2) A guide to essential skills required for each phase of early reading - Sections of the resource guide would be devoted to an examination of the specific elements that children need to know in order to become skilled readers. This section of the resource guide would be divided into subsections devoted to each pre-requisite and reading skill. Within this context, examples of sub-sections could be: The development of the language skills necessary for reading; The development of alphabet naming skills; the development of phonological processing skills; the development of decoding skills; the development of word recognition skills, the development of fluency and automaticity; the development of comprehension skills.

In the discussion for each of these subskills, a clear rationale for the development of the skill would be provided, along with clear documentation of the research that supports the necessity of the skill and the recommended teaching practices and methods for each element.

NOTE: In producing such a resource guide, a number of themes would have to be emphasized. First, the information presented in the guide is dynamic and subject to modification as new research becomes available. In the main, modification would consist of additions to the information presented rather than deletions in the information presented. This is because any information that is presented would evolve from a replicated data base and thus be robust enough to stand over time. Second, users of the resource guide would be consistently and powerfully provided the message that the information presented is based upon the questions: "what does a child need to know in order to become a skilled reader?" and "What teaching elements and/or conditions need to be in place in order to teach the child these essential skills?"

This second theme would serve to reinforce a problem-solving strategy for teaching early reading. Specifically, rather than providing a cook-book menu for a teaching method that is certain to fail some children, resource guide users can become sensitized to the need to first understand what it takes, from a skill perspective, to become a strong reader, and to then realize that multiple teaching methods can be brought to bear in teaching such skills.

NOTE: This resource guide can be modeled, in part, on the "clinical Practice Guideline Development" information that is provided by the Agency for Health Care Policy and Research in HHS.

Int.

Page 3 - Mr. Edelman

A third theme is that research that is conducted with youngsters who have difficulty learning to read can be applied with great success to the teaching of reading, in general. If this point can be made effectively, one could expect that research-informed early reading teaching practices could serve as a preventative measure for later reading difficulties.

A fourth theme is that the information that is presented in the resource guide reflects a collaboration among HHS, DOE, Labor, and justice and a consolidation of replicated research that meets the highest standards (as discussed in point 1).

RATIONALE FOR THIS PRODUCT

1. Reading is a gateway to learning, citizenship, and employment.
2. The public has urgent and compelling concerns about reading.
3. Reading achievement can be substantially improved if practices are based on a critical mass of replicated research.
4. A solid foundation for this type of product has already emerged via the Learning to Read, Reading to Learn kit developed via funding from OSEP. The proposed resource guide would build on this foundation in the direction of greater detail and the presentation of specific research-based suggestions for identifying and teaching critical pre-reading and reading skills.

LONG-TERM GOAL: To develop an interdepartmental/interagency entity that would serve as a public resource to (1) validate and build the knowledge base in the teaching of reading; (2) identify high performing schools, and, the critical elements that produce this high performance; and (3) develop "research to practice" models and support those states that are interested in tapping this knowledge utilization.

NOTE: The development of specific activities to support this goal could be modeled after the "Clinical Practice Guideline Development" operations supported by HHS.

RATIONALE: Educators at all levels have been frustrated by the absence of a knowledge validation process that is at the heart of all other professions. The entity proposed here could address these concerns by melding the practical expertise of the Department of Education and the long-term research findings and validation process from HHS to support state and local efforts to solve pressing educational problems. A major outcome from such an entity would be "to update educational leaders responsible for the preservice and inservice education of teachers on the implications of recent research developments."

THE WHITE HOUSE
WASHINGTON

AGENDA

Interdepartmental Meeting on Learning Disabilities

June 25, 1996

2:00 p.m. - 4:00 p.m.

Domestic Policy Council

Room 476
Old Executive Office Building
The White House

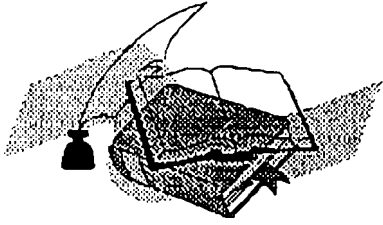
- 2:00 - 2:10** Call to Order and Statement of Purpose
- Diana Fortuna, Domestic Policy Council
Peter Edelman, Assistant Secretary for Planning and Evaluation, DHHS
- 2:10 - 2:20** Self Introductions
- 2:20 - 2:40** Presentation and Recommendations on Reading Disability Among Young Children
- Dr. Reid Lyon, DHHS
Dr. Thomas Hehir, DOE
- 2:40 - 2:55** Discussion
- 2:55 - 3:15** Presentation and Recommendations Regarding Adolescents and Adults with Learning Disabilities
- Andrew Hartman, NIFL
- 3:15 - 3:30** Discussion
- 3:30 - 4:00** Discussion of Next Steps

Leadership

National Institute for Literacy

800 Connecticut Ave. NW, Suite 200

Washington DC 20006



National
Institute
For
Literacy

Facsimile Transmission

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Remarks: ☐ Urgent ☐ For Your Review ☐ Please Comment ☐ Reply ASAP ☐ At your request

Hope This is ~~close~~ closer
to what you want.

glenn

Federal Learning Disabilities Initiative - Draft Statement -

"...The presence of undiagnosed learning disabilities in a high percentage of low-income people greatly impedes governmental efforts to effectively provide a wide range of services..."

1995 Memorandum, U.S Department of Health and Human
Services, Administration for Children and Families

The Challenge to Federal Agencies

Learning disabilities stand in the way of success -- for people, programs, and national progress. If this Administration is to reach its most urgent social and economic goals, from safe streets to welfare reform to school -to-work and better jobs, we must find better strategies for helping children, youth and adults with learning disabilities, and make these strategies more widely available to federal, state, and local programs aimed at supporting the administration's goals.

To a surprising extent

Definition:

There are several important federal definitions of learning disabilities, including those found in Public Law 94-142/ IDEA (The Individuals with Disabilities Education Act) and developed by the 1986 Interagency Committee on Learning Disabilities (ICLD). They all define LD as a generic term covering a group of disorders that have a presumed neurological origin and that appear as disorders in persons with areas of strength in general intelligence. The disability is most often shown in an unexpected, imperfect ability -- or an inability -- to read, write, spell, listen, speak, or to perform mathematics.

yes!

Recent major findings of the National Institute for Child Health and Human Development (NICHD) confirm the existence of organic causes of learning disabilities, their persistence throughout the life span, and their occurrence in females and males at about the same rate.

Causation:

According to a 1991 U.S. Labor Department report, most recognized causes of learning disabilities can be directly linked to or exacerbated by the conditions of poverty (e.g., limited access to proper health care, poor nutrition, etc.). These causes of learning disabilities include:

- Prenatal malnutrition
- Lead poisoning
- Chronic and untreated ear infections
- Prolonged early childhood high fevers
- Birth trauma
- Diet deficiencies
- Head trauma

vs organic?

Genetic (hereditary) defects are cross-cutting causes that can be found in all income ranges.

Page 2 - Federal Learning Disabilities Initiative

The Scope and Impact of the Problem.

While estimates of the incidence and consequences of LD vary, the national consensus is growing stronger with every new finding: a significant number of children, adolescents, and adults have undiagnosed or untreated LD, and the negative impact can be seen throughout our society.

It has generally been assumed that 5-10% of the population has LD. However, the latest research by the NICHD finds that as many as 17% of children may have reading disabilities. NICHD also points out the urgent need to identify children at risk for LD at very young ages and to develop intervention efforts that begin long before school failure. In addition, the research is showing that for most children and adults with learning disabilities, reading problems are based on a lack of phonemic awareness and that they need to be taught to read in a manner that focuses on addressing phonemic skills.

can learn

Adolescents and adults are especially affected when the learning disability is undiagnosed. Only in the last 15-20 years have we come to understand that learning disabilities are not "outgrown," and that they can have persistent and often highly detrimental effects over the entire course of people's lives. Even more recent is the evidence that undiagnosed learning disabilities among low-income people may greatly impede the success of a wide range of services aimed at supporting self-sufficiency.

Reports show high rates of learning disabilities in school drop-out populations, in correction populations, and in under- and unemployed adults. A recent study found that 43% of adults with learning disabilities were living at or below the poverty line, with an average income of only \$14,000. Other studies state that LD impacts efforts in a wide range of social services, including:

- Adult basic education (ABE) - estimates of 50-80% LD.
- Job training programs (JTPA Title IIA) - estimates of 15-23% LD
- Welfare (AFDC) - estimates of 25-40% LD
- Juvenile justice - estimates of 36% LD

While some services exist for adults with learning disabilities through community and four-year colleges, about 85% of adults with LD never enter any post-secondary educational programs.

Recent Federal Efforts:

Federal activities in two important areas have had a significant impact in the area of LD. The first is inclusion of learning disabilities as a covered entity in a number of education and civil rights laws, including: Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and the Individuals with Disabilities Education Act of 1990 (IDEA). In addition the JTPA amendments of 1992 and the National Literacy Act of 1991 both recognized LD as an issue.

Page 3 - Federal Learning Disabilities Initiative

The second effort has been in the area of research on LD and its impacts. In 1986, a Federal Interagency Committee on Learning Disabilities developed a report to Congress, which focused on medical issues associated with LD. As a result of that report, the NICHD has conducted extensive investigation of the nature and origins of learning disabilities.

*needed?
yes! AC?*

more - pathbreaking

Next Steps

The federal government is reconsidering its role with regard to LD. This time the focus is on the need for additional research and on the impact of LD in areas ranging from early childhood education to adult employment and the criminal justice system. A working group has been formed consisting of representatives from several Federal organizations, including:

- Departments of Labor, Health and Human Services, Justice and Education
- The National Institutes for Health, and the National Institute for Literacy
- The Presidents Committee for the Employment of Persons with Disabilities, the National Council on Disabilities and the EEOC
- The White House Domestic Policy Council.

The working group is developing a list of suggested action steps aimed at creating a federal approach that will better integrate issues of learning disabilities into federal programs and services. The group is also looking at means to better inform states and local governments about the impacts of LD. The group's initiatives will fall into four major areas:

yes

yes

- Research and evaluation
- Dissemination of information,
- Technical assistance
- Leadership.

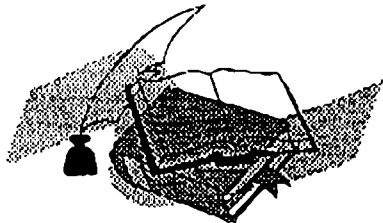
As initiatives are developed, the working group will be turning to its member agencies for advice and support in implementation.

*Fed \$/prog techin
so many ways,
but no awareness*

National Institute for Literacy

800 Connecticut Ave NW, Suite 200

Washington DC 20006



National
Institute
For
Literacy

Facsimile Transmission

Date:
Number of pages
including cover sheet:

To: Diane Fortuna
DPC
Phone:
Fax: 456-7028

From: Glenn Young
NIFL
Phone: 632-1042
Fax: 202/632-1512

Remarks: ☐ Urgent ☐ For Your Review ☐ Please Comment ☐ Reply ASAP ☐ At your request

Hope you like This -
look forward to input.

glenn



NATIONAL INSTITUTE FOR LITERACY

Memorandum

TO: Diana Fortuna, Office of Domestic Policy

FROM: Glenn Young, Learning Disabilities Specialist *GL*

SUBJECT: Draft Statement on Learning Disabilities

Per your request at the June 4, 1996 meeting on learning disabilities, here is a draft document addressing why and how the federal government is involved in the issue, and a potential role for the interagency working group. Since this request came to the adolescent and adult sub group, I framed it to primarily address that population. It would not be too difficult to make it more child focused if that is your request.

I look forward to your comments. I am also sending this to others for review and comment I am also sending it to Peter Edelman, Ruth Katz, Zanne Tillman, and Andy Hartman for review and comment.

Do you see a role for this paper at the June 25th meeting?

Thank you.

cc Peter Edelman
Ruth Katz
Andy Hartman
Zanne Tillman

Federal Learning Disabilities Initiative Draft Statement.

"[A] major cause of illiteracy is undiagnosed or ineffectively remediated learning disabilities."

Governor of Arkansas Bill Clinton in a letter to Secretary of Education Lamar Alexander, July 25, 1991.

"...The presence of undiagnosed learning disabilities in a high percentage of low-income people greatly impedes governmental efforts to provide a wide range of services"

*1995 memorandum, U.S. Department of Health and Human Services,
Administration for Children and Families*

The Challenge to Federal Agencies

Learning disabilities stand in the way of success – for people, programs, and national progress. We must find better and more widely available ways to help children, youth, and adults with learning disabilities if this Administration hopes to reach its most urgent social and economic goals, from safe streets to welfare reform to school-to-work and better jobs.

In recognition of this need, federal representatives from the Departments of Labor, Health and Human Services, Justice, and Education are cooperating with the National Institute for Literacy and the ^{NS}President's Domestic Policy Council in an initiative to examine the impact of learning disabilities on children, adolescents, and adults. This interagency working group is developing an action agenda that will result in federal policies and programs that deal more effectively with the issue of LD. The goal of the working group is to develop initiatives for LD in four major areas:

- Research and evaluation
- Dissemination of information
- Technical assistance
- Leadership.

The Scope and Impact of the Problem:

While estimates of the incidence and consequences of LD vary, the national consensus is growing stronger with every new finding: a significant number of children, adolescents, and adults have undiagnosed or untreated LD, and the negative impact can be seen throughout our society.

This is as true with adolescents and adults as it is with children. Only in the last 15-20 years have we come to understand that learning disabilities are not "outgrown," and that they can have persistent and often highly detrimental effects over the entire course of people's lives. Even more recent is the evidence that undiagnosed learning disabilities among low income people may greatly impede the success of a wide range of services aimed at supporting self-sufficiency. Reports show high rates of learning disabilities in school drop-out populations, in correction populations, and in under- and unemployed adults.

relex?

What is it

Page 2 - Federal Learning Disabilities Initiative

According to Dr. Reid Lyon of the National Institute for Child Health and Human Development (NICHD):

[L]earning disabilities, as they are manifested in difficulties in school learning, are extremely deleterious to the development of children and have far-ranging consequences that go well beyond school failure. Poor peer relationships, decrements in self-conception, poor post-school adjustments, juvenile delinquency and limited occupational status are some of the known correlates and outcomes of LD.

Among the compelling statistics on LD in the adolescent and adult area are the following:

- The Interagency Committee on Learning Disabilities, in its 1987 Report to Congress, stated that "5 % to 10 % is a reasonable estimate of the percentage of ... persons affected by learning disabilities. It is clear that prevalence is somewhat higher among socioeconomically disadvantaged populations....." *short*
- Studies cited in a 1992 Department of Labor report indicate that --- *Fed term?*
 - * 50-80% of ABE (Adult Basic Education) clients may be learning disabled.
 - * 15-23% of all JTPA Title IIA participants may be learning disabled.
 - * 25-40% of all adults on Aid to Families with Dependent Children (AFDC) and in the Jobs Opportunities and Basic Skills (JOBS) program may be learning disabled.
- A 1995 study of AFDC clients in Washington State found that 39% of JOBS applicants had undiagnosed learning disabilities.
- In 1991, the National Council of Juvenile and Family Court Judges reported that 36.5% of officially adjudicated delinquent boys were learning disabled.

Perhaps the most striking examples of LD's effects on people's daily lives can be seen in the findings of the 1992 National Adult Literacy Survey (NALS), in which 3% of the adult population identified themselves as having LD. The NALS results indicate that -

- Adults reporting LD made up 19% of those with the lowest literacy skills.
- 43% of adults reporting LD were living at or below the poverty line, as compared with 18% of the general population.
- 17.5% had had postsecondary education, as compared with 43% of the general population.
- The average income of adults reporting LD was \$14,000, as compared with \$23,000 for the general population.
- 12.1% were on AFDC, as compared to 5.8% of the general population.

*address
over-identif-
x
disprop for*

Page 3 - Federal Learning Disabilities Initiative

The Federal Role in Finding Solutions

The most important federal actions on the issue to date have taken the form of legislation that has great real and potential benefit for persons with learning disabilities:

- The regulations of Section 504 of the Rehabilitation Act of 1973 recognizes LD as a disability and assures rights to accommodations in employment and education settings. X
- The Rehabilitation Services Administration in 1981 includes learning disabilities in its listing of disorders eligible for services under vocational rehabilitation. X
- The 1990 Americans with Disabilities Act extends the right to accommodations for persons with learning disabilities into private sector employment and education settings. X
- In 1990, the Educational for All Act (94-142) was updated as the Individuals with Disabilities Education Act (IDEA). IDEA continues the right to Free and Appropriate Public Education (FAPE), includes efforts at early identification, and calls for school-to-work/ school-to-school transition planning for all students with learning disabilities. X
- The National Literacy Act of 1991 specifically called for the development of a research center on learning disabilities and adult literacy, which has since been funded as the NIFL's National Adult Literacy and Learning Disabilities Center.
- The 1992 changes to the JTPA regulations recognized learning disabilities as a significant barrier to employment. not legis.

These legislative provisions offer a very strong policy framework for developing programs and services that work for people with LD.

— implies we do need a

Next Steps

Through a collaborative interagency approach, the Working Group on Learning Disabilities will use the legislative framework in designing federal initiatives that better address the real-life issues faced by people with LD. The working group will use existing information on the impacts of LD and on interventions that could greatly lessen the negative effects of LD. Some of these interventions involve different educational and training techniques and approaches. Other interventions, based on Federal civil rights laws for persons with disabilities, involve providing educational and workplace accommodations that will help people with learning disabilities function better. The working group's ultimate goal is to create a network of federal responses to the needs of the LD population at all stages of life.

— finally

finally

Not a blueprint
for Cabinet action

Background on Learning Disabilities

Definitions:

Two of several important federal definitions of learning disabilities are the following:

- "... a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. . . ."

(from Public Law 94-142, passed in 1973, and updated in 1990 as IDEA -- the Individuals with Disabilities Education Act:)

- "Learning disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities or of social skills. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions . . . or with socioenvironmental influences . . . a learning disability is not the direct result of those conditions or influences."

(from the Interagency Committee on Learning Disabilities (ICLD), which was formed as part of the Health Research Extension Act of 1985 [P.L. 99-158]).

Causation:

According to a 1991 U.S. Labor Department report (R&E report series 91-E), most recognized causes of learning disabilities can be directly linked to or exacerbated by poverty, (e.g., limited access to proper health care, nutrition, etc.). These causes include:

Prenatal malnutrition
Birth trauma
Lead poisoning
Diet deficiencies
Chronic untreated ear infections
Head trauma
Prolonged early childhood high fevers

Genetic defects (heredity) are cross-cutting causes that can be found in all income ranges.

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NCLD

News

Ym Koda SE - 2.25 LD - 80% w/rdy disorder

Coord across agencies

NH res - brain scans - how to apply, to whom

1. Rec - Interagency TF - Edelman - Stone - ongoing - best practices; Tom Heir

2. DEB + Adult Ed Act: def LD - discrepancy → want "dev disapp" 1.7% 0-2

- create teacher institute (like cancer heart)

- PBS with Cline → Reading → Internet - show best practices

INSIDE

> Our coverage of the historic Washington Summit appears on pages 1, 3, 4 and 5

> Tips on how parents can share in the joy of developing their toddler's language capacity—page 2

> A recent NIH conference focused on intervention—page 6

> A primer on how to be your child's advocate at school—page 7

> Results of our teacher/parent survey show a need for better teacher training—page 8

> Our next benefit will be Tuesday, Feb. 28, 1995

Making history in Washington

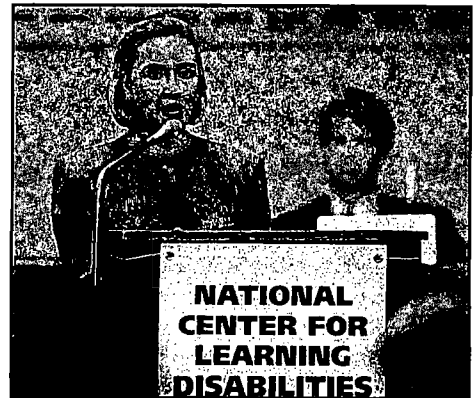
- Public Awareness Campaign - 10-15: page

Our Summit on learning disabilities draws the First Lady, three Cabinet Secretaries and a capacity crowd

First Lady Hillary Rodham Clinton's speech at NCLD's National Summit articulates the core issues from that historic event. The text of her remarks, with minimal editing by NCLD, follows.

It's quite exciting to walk into this room and see it so filled with people who are committed to this issue and have taken their time to gather here to discuss what we can do to move it further.

I want to thank Senator Dodd and Anne Ford for the invitation to come and address you. I also want to thank for their work Dr. Reid Lyon from the National



Hillary Clinton: "There is often too little early identification of a learning disability..."

Institute of Child Health and Human Development and Dr. Tom Hehir from the Office of Special Education Programs at the Department of Education, and Judy Heumann who is the Assistant Secretary for the Office of Special Education and Rehabilitation Services.

The reason I wanted to publicly name them and thank them and also thank all who are in this Administration working on behalf of learning disabilities is because for the first time they are actually working together...

Part of what we are trying to do, and have succeeded to some extent against some difficult odds that were deeply entrenched in the way of doing business here, is to bring such people together, to give them a common mission, whether it is about health or education or a particu-

Continued on page 3



First Lady Hillary Clinton speaks with Sen. Christopher Dodd (D-CT), Summit Co-Chair, before her speech.

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LEARNING DISABILITIES

A NATIONAL RESPONSIBILITY

REPORT

of the

SUMMIT ON LEARNING DISABILITIES

Washington, DC

September 20-21, 1994

Prepared by

WILLIAM ELLIS

Director of Professional Services, NCLD

SHIRLEY C. CRAMER

Executive Director, NCLD



**NATIONAL
CENTER FOR
LEARNING
DISABILITIES**

U.S. Department of Health and Human Services
The Office of Disability, Aging and Long-Term Care Policy
Room 424-E, Humphrey Building
200 Independence Ave., SW
Washington, D.C. 20201

FAX (202)401-7733



TO: D. Fastana

NUMBER OF PAGES: Cover + 1

FAX NUMBER: 456-7431

DATE: 11/20/95

FROM:

Michele Adler	☐	Andreas Frank	☐	Maria Martino	☐
Kathleen Bond	☒	Mary Harahan	☐	Bill Marton	☐
Floyd Brown	☐	Jennie Harvell	☐	Robyn Stone	☐
Robert Clark	☐	Ruth Irwin	☐	Tammy Terrell	☐
Pamela Doty	☐	Ruth Katz	☐	Brenda Veazey	☐
John Drabek	☐	Gavin Kennedy	☐		
Nancy Eustis	☐	Nadine Langon	☐		

REMARKS/COMMENTS

Agenda.

Dec 12 - Anne Ford

PE - 1A dread word; waste time; - don't need us
* Get Hehr/Lyon/JH to do agenda/workplan draft.

Next Steps?

Reid - '83 study - 3 1/2 - 6 yr olds - 5 ctrs.

- hard to define, all diff; too gross

SE - 7 types - 2 reading

2 math

Now 11th graders

1 written exp.

1 listening

1 speaking

70-80% primary diff reading

6-8% LD; 17% reading

NICHD Day Care project - can you diagnose younger than 5 1/2? - No

PE - 10% schools know - shld be push

- IDEA issues? push?

- LD def now apto bad practice

marked disapp - IQ + perf - wait + fail

Chapter 1 may be more imp than SE - mostly young kids

Campaign -

Judy H - add diff profiles

- do econ analysis of costs

- emot?

Rennanz - FLOTIS (Did Summit)

seri - ch vs adults

* Adult breakout - Hartman will host

→ WH/cheerleading

DOT/DOL keep doing

AHS - ASPE

NIH

ACF

DOT

DOL

Educ - OSEP

- RSA

- NIDRR

- Prusky

* Neumann - Add RSA + NIDRR

* Add DOJ to NIL

Olivia - Headstart

- Do policy / #?
 - clamp down on s/L
 - are gr LD prog in states
- AGENDA**

Interdepartmental Meeting on Learning Disabilities

November 20, 1995

10 a.m. - Noon

Domestic Policy Council

Room 472

Old Executive Office Building
The White House

Ruby - Disab Survey
(st Nat'l)
maybe hard to disag. gr
C w/ LD

(2) NIDRR - pot vehicle
(draft ready?)

Ann ~~eval~~ - JDBS eval. - test ch

big baseline deposits
(2) Compreh. services

Gina Wood/DOJ - data search - bibbing.
- cl'd w/ state person

10:00 - 10:10

Call to Order and Statement of Purpose

Diana Fortuna, Domestic Policy Council

Peter Edelman, Acting Assistant Secretary for Planning and
Evaluation, DHHS

10:10 - 10:45

Self-Introductions and Brief Description by Meeting Participants of
Current Activities and Plans Regarding Learning Disabilities

10:45 - 11:10

Recent Research Findings and Joint DHHS/DOE Dissemination
Activities

Dr. Reid Lyon, DHHS

Dr. Thomas Hehir, DOE

Ren Wanz - long way to go @ DOJ
Kids - being put in adult system
some by Congress

Hartman - Nat'l Inst for Literacy
- Nat'l Center - brochure

11:10 - 11:50

Discussion of Potential Interdepartmental Efforts in Relation to
Learning Disabilities

W/ia JTPA - ~~40~~

brought study - LD + ET prog
1991 - 15.20%. JTPA - elig LD

JDBS - 25.40%

11:50 - Noon

Wrap Up and Discussion of Next Steps

Diana Fortuna

Peter Edelman

Pugsley - adult: issues are
1) Identif
2) Treat

Labon / DOJ - adults or youth
Educ - children, youth, adults (RPA etc.)
HHS - both

Interesting
Adults too - a lot
Disability

(We're people just focusing on LD - not g)

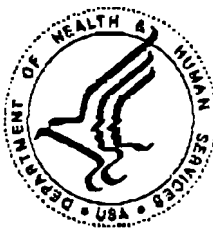
Is LD imp't enough? - App yes

Is Pugsley OERS?

LD as model / example

The Office of Disability, Aging and Long-Term Care Policy
Room 424-E, Humphrey Building
200 Independence Ave., SW
Washington, D.C. 20201

FAX (202)401-7733

TO: D. FortunaNUMBER OF PAGES: Cover + 1FAX NUMBER: 456-7431DATE: 11/20/95

FROM:

Michele Adler	☐	Andreas Frank	☐	Maria Martino	☐
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Robert Clark	☐	Ruth Irwin	☐	Tammy Terrell	☐
Pamela Dory	☐	Ruth Katz	☐	Brenda Veazey	☐
John Drabek	☐	Gavin Kennedy	☐		
Nancy Eustis	☐	Nadine Langon	☐		

REMARKS/COMMENTS

Agenda.

NATIONAL INSTITUTE FOR LITERACY

FACSIMILE TRANSMISSION SHEET

DATE: 12/4	
TO: Diana Fortuna	FAX NO: 456-7028
FROM: Andy Hartman	

MESSAGE

SHEET #1 OF 2

HARD COPY TO FOLLOW

YES _____ NO _____

800 Connecticut Avenue, NW - Suite 200
Washington, DC

Telephone No: 202/632-1500

FAX No: 202/632-1512



NATIONAL INSTITUTE FOR LITERACY

MEMORANDUM

DATE: December 4, 1995

TO: Interagency Group on Learning Disabilities

FROM: Andy Hartman, Director
National Institute for Literacy

SUBJECT: Adults and Learning Disabilities

After the first meeting of the interagency group interested in learning disabilities, we discussed a follow-up meeting for those of us interested in how learning disabilities impact on the lives of adults. I have scheduled a time when Reid Lyon will be available to talk about the implications his research for the education, training, and rehabilitation of adults with learning disabilities.

The meeting will be from noon till 1:30 on December 13 at the offices of the National Institute for Literacy (NIFL). It will be a brown bag lunch beginning with a brief presentation by Reid followed by an informal discussion of available statistics, knowledge, programs, and services for adults with learning disabilities. I am also inviting Neil Stromski, Director of the National Center for Adult Literacy and Learning Disabilities, to attend.

We are located at 800 Connecticut Ave., very near Farragut North (red line) and Farragut West (orange and blue lines). Our building is on the corner of Connecticut and H St., across from Lafayette Park. The NIFL is in suite 200. Please call if you need more information.

I hope you can all make it. **Please RSVP, if possible, to Sara Pendleton at 202-632-1507.**

Thank you!

*May 96 - Teaching prep
* have DOT there
JH - comm colleges doing
gd work
Dept of Ed cancelled
activities? -
yes: Reading list.
Read Right Now
Videos to Head Start
Bonnie Kessler
Christine Lord*

1A Wkg 9P. 2x/4-

Model: research vs practice
260-0416**NATIONAL
CENTER FOR
LEARNING
DISABILITIES INC.**

August 25, 1995

Peter B. Edelman
Counselor to the Secretary
Department of Health and Human Services
Office of the Secretary
Washington, DC 20201

Dear Mr. Edelman:

Anne Ford has asked me to thank you for your letter of July 27 updating her on the various departmental activities with regard to learning disabilities.

The National Center for Learning Disabilities is very disappointed with your response. The tone of your letter suggests a basic disinterest in the issue and, frankly, the activities you describe are far removed from the commitment to an Inter Agency Committee which attenders at the December meeting with Dr. Shalala believed she had made.

We thought about the form of activity very seriously. The concept of an Inter Agency Committee has been reviewed by NCLD's Board of Directors and its Professional Advisory Board, representing a wide range of disciplines. It was strongly supported by attenders to the Washington Summit, also representing a broad range of thought, and many of the thousands who received and digested the Summit report. It was not a frivolous recommendation. NCLD believes that the report spells out very clearly why such a committee is vital. For the very significant population of LD individuals in this country we are concerned, as you will see, with issues of schooling and teaching, employment, relations with the justice system, and mental health.

We encounter questions related to these concerns on a daily basis and there were very strong expressions at the Summit for them to be thoroughly addressed. LD is a life span concern and is not just confined to the K-12 experience! NCLD is second to none in its advocacy for children as evidenced in the considerable amount of money and effort devoted to our *Every Child is Learning* project, a training program specifically targeting Head Start teachers and administrators. We cannot, however, ignore the plight of thousands of adults who have not been served well by the current system and set of societal attitudes.

The Summit report recommends a host of issues for the Inter Agency Committee to pursue. These are a few of them:

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Shirley C. Cramer
Executive Director

TH: Link to Rehab
JT

Early rdg

PE: above shld happen

Reid join, present

This yr plus DOL + WJ

- subgrp.

- couple of hrs

GENERAL RECOMMENDATIONS:

- Study and implementation of early intervention strategies (Prevention).
- Continued studies into the relationship of academic performance and attention, and their relationship to delinquency.
- Replication and Dissemination of already well established workplace programs.

RESEARCH RECOMMENDATIONS:

- Research to find the similarities and differences in child and adult needs as related to current and future intervention studies.
- Research which gives clear direction to the concept of "appropriate accommodations" for the LD population.
- Research which develops measurements of literacy in the workplace and suggests appropriate workplace interventions.
- Research which clarifies the high risk factors associating learning disabilities and juvenile delinquency.
- Research which makes clear the patterns of LD juvenile offenders who become career criminals.
- Research to determine effective interventions for the adult LD prison population.
- Research into the specific subtypes of learning disabilities and their various relationships to varieties of behaviors.

DEVELOPMENT STRATEGIES:

- Development of screening and intervention techniques applicable for adults who attend literacy programs.
- Development of a comprehensive and coherent strategy across agencies for implementing policies and testing practice.
- Development of effective literacy programs with a clearly defined LD component.
- Encouragement and development of adult education programs which incorporate literacy, job training, and basic education.
- Development of research based programs which offer mental health support for individuals with LD.
- Development of research based programs which advance the social skills abilities of individuals with LD, especially in the workplace.
- Development of research based model programs for the training of teachers in correctional systems.
- Development of model programs to increase parental involvement in the educational process in correctional facilities.
- Development of research based model programs which target minority issues of services and attitudes in the special education system,

such as over identification, under identification, poverty and socio-economic status.

As you can see, there is a huge agenda of things which must be done, and subsuming them to generalized disability policy will not meet the need.

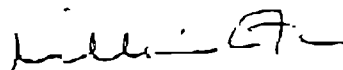
We do not intend to drop the idea, and call on the Clinton administration to match in deed the eloquent rhetoric of Secretaries Shalala, Riley, and Reich, as well as First Lady Hillary Rodham Clinton at the Washington Summit. In due course we will present you with the names of individuals whom we believe can be helpful in forwarding this work. We will also suggest a specific agenda which will advance the cause. A concerted effort involving both the public and private sectors can only, in the end, serve the public well.

We are very eager to see this go forward and to have a large and serious government presence in the endeavor. We would like to see you honoring the department's commitment, expressed by the Secretary, so that we can proceed with full energy.

Mr. Fdelman, we are counting on you not to drop the ball here. Respectfully, we must ask you to honor the work and dedication of the many volunteers who devoted enormous personal time and resources to bring the Summit about in the first place. We have a golden opportunity to bring into the mainstream countless creative, talented and productive people who remain, under current conditions, disengaged, disenchanted and, in many cases, a costly drain on society. If this administration has stood for anything it surely has been the inclusion of all individuals.

We look forward to continuing contact on this matter with you.

Yours sincerely,



William Ellis
Director of Professional Services, NCLD

cc. Secretary Shalala
Anne Ford, Chair, NCLD
Bonnie Kessler, Executive Director, NCLD

U.S. Department of Health and Human Services

The Office of Disability, Aging and Long-Term Care Policy
 Room 424-E, Humphrey Building
 200 Independence Ave., SW
 Washington, D.C. 20201

FAX (202) 401-7733

TO: AddresseeNUMBER OF PAGES: Cover + 7

FAX NUMBER: _____

DATE: 12/6/95

FROM:

Michele Adler	☐	Andreas Frank	☐	Maria Martino	☐
Kathleen Bond	☒	Mary Harahan	☐	Bill Marton	☐
Floyd Brown	☐	Jennie Harvell	☐	Robyn Stone	☐
Robert Clark	☐	Ruth Irwin	☐	Tammy Terrell	☐
Pamela Doty	☐	Ruth Katz	☐	Brenda Veazey	☐
John Drabek	☐	Gavin Kennedy	☐		
Nancy Eustis	☐	Nadine Langon	☐		

REMARKS/COMMENTS

Please review attached minutes and
 for any comments to me by
 COB December 7. Thanks, K Bond



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

DECEMBER 6, 1995

To: Olivia Golden
Yvonne Howard
Reid Lyon
Tom Hehir
Judy Heumann
Ron Pugsley
Geri Fiala
Libby Queen
Gina Wood
Marsha Renwanz
Andrew Hartman
Diana Fortuna

From: Kathleen Bond, DHHS

Re: Draft Minutes from November 20 Learning Disabilities Meeting

This is a draft of the minutes from the November 20 meeting on learning disabilities. Please make any corrections and fax them back to me (FAX: 202-401-7733) COB December 7. I will make the corrections and send them out along with our one-page statements and other background material.

Thanks to all of you for participating in a good meeting.

MINUTES

Interdepartmental Meeting on Learning Disabilities

November 20, 1995

Old Executive Office Building

Washington, D.C.

The meeting was convened by Diana Fortuna of the White House Domestic Policy Council and chaired by Peter Edelman, Acting Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. Representatives of the Departments of Health and Human Services, Education, Labor and Justice and the National Institute for Literacy attended the meeting. A list of participants is attached.

Each participant briefly described his or her agency's interest in as well as programs and policies related to learning disabilities. Following this series of statements, Reid Lyon of the National Institute of Child Health and Human Development in the Department of Health and Human Services and Tom Hehir of the Office of Special Education and Rehabilitation Services in the Department of Education described, respectively, the basic research findings on the nature and treatment of learning disabilities and the ways in which the educational programs address and fail to address learning disabilities. Following these presentations, which stimulated many questions and comments, the group discussed the potential for interagency collaboration and possible next steps. The substance of the discussions and proposed next steps are summarized in more detail below.

Basic Research Findings on Learning Disabilities

Reid Lyon reported that in 1985, the Health Research Extension Act explicitly targeted the need for basic research on learning disabilities. In assessing the research on learning disability, NICHD discovered that existing studies could not be replicated. As a result, NICHD developed a strategy of "backing up," and beginning some new population-based longitudinal studies of cohorts of 5 ½ - 6 year olds at five centers around the country. In these studies, learning disability is not conceptualized as single-faceted, but rather as encompassing several potential domains of learning. Included in the concept are the decoding of written material, comprehension of written material, listening, speaking, and two aspects of learning mathematics.

The children in each of these longitudinal studies have been tested in all of these domains in each of the last 12 years so that the original cohort members are now in the

11th grade. Based on the findings of these and other studies, we can now identify 93 percent of children with potential learning disability before they enter school. Seventy percent of learning disabilities involve difficulties with reading, primarily with the initial decoding of words rather than with comprehension.

A clear implication of the research is not to focus on learning disability as a gross category, but rather on the specific domains where problems exist, especially in the initial learning of reading. Not only does the research tell us where to intervene, but it also tells us how to intervene and that specific interventions are successful. The information needs to get to all educators of young children, not just those in the special education system. According to Dr. Lyon, only about 10 percent of educators know and use the appropriate interventions.

Activities and Concerns of the Agencies

Department of Health and Human Services (DHHS)

In addition to sponsoring much of the basic research (as described above) on learning disabilities, DHHS administers many programs serving children, youth, and adults through which interventions could be directed. Representatives from several relevant agencies reported on their programs.

The Administration on Children, Youth and Families (ACYF) in DHHS includes programs in the Child Care Bureau, the Head Start Bureau, and the Children's Bureau all of which can provide early intervention and/or preventive activities in the area of learning disabilities. In terms of interagency collaboration, the Child Care Bureau and the Head Start Bureau have sponsored a one day meeting with the Office of Special Education and Rehabilitation Services to identify the kinds of technical assistance that could be given to child care providers and early childhood educators who staff their programs. The Children's Bureau, through its National Center on Child Abuse and Neglect, is working to encourage the adoption of children with special needs, including children with learning disabilities. ACYF is concerned that we focus not solely on learning disabilities, but also on addressing the many and varied needs of the children and families served by ACYF programs.

The Office of Disability, Aging, and Long-term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) is collecting nationally representative data on various types of disability, including learning disability in children. The Office sponsored a major disability supplement to the National Health Interview Survey in 1994-95 to collect disability data from a national sample. The "Disability Survey" will provide needed information on disability and service use in the United States. Preliminary data will be available next spring. In response to the dearth of national data on children with disabilities, the Office has funded research grants on special care

needs of children with disabilities and is sponsoring research on how children with special health care needs fare in managed health care systems. The Office also conducts research on disabled beneficiaries of the Medicaid program, including SSI beneficiaries. ASPE has also conducted research on barriers and incentives to employment by people with disabilities. Employment of young people coming out of the special education system and types of supports they need is another interest of the Office.

The Office of Human Services Policy in ASPE is concerned with the incidence of learning disability among children and mothers receiving Aid to Families with Dependent Children. An ASPE-ACF sponsored evaluation of the JOBS program is identifying the need for comprehensive services among program participants and children. The Office has also sponsored research on prenatal exposure to drugs and produced data tapes and training manuals for pre-school teachers working with children exposed to drugs prenatally.

The Office of Family Assistance (OFA) in the Administration for Children and Families (ACF) is also concerned with learning disabilities among welfare recipients. Published studies indicate that learning disabilities are disproportionately high among AFDC mothers and children. There is concern that undiagnosed learning disabilities may adversely influence recipients' ability to attain self-sufficiency. An innovative program designed to address learning disabilities among AFDC recipients has been created in ACF's Region X (Washington). The project brings together other federal agencies, states, local governments and nonprofit agencies to develop activities to promote awareness of issues related to learning disabilities. As part of the program, a pilot project in Washington State is training AFDC caseworkers to screen recipients for learning disabilities and mental retardation. The National Institute for Literacy is collaborating with OFA in this program. A detailed description of this effort is included among the attached background materials.

Department of Education (DoEd)

For the Department of Education, learning disabilities are a major policy concern and the subject of ongoing research in DoEd's discretionary grant programs. The issue of learning disabilities and discipline is under discussion in the reauthorization of the Individuals with Disabilities Education Act. Again, the importance of early identification so that learning disabilities can be addressed with appropriate educational interventions rather than disciplinary techniques is an important one for the Office of Special Education and Rehabilitation Services (OSERS). But it is also important for the educational system as a whole. The programs of the Rehabilitation Services Administration and the National Institute for Disability and Rehabilitation Research as well as the Office of Special Education are relevant to learning disabilities.

A major concern for the Department of Education and the National Institutes of Health, DHHS, is the communication of the relevant research findings to the education community. The two agencies have recently funded the National Academy of Sciences to compile and communicate the findings of existing research on beginning reading.

The adult education system in the United States is also concerned with identifying learning disabilities and making appropriate interventions. In recent years, many states have used funds provided under Section 353 of the Adult Education Act to serve adults with learning disabilities. Staff of DoEd's Division of Adult Education and Literacy (DAEL) have recently compiled the results of a survey of State Directors of Adult Education regarding each State's activities related to learning disabilities. An executive summary will be available soon. Section 353 also provides for the development of training modules which are made available through DAEL's Clearinghouse. Some innovative programs in community colleges, particularly some programs in California, were mentioned as examples of best practices with adults.

Department of Justice (DOJ)

Learning disabilities are more common among juveniles in the justice system than in the juvenile population as a whole. The Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) is also interested in screening for learning disabilities among juveniles in the justice system and developing appropriate programs for juveniles with learning disabilities. A DOJ-sponsored study on conditions of confinement finds that 40 percent of juveniles in correctional institutions are affected by learning disabilities and about 10 percent with mental retardation. OJJDP supports a small Challenge Grant Program that provides financial incentives to States to develop appropriate health, mental health, and special education services for juveniles in the justice system. One program in Maryland called Partnerships for Learning screened over 600 juveniles in the system and found that 40 percent met a criteria for learning disability and 80 percent were reading at least three years below grade level competency. A further concern of the Department of Justice is what happens to juveniles with learning disabilities as they move to the adult judicial and correctional systems.

Department of Labor (DOL)

Low literacy skills clearly produce employment problems for people. In 1991, the DOL's Employment and Training Administration published The Learning Disabled in Employment and Training Programs. The Job Training Partnership Act (JTPA), administered by the Department of Labor, includes targeting requirements for people with disabilities including those with learning disabilities. These targeting requirements would be eliminated in new legislative proposals.

DOL funds a grant program of pilot and demonstration projects geared toward the training and employment of persons with disabilities. The staff of the Office of Policy and Research in DOL's Employment and Training Administration are reviewing of these projects to note which among them may address learning disabilities specifically. A compilation of project summaries is attached.

National Institute for Literacy (NIFL)

It is clear that in many instances, learning disabilities must be viewed as a lifelong challenge. The National Institute for Literacy is concerned with screening for learning disabilities and with developing and disseminating appropriate instructional systems. NIFL sponsors the National Adult Literacy and Learning Disabilities Center whose long-term goals are to develop a "tool kit" for literacy practitioners composed of inexpensive screening instruments, best practices information, and training materials as well as the establishment of systems for training, technical assistance and support for adults with learning disabilities. These materials are being developed at the University of Kansas. NIFL has also developed an Internet home page which has detailed information about its programs. Both the Departments of Education and Health and Human Services are already collaborating with the National Institute for Literacy on various specific projects.

Where We Go From Here:

An open discussion of possible future activities, both inter- and intradepartmental, followed the presentations by agency representatives. Several goals emerged from the discussion.

Goals

- We stressed the goal of *dissemination of the available information to all educators (not just those in the Special Education community) and others concerned with learning disabilities*. This goal is already being pursued on several fronts including the DoEd/DHHS dissemination project, the compilation of findings on learning to read by the National Academy of Sciences, and the development of training materials by the research community. The link between Special Education and general education needs to be strengthened in relation to learning disabilities. Too many learning disabilities are going undiagnosed and in some cases the behavioral problems exhibited by children not being reached by standard educational techniques are the focus of attention rather than the deficits of the educational approaches used. The developing intervention techniques need to be used. Serious effort is needed to continue the pursuit of

this goal.

- Another goal is to *continue to emphasize developmentally appropriate pre-reading skills in early childhood programs*. Since 1994, the Head Start Bureau has had an agreement with the National Center for Learning Disabilities to develop training materials and the Bureau is also participating in the DHHS/DoEd dissemination campaign. Because of limited funds, not all eligible children are able to be served by the Head Start program. Additional outreach regarding pre-reading activities could be directed to low-income children in child care and other early childhood programs.
- *The development of screening instruments and treatment techniques for adolescents and adults*. The needs of those persons clearly missed by the early education system cannot continue to be ignored.

Immediate Next Steps

The attendees agreed that frequent meetings of the entire group were probably not the most productive way to proceed, but rather meetings from time to time to broadly share information and cooperation on an issue by issue basis among agencies interested in particular projects and activities. We also agreed that each agency should pursue its own work related to learning disabilities in areas where interagency collaboration does not seem necessary.

Our two primary action items are to :

1. Convene a meeting on learning disabilities among adolescents and adults. Andrew Hartman of the National Institute for Literacy will convene this meeting in mid-December:
2. Continue the DHHS/DoEd campaign to make the findings related to young children generally known--to educators and the public at large. We plan to do some thinking about the most effective ways of disseminating research findings on how children learn to read and how to prevent and treat learning disabilities. In addition, we should consider the development of a highly visible public awareness campaign to draw attention to the need to address learning disabilities.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Institute of Child Health
and Human Development
Bethesda, Maryland 20892

July 26, 1995

Ms. Diana Fortuna
Domestic Policy Council
The White House
Room 224
Old Executive Office Building
Washington, D.C.

Dear Ms. Fortuna:

At Mr. Peter Edelman's request, I am forwarding a number of documents which provide an overview of our National Institute of Child Health and Human Development (NICHD/NIH) research programs in learning disabilities and reading disorders. A basic description of the advances made in these research arenas and their implications for the education of all children is presented in my Senate testimony of May 16, 1995. The other documents are more detailed in their presentation of the specific activities of the NICHD Learning Disability Research programs and the discoveries that have been made to date.

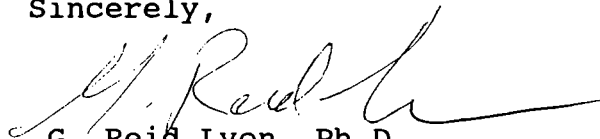
On December 7, 1994, Dr. Duane Alexander, the Director of the NICHD, and I met with Secretary Shalala and Mr. Edelman from the Department of Health and Human Services and Ms. Anne Ford, Chairman of the National Center for Learning Disabilities. The major purpose of this meeting was to discuss strategies for insuring that the major NICHD research findings relevant to learning disabilities and reading disorders be shared with the Department of Education (DOE) and the public at large. This effort was initiated to increase the dissemination of critical findings that have immediate application for the welfare of children to scientists, parents, and teachers. Within this context, Dr. Shalala endorsed the establishment of an Interagency Committee on Learning Disabilities that would call on the expertise and leadership of the HHS (through its research programs at the NICHD) and the DOE to bring together other relevant agencies in this dissemination and collaborative problem solving effort.

Page 2 - Ms. Fortuna

This initiative has been viewed positively by the research and parent communities because it represents the possibility for a unique and productive collaborative effort between two government agencies that have a significant interest in the education and health of children. The next step in the process is to create the Interagency Committee which will require discussion between staff from the Department of Health and Human Services and the Department of Education. To help to expedite this process, Mr. Edelman has requested that the enclosed materials be provided to you for background purposes.

Please let me know if we can provide any additional information. My phone number is 301/496-6591.

Sincerely,

A handwritten signature in dark ink, appearing to read "G. Reid Lyon", with a long horizontal flourish extending to the right.

G. Reid Lyon, Ph.D.
Human Learning and Behavior Branch
Center for Research for Mothers
and Children
National Institute of Child Health
and Human Development

Enclosures

cc: Mr. Edelman
Dr. Alexander

STATEMENT BY
G. REID LYON, Ph.D.-
HUMAN LEARNING AND BEHAVIOR BRANCH
CENTER FOR RESEARCH FOR MOTHERS AND CHILDREN
NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT
NATIONAL INSTITUTES OF HEALTH

SUBCOMMITTEE ON DISABILITY POLICY
COMMITTEE ON LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

MAY 16, 1995

RESEARCH IN LEARNING DISABILITIES SUPPORTED BY
THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Mr. Chairman and Members of the Subcommittee,

I am Dr. Reid Lyon and I direct and manage the research programs in learning disabilities, language disorders, and disorders of attention of the National Institute of Child Health and Human Development (NICHD) at the National Institutes of Health. I am pleased to respond to your request to inform you about the learning disabilities research activities of the NICHD.

Children are our most precious resource; they epitomize our hopes and dreams for ourselves and for the future of our country --hopes and dreams that come to an abrupt halt for millions of children who, despite often herculean efforts, cannot learn how to read, write, spell, understand mathematics, or listen and speak because of learning disabilities (LD). What is unique about learning disabilities is that they are unexpected. That is, the children and adults that have LD generally have strengths in general intelligence and have received the same educational opportunities as other students. Their difficulties in learning are not because of emotional or behavior problems, although behavior problems can certainly result from the frustration that comes from difficulties in learning to read, write, or calculate and reason arithmetically. Thus, LD does not occur because the child or adult lacks mental ability, motivation, or parents and teachers who are very supportive of their efforts to learn. LD occurs for some very specific reasons that our research has

identified, and LD produces a devastating array of specific learning difficulties that affect the lives of many. There are probably few families in this country that have not been touched by a learning disability in some way and our research tells us that for millions of American children, a learning disability has extinguished the light and joy of childhood.

For most individuals with LD, the primary learning difficulty is one that involves reading. In fact, at least 80 to 85 percent of children and adults diagnosed with LD have their most severe difficulties in learning to read. This is unfortunate since the major task in the early school grades is to learn to read, and most activities in the early and later grades, as well as in adulthood, involve and rely upon the ability to read. For example, consider being a child in elementary school, who, at the tender age of seven, cannot read--who cannot do what most others are able to do effortlessly--and knows it. Consider the humiliation and embarrassment that this youngster feels when called upon to read aloud in class and can only respond in a labored and inaccurate fashion. Think ahead to the fourth grade and beyond where the ability to learn about history, the English language, mathematics, current events, and the rich tapestries of literature and science are inaccessible because all of this learning requires the ability to read rapidly, fluently and accurately. Finally consider the long term consequences of these unexpected difficulties in learning that go beyond school and beyond childhood. The eager third graders experiencing reading

difficulties become, in turn, the frustrated 9th graders who drop out of school, the barely literate 25-year-olds who read at the fourth grade level, the members of the thirtysomething generation who are unemployed and defeated adults, struggling to raise families and needing to go on public assistance.

Simply put, the goal of the NICHD learning disabilities research program is to halt this egregious cycle of failure and do so at the earliest possible moment. Following the Congressional mandate set forth in the Health Research Extension Act of 1985 (P.L. 99-158), which directed the NIH to increase the effectiveness of research on LD, the NICHD was given the lead role in developing a network of multidisciplinary learning disability research programs. The major objectives of these programs were to develop new knowledge about the causes and outcomes of the different types of LD, their diagnosis, their epidemiology, their developmental course, and their response to different types of treatment and teaching interventions. Each of the research centers and program projects within the NICHD Learning Disability Research Network were charged initially with the comprehensive study of reading disorders or dyslexia. This research prioritization was based on the fact that reading disorders are the most frequently occurring type of LD and have a debilitating impact on the ability to learn and function in school situations and later on in the workplace. Following the successful establishment of NICHD research programs at Yale University, Johns Hopkins University, University of Colorado,

Harvard University, University of Miami, and Bowman Gray School of Medicine, the LD research network has now begun to focus on the interrelationships between reading disabilities and disorders of attention, as well as LD in mathematics, listening, and speaking, with a significant emphasis of identifying the most powerful treatment methods for well defined types of LD. More specifically, two large research projects designed to study the effects of different teaching methods on reading abilities in children ages five to ten are now underway at Florida State University and the University of Houston.

Over the past decade since this systematic program of research was initiated by the NICHD, substantial progress has been made, including a number of highly significant discoveries, particularly in the area of reading disabilities. These efforts have informed us about how many children are affected and what happens to them over the course of their development. We also now know the basic or core deficit that is responsible for difficulties in learning to read, and we have some very good ideas about how to identify this deficit before youngsters enter school so that early intervention programs can be implemented. Building upon these findings, NICHD supported research has begun to identify treatment programs that can help children and adults at all ages to learn to read in a more effective manner. In addition, a number of exciting new studies conducted by NICHD-supported scientists have begun to identify the underlying brain mechanisms and the specific neural systems that appear

responsible for difficulties in the development of language and reading abilities. I would like to summarize some of these major findings for the record.

- Data from longitudinal and family studies conducted by researchers at Yale university, University of Colorado, Bowman Gray School of Medicine, and the University of Miami, show that in contrast to conventional wisdom, as many girls as boys are affected by reading disability. These findings suggest that within the classroom, the naturally more active and sometimes rowdy behavior of boys leads to their identification as reading disabled, while girls, who are equally reading disabled, but frequently quieter, are often overlooked.
- Reading disability is persistent. Scientists at Yale have found that of the children who are reading disabled in the third grade, 74 percent remain disabled in the tenth grade; reading disability does not go away and cannot be characterized as a developmental lag, but represents an enduring deficit that remains with the child from the beginning of school, into high school, and most likely into adulthood. These are children who often become our next generation of illiterates and unemployed.
- Epidemiological research data from Yale University and the Bowman Gray School of Medicine indicate that in grades one through nine, disabilities in reading reflect a common disorder, affecting, affecting at least 10 million children, or one child in five.

- NICHD research has now uncovered the specific cognitive deficit that prevents a child (or an adult) from learning to read. For many years, it was thought that reading disability or dyslexia reflected a visual problem where children tended to read letters and words backwards. Today, converging scientific evidence from University of Colorado, Bowman Gray School of Medicine, University of Miami, Johns Hopkins University, Florida State University, Yale University, and the University of Houston all show that it is not the visual, but the language system that is implicated in reading disability. Reading reflects language. The core deficit responsible for the majority of cases of reading disability is at the most basic level of the language system--the level of the phoneme.

- The phoneme is the basic unit of language. Defined as the smallest unit of discernable sound, the phoneme represents the common building block of all spoken and written words. Just as proteins must be broken down into their constituent amino acids before they can be digested, words must be broken down into phonemes before they can be processed by neural systems within the brain.

- Difficulties in breaking words into their constituent phonemes results in a highly labored, slow, and inefficient approach to reading. Unfortunately, the ability to read well depends upon rapid and automatic recognition and decoding of words, and slow and inaccurate decoding are the most powerful predictors of difficulties in reading comprehension.

- Thus, LD children and adults with reading disability have difficulties with this most basic step in the reading pathway: breaking the written word into simpler, phonologic units. This discovery of the phonologic basis for reading disability now allows us to understand why even bright individuals cannot learn to read. The phonologic difficulty is independent of an individual's intelligence. The finding of a core deficit in phonology crystallizes the essence of what reading disability is about and who it affects--children and adults with good intelligence who cannot use their often excellent verbal and spatial reasoning abilities and problem solving skills to decode written language, primarily because of a block in the first step of the reading pathway.

- Having identified the core language deficit that impedes the ability to learn to read, several NICHD-supported scientists at Yale University, Johns Hopkins University, Bowman Gray School of Medicine, and the University of Colorado are now beginning to identify the brain regions responsible for phonology and deficits in phonology. A new non-invasive neuroimaging technology that allows us to directly visualize the activity in the brain while a child is attempting to read has provided the first look at where phonological processing, the basis of reading, takes place in the central nervous system. Preliminary data show that for reading disabled adults and children, those areas of the brain responsible for phonological processing behave differently than for individuals who read well.

- The identification of a phonological deficit as the core impediment in learning to read has, in turn, led to a number of discoveries that can help us identify early those kindergarten and first grade children who are likely to have difficulties learning to read. NICHD-supported researchers at Florida State University, University of Houston, University of Colorado, Bowman Gray School of Medicine, Yale University and Johns Hopkins University have produced converging evidence that poor reading can be predicted in at least 85 percent of the cases as early as mid-kindergarten using inexpensive screening measures. These findings are critical given that children who are identified after the age of nine have a much greater difficulty ever learning to read efficiently.



- NICHD-supported researchers at Florida State University, University of Houston, Johns Hopkins University, and Bowman Gray School of Medicine have made significant headway in identifying which teaching and intervention methods are most effective for LD children with reading and attention disorders. We now understand and can implement the specific instructional conditions and methods that foster the development of reading skills. We know that these efforts must be deployed early in a youngster's school tenure if progress is to be expected.

- While NICHD research has led to an understanding of the cause, the neurobiological correlates, the developmental course, and the instructional needs of children with learning disabilities, less than 10 percent of our Nation's teachers are



adequately prepared to address the youngster's learning deficits in an efficacious and timely manner. NICHD surveys show that while the majority of teachers in schools today are highly motivated to learn and apply new findings relevant to their teaching of children with LD, most report that their coursework and practica are inadequate, particularly in the area of reading instruction.

SUMMARY

Substantial progress has now been made in our understanding of LD, and with it has come a new ability to both identify and treat LD. Over the past decade, systematic longitudinal studies of children in several geographic regions in the U.S. have found that reading disabilities, the most prevalent of the learning disabilities, affect one child in five. Strong converging scientific evidence shows that the failure to learn to read words in a rapid and accurate manner is responsible for the failure to comprehend what is read. Researchers at literally all of the NICHD research projects investigating LD have reported that slow and inaccurate reading of single words appears to be caused by deficits in a linguistic ability termed phonological awareness. NICHD neuroimaging studies conducted at Yale University and Bowman Gray School of Medicine find that specific areas of the brain are specialized for phonological awareness and these areas function differently in children and adults with phonologically-based reading disabilities. Phonological awareness skills can be measured with screening measures as early as five and a half

years-of-age in a reliable fashion and this measurement can predict with accuracy most children who are likely to have reading difficulties. Although we now have the ability to identify at-risk youngsters in kindergarten and provide the necessary instruction, the majority of children are not identified until nine years-of-age or the third grade. Unfortunately, if identification and early direct intervention are delayed, at least three quarters of the children will continue to have difficulties learning to read and, thus, difficulties in all school subjects that require reading. These findings show that LD in reading can not be characterized as a developmental lag--it is a recalcitrant deficit that remains with the child and adult unless informed early identification and specific and direct intervention take place. NICHD early intervention projects are demonstrating significant gains in reading skills if the interventions are applied early and appropriately. Finally, while this new information resulting from our research has been replicated by each of the NICHD research projects, few teachers are aware of the facts and the diagnostic and instructional methodologies that are based on the scientific findings.



Research in
LEARNING
DISABILITIES
at the
NICHD

CONTRIBUTIONS FROM SCIENTISTS SUPPORTED BY THE
NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

G. Reid Lyon, Ph.D.

Human Learning and Behavior Branch
Center for Research for Mothers and Children
National Institute of Child Health and Human Development
National Institutes of Health

6100 Building, Room 4B05, 9000 Rockville Pike, Bethesda, MD 20892
(301) 496-6591 Fax (301) 402-2085

INTRODUCTION

Learning disabilities (LD) encompass a wide range of disorders in listening, speaking, reading, writing, and mathematics that are frequently accompanied by comorbid deficits in attention and social behavior. Current estimates indicate that children with LD compose between seven to 10 percent of the school-aged population and represent over half of the children who receive special education services in the United States.¹ Despite this frequency of occurrence, LD remains one of the least understood yet most disabling conditions that affect both children and adults. This is unfortunate since learning disabilities are extremely deleterious to the development of children in general, and the negative effects of LD go well beyond school failure. For example, poor peer relationships, decrements in self-concept, poor post-school adjustment, and limited placed occupational opportunities are some of the known outcomes of LD.

A number of influences have contributed to persistent difficulties in diagnosing and treating LD. In fact, until research programs supported by the National Institute of Child Health and Human Development (NICHD) and the Natural Sciences and Engineering Council of Canada to study learning disabilities began to lead to major discoveries during the past decade, the consensus in the biological and behavioral sciences was that the field of LD lacked scientific validity and clinical utility.^{2,3} To better understand the difficulties that have plagued the LD field and the NICHD's programmatic response to alleviate them, a brief review of both problems and progress in the field is presented in the following sections. Emphasis is placed on discussing the role of the National Institutes of Health (NIH) in general, and NICHD in particular, in stimulating and supporting systematic, prospective longitudinal research to best understand how to classify, define, and treat LD. As mentioned above, additional reference will also be made to the outstanding work of Stanovich and Siegel in LD and reading disorders supported by the Canadian government.³ Readers should note that comprehensive sources on these topics have recently been published.^{1,4,5}

IMPEDIMENTS TO SCIENTIFIC DEVELOPMENTS IN LEARNING DISABILITIES: AN HISTORICAL PERSPECTIVE

Historically, a number of influences have contributed to difficulties in validating scientifically the construct of LD.^{1,3} First, the field's limitations as a clinical science can be related to its brief tenure as a recognized category of disability. Specifically, LD as a federally designated condition, has been in existence only since 1968.⁶ Thus, there has not been time to collect and consolidate the necessary observations under experimental conditions that could lead to a better understanding of the critical diagnostic markers and treatment interventions that have a known probability of success.

Second, many different theoretical and conceptual views are offered to explain LD and these views clearly reflect the multidisciplinary nature of the field.² Learning disabilities are considered the legitimate concern of many disciplines and professions, including education, psychology, neurology, neuropsychology, optometry, psychiatry, and speech and language pathology, to name a few. Each of these professions has focused on different aspects of the child or adult with LD, so that there exist highly divergent ideas, and frequently contentious disagreements about the importance of etiology, diagnostic methods, intervention methods, and professional roles and responsibilities. Unfortunately, from the perspective of developing a valid definition and classification system for LD, such variation in views and beliefs results in differences in the numbers of children identified and their characteristics. In turn, conducting research on samples of children with ostensible LD who vary widely in diagnostic and demographic characteristics provides little opportunity for the replication and generalization of findings – the cornerstones of scientific inquiry.

Third, many diagnostic and treatment decisions about individuals with LD have been based on technically inadequate tests and measures. Recent comprehensive reviews⁴ suggest that fewer than one-third of the psychometric tools used in the diagnosis of LD meet criteria for adequate norms, reliability, and validity. As important, the valid assessment of change over time, and change as a function of treatment, is very difficult to accomplish at present because few instruments have the scaling properties to satisfy conditions for the measurement of individual growth curves.⁴

Fourth and by far the most significant and persistent problem impeding progress in the field of LD has been the difficulty in establishing a precise inclusionary definition and a theoretically based classification system that provides (1) a framework for the identification of different types of LD, and (2) a framework for recognizing distinctions and interrelationships (comorbidities) between LD and other learning disorders to include attention deficit disorders, general academic underachievement, mental retardation, and emotional disturbance. The precise characterization of LD has been hindered on the one hand by associating learning disabilities with the concept of aptitude-achievement discrepancy, and on the other hand by conducting "single-shot" studies on "school-identified" or "clinic-referred" samples of children.^{1,2,3,4} The assumption that an aptitude (typically assessed using intelligence tests) achievement discrepancy is a clear diagnostic marker for LD or can be considered a pathognomonic sign is at best premature, and at worst invalid.^{2,3,7} Such an assumption is based on the premise that individuals who display an IQ-achievement discrepancy are indeed different from individuals who do not with respect to phenotypic variables such as information processing characteristics and response to intervention, and genotypic features such as differ-

ences in the heritability of the disorder or its neurophysiological signature. As will be pointed out later, a major thrust of the NICHD efforts in the study of LD has been to evaluate the efficacy of discrepancy in defining learning disabilities by systematically comparing “discrepant” versus “non-discrepant” low achieving children on both phenotypic and genotypic variables.⁷

The study of individuals identified a priori as LD by school or clinic criteria within the context of single investigations or cross-sectional designs have also significantly hampered efforts to develop a valid definition and classification system for learning disabilities. It has been pointed out many times that schools and clinics lack consistency in the way in which LD is diagnosed. A child can literally be “cured” of an LD condition simply by moving across state boundaries or by changing schools within the same community.^{1,2} Such variability in sample characteristics prohibits replication and generalization of findings – a severe impediment to the development of any clinical science. Moreover, “single-shot” investigations that compare children achieving normally with children with LD on one or more dependent variables of interest at one point in time ignores the developmental nature of learning and change over time, and how such change interacts with information processing characteristics, teacher characteristics, different interventions, and classroom climates. As such, limited information is available on the developmental course of LD, and how children may display different characteristics at different points in time.

The foregoing brief review provides the rationale for the development of the NICHD research programs in learning disabilities. Prior to the initiation of the programs, much of our research-based thinking about LD was predicated on information obtained from ambiguously defined school-identified samples of children who were administered technically inadequate tests. Frequently the research problem was further confounded by the tendency to interpret these test data in the context of invalid theoretical and conceptual frameworks. Finally, the majority of studies carried out with individuals with LD were not informed by a longitudinal, developmental perspective. It has been within this context of scientific need that the NICHD has systematically developed a portfolio of individual research initiatives, program projects, and Learning Disability Research Centers (LDRCs) to define and classify LD, and to obtain new knowledge related to etiologies, developmental trajectories, and interventions for learning disabilities. The following sections provide a review and analysis of the major findings of the NICHD-supported research projects with an eye toward identifying additional future research needs and directions.

THE ROLE OF THE NICHD IN THE PLANNING AND CONDUCT OF RESEARCH IN LEARNING DISABILITIES

By way of background, the Health Research Extension Act of 1985 (P.L. 99-158) mandated the establishment of an Interagency Committee on Learning Disabilities (ICLD) for the express purpose of addressing the persistent problems in identifying a valid classification system and a definition for LD. More specifically, the ICLD was charged with the task of reviewing and assessing Federal research priorities, activities, and findings regarding LD. The NICHD was designated the lead agency for this congressional initiative. With respect to legislative and administrative action, the ICLD was required to make recommendations to increase the effectiveness of research on LD and to improve the dissemination of findings, and to prioritize research efforts in the causes, diagnosis, treatment, and prevention of learning disabilities. Following a comprehensive review of extant data and information related to the study of LD,⁸ the ICLD concluded that:

“...collaborative, integrated, and coordinated multidisciplinary approaches to research questions, such as could be undertaken on university campuses in large program projects and in specialized research centers of excellence, would be the most appropriate way to increase the effectiveness of this research...A major goal of this research should be the development of a classification system that more clearly defines and diagnoses LD, conduct disorders, and attention deficit disorders, and their interrelationships. Such information is prerequisite to the delineation of homogeneous subgroups and the delineation of more precise and reliable strategies for treatment, remediation, and prevention that will increase the effectiveness of both research and therapy.”⁸

Within this context, the NICHD proceeded to develop Requests for Applications (RFA's) for Program Projects in 1985, Learning Disability Research Centers (LDRC's) in 1987,⁹ and treatment/intervention research projects in 1993. By way of background, the Program Project research award is an NIH funding mechanism that can support at least three discrete, yet closely related and synergistic projects. The LDRC's are funded via Specialized Research Center Grants that provide support for both the synergistic research projects *and* supporting core service projects. This type of mechanism is used to stimulate research in a given field by encouraging collaborative, interdisciplinary research.

In response to the Program Project RFA, five program Projects were awarded by the NICHD. The recipients were Dr. John DeFries and his research group at the University of Colorado, Dr. Frank Wood and his team at the Bowman Gray School of Medicine, Dr. Herbert Lubs and his colleagues at the University of Miami, Dr. Bennett Shaywitz and his collaborators at Yale University and the University of Houston (led by Dr. Jack Fletcher), and Dr. Albert Galaburda and his group at Beth Israel Hospital and Harvard University. In response to the LDRC RFA, three centers were established; one at Johns Hopkins University under the leadership of Dr. Martha Denckla, another at Yale University (also directed by Shaywitz) and one at University of Colorado (also directed by DeFries). In

response to the treatment/intervention research RFA, one research program was established at Florida State University under the direction of Dr. Joseph Torgesen, and one at The University of Houston lead by Dr. Barbara Foorman. These longitudinal intervention studies are in the beginning phases and data are not yet available.

A brief overview of the major goals and objectives of the NICHD Program Projects and LDRC's is provided in the following sections. Individual Program Projects (Bowman Gray, Miami, Beth Israel/Harvard) will be summarized first followed by a review of the research programs that have been awarded an LDRC (Johns Hopkins) and both a Program Project and an LDRC (Colorado, Yale). This overview will be followed by sections which provide a synthesis of the major discoveries made by the research programs in targeted areas of inquiry (i.e., classification/definition, reading and language related processes, attention, genetics, neurophysiology/neuroimaging, and treatment/intervention). Readers should note that comprehensive reviews of the goals and findings from each of the projects and centers, written by each of the principle investigators and their research teams, can be found in Duane and Gray (1991),³ Lyon et al.,¹ Fletcher et al.,⁷ and Lyon.⁴

THE NICHD RESEARCH PROGRAMS IN LEARNING DISABILITIES PROGRAM PROJECTS

The **Bowman Gray Program Project** is designed to study childhood reading disability with an eye toward developing a definition and subtyping system for dyslexia.⁵ Within this context, research studies have been, and continue to be, conducted to (1) identify an appropriate combination of measures in the first grade that can define dyslexia and predict reading performance throughout the later grades, (2) determine whether Attention Deficit Disorder (ADD) has an independent impact on reading development and disorders, (3) develop the most powerful combination of linguistic (e.g., phonological, naming) tasks that can be used to chart the developmental course of reading and reading disability, (4) identify the efficacy of code-emphasis reading approaches versus context-based reading approaches with well-defined groups of reading disabled children, (5) study regional cerebral blood flow and positron emission tomographic activation signatures that are correlated with specific linguistic and cognitive parameters in a unique sample of adult dyslexics, first seen as children by Mrs. June Orton, and (6) externally validate distinctions between dyslexia and ADD using event-related potential electrophysiology.

The University of Miami Program Project has completed its first five years of investigations to identify inherited subtypes of specific dyslexia via both behavioral genetic studies and genetic linkage analyses, and to further characterize these subtypes by psychophysical, behavioral, and neuroimaging studies. More specifically, Dr. Lubs and his group have attempted to define the chromosomal location of the several genes that produce

autosomal dominantly inherited dyslexia. Project goals were addressed through scientific experiments in three major areas.⁴ In the first area, the Miami group designed and conducted linkage studies to delineate the location of chromosomes and chromosome bands of several genes that could be specifically related to a different phenotypic expressions of dyslexia. In the second area of investigation, psychophysical and neuropsychological tasks were administered to dyslexic subjects to delineate information processing and cognitive profiles that could be used to validate genetically different subtypes. In the third area, Magnetic Resonance Imaging and Positron Emission Tomography studies were carried out in an attempt to identify unique neurophysiological signatures for dyslexic subtypes.

The Beth Israel/Harvard Program Project has as a primary goal the development of an understanding of the relationships between subtle abnormalities of brain development and specific childhood learning disabilities to include dyslexia. The ultimate goal of the research is to identify the causes of such neural anomalies, and thus the neurobiological causes of LD and dyslexia.⁵ Within this context, Dr. Galaburda and his colleagues have sought to develop an animal model of brain development that provides a window on how cortical abnormalities occur during ontogenesis and how such abnormalities affect behavior. Major efforts have also been deployed to delineate the cytoarchitectonic organization and the chemoarchitectonics of those brain regions implicated in developmental dyslexia. In addition, several investigations are underway to specify immunological variables responsible for anatomical and behavioral anomalies in human and animal brain.

The Johns Hopkins LDRC represents a multidisciplinary research effort designed to understand the neurodevelopmental bases of LD. Dr. Denckla and her associates pursue this complex research task through four major lines of research.^{4,9} In one project, the Johns Hopkins group is attempting to discover the causes of nonverbal LD via behavioral, neuropsychological and neuroimaging studies of LD individuals and individuals with neurofibromatosis. A second project is designed to examine the spectrum and severity of social deficits in female children who are heterozygous for the Fragile X genetic anomaly and to investigate the relationship of these deficits to specific cognitive, linguistic, and neuropsychological problems observed in LD individuals without Fragile X. A third line of research is designed to investigate the relationship between Tourette Syndrome and ADD using both genetic and neuropsychological procedures. The fourth project is designed to develop assessment methods to differentiate between hard to remediate dyslexic children versus children who respond to intervention. This project is also designed to identify the most powerful predictors of dyslexia and intervention approaches that have a high probability of success with disabled readers.

The Colorado Program Project and LDRC. The Colorado Program Project has been composed of four interrelated projects designed (1) to assess the genetic etiology of reading disability, and, in particular, the heritability of phonological and orthographic skills, (2) to identify the specific language and perceptual skills that are critical for the development of fluent reading skills, (3) to determine whether reading disability is correlated with deficiencies in the immunological system, and (4) to conduct genetic linkage analyses to localize, if possible, specific genes implicated in the expression of reading disability.^{4,5,9}

With the Colorado LDRC, Dr. DeFries and his group extend the research carried out in the Program Project by increasing sample sizes and developing creative behavioral genetic analytic methodologies to assess the genetic and environmental etiologies of defi-

cient component phonological, orthographic, reading skills in reading disability. Within this context, genetic linkage analysis is being employed to search for major genes and quantitative trait loci that influence learning disabilities. In addition, a treatment/intervention project is being conducted with 100 twin pairs of disabled readers in an effort to discover reading subtype/dimension by treatment interactions.

The Yale University Program Project and LDRC. The Yale University Program Project is designed to address major questions related to the definition, etiology, developmental course, and biological/neurophysiological bases for dyslexia.^{4,5,9} The Yale studies are unique in that they are being carried out with the largest longitudinal cohort of reading disabled children in North America. As such, Dr. Shaywitz and his associates are continuing to obtain major findings that are not biased by the vagaries of studying school-identified or clinic-referred samples. In Project 1 of the Program Project, the longitudinal cohort is studied to identify (1) whether distinct subtypes of dyslexia exist, (2) whether subtypes are stable over time, (3) whether dyslexia constitutes a developmental lag versus a fixed deficit in reading, neurolinguistic, and cognitive skills, (4) whether deficits in single word reading are attributable to a combination of deficits in phonological and orthographic processes, and (5) whether positive or negative outcomes of dyslexia are associated with sociodemographic factors, the nature and severity of the reading disability, co-morbidity, and self-esteem.

In Project 2, a well defined group of children with early language disorders is studied to assess the development of reading-related language skills (e.g., phonological awareness) and to determine how particular early language impairments relate to the emergence of different types of reading disability. In Project 3, dyslexic, math disabled, and nondisabled boys and girls are followed and studied as they pass through puberty in order to assess the effects of specific endocrinological influences on reading, cognitive, and neurolinguistic skills. Finally in Project 4 of the Program Project, the Yale group is employing state-of-the-art Functional Magnetic Resonance neuroimaging technology to examine brain structures and brain functions in well defined groups of dyslexic children as the children carry out tasks designed to assess reading, phonological awareness, orthographic decision making, and phonological decision making skills.

The Yale University LDRC has been charged with the complex task of developing a comprehensive classification system for the range of common disorders that can influence school performance. A major focus of the Center is the development of a classification system for children with attention and oppositional/conduct disorders with and without learning disabilities. In addition, one large project within the Center is tasked with the continued in-depth epidemiological study of 414 reading disabled children, now entering the ninth grade, who were originally identified during kindergarten. This ongoing investigation continues to provide data relevant to the stability and generalizability of learning disability subtypes over time.

MAJOR FINDINGS AND CONCLUSIONS

A number of independent and replicated discoveries relevant to learning disabilities in general, and dyslexia in particular, have been obtained through the research efforts at each of the NICHD Program Projects and LDRC's, as well as through the Stanovich and Siegel research programs funded by the Canadian government. Selected important discoveries will be highlighted here according to major domains of study, and those programs obtaining the findings will be indicated in parentheses. Due to limitations on the number of references that could be used for this paper, readers are encouraged to peruse the edited sources cited for both an overview of the research, an analysis of other important discoveries, and citations for specific studies.

CLASSIFICATION/DEFINITION

- The definition and classification of learning disabilities and dyslexia must be accomplished within a longitudinal developmental framework that does not require adherence to a priori assumptions reflected in current definitions. Further a valid definition can best be developed by studies that investigate *representative* groups of children over time and that document how differences among children emerge, change, and influence further development (Bowman Gray,⁵ Yale^{1,4,5,7}).
- Current exclusionary definitions of learning disabilities appear to be invalid, particularly in the area of reading disabilities and particularly when discrepancy formulae are used (Yale⁷).

READING AND LANGUAGE RELATED PROCESSES

- Reading disabilities (dyslexia) affect at least 10 million children, or approximately 1 child in 5 (Yale^{9,10}).
- While schools identify approximately four times as many boys as girls as reading disabled, longitudinal and epidemiological studies show that as many girls are affected as boys (Bowman Gray,^{5,9} Colorado,^{4,9,11} Miami,^{5,9} Yale^{2,5,7,12}).
- Reading disability reflects a persistent deficit rather than a developmental lag in linguistic and reading skills. Longitudinal studies show that of the children who are reading disabled in the third grade, 74 percent remain disabled in the ninth grade (Yale,^{1,4,7,10} Stanovich & Siegel³).
- The practice of distinguishing between disabled readers with an IQ-Achievement discrepancy and those without a discrepancy appears invalid.^{3,7} More specifically, children with and without a discrepancy do not differ in the information processing subskills (phonological and orthographic coding) that are necessary for the reading of single words.³ Likewise genetic and neurophysiological studies have not indicated differential etiologies for reading disabled children with and without discrepancies.^{1,3,4,7} It remains to be seen whether a discrepancy between achievement and IQ is a worthwhile predictor of choice of, or response to, intervention.

- Children with reading disability differ from one another and from other readers along a continuous distribution, and do not aggregate together in a distinct “hump” at the tail of the distribution as once thought (Bowman Gray,⁵ Colorado,^{4,5} Yale,^{1,4,7,10} Stanovich & Siegel³).
- The ability to read and comprehend depends upon rapid and automatic recognition and decoding of single words and slow and inaccurate decoding are the best predictors of difficulties in reading comprehension (Bowman Gray,⁵ Colorado,^{5,11} Johns Hopkins,⁴ Yale^{1,3,5,7}).
- The ability to decode single words accurately and fluently is dependent upon the ability to segment words and syllables into abstract constituent sound units (phonemes). Deficits in phonological awareness reflect the core deficit in dyslexia (Bowman Gray,⁵ Colorado,^{4,5,11} Johns Hopkins,⁴ Miami,⁵ Yale^{4,7}).
- The best predictor of reading ability/disability from kindergarten and first grade test performance is phoneme segmentation ability (Bowman Gray⁵). However there may be different predictors for different component reading skills. For example, rapid naming ability may predict word identification while tasks assessing phonological awareness best predicts word attack skills (Bowman Gray⁵).

ATTENTION

- A precise classification of ADD with and without hyperactivity is not yet available. A classification methodology that assesses internal and external validity of dimensional and categorical models must be applied to the issue (Yale^{1,4}).
- ADD and reading disability often co-exist, but the two disorders are distinct and separable (Bowman Gray,^{5,9} Yale^{4,5,9}).
- ADD occurs more frequently in males and ADD exacerbates the severity and cognitive morbidity of reading deficits. Since ADD and reading deficits often co-occur, more males are typically identified as reading disabled, spuriously inflating the gender ratio in favor of males (Bowman Gray,^{5,9} Miami⁹).
- The effects of ADD on cognitive functioning are variable with primary deficits in rote verbal learning and memory. ADD appears relatively unrelated to naming and phonemic awareness tasks (Bowman Gray^{5,9}).

GENETICS

- A multiple regression analytic procedure has been developed by DeFries and his colleagues that allows for the analysis of the genetic etiology of individual differences in component language and reading skills. This is a unique and flexible methodology that can be used to assess differential genetic and environmental effects (Colorado^{4,5,9,13}).
- There is strong evidence for genetic etiology of reading disability, with deficits in phonological awareness reflecting the greatest degree of heritability (Colorado^{4,5,13}).
- There appears to be at least one type of reading disability that can be linked to the HLA region of Chromosome 6 reflecting an association with autoimmune disorders (Colorado,^{5,9} Miami⁹). Recent evidence obtained from twin and kindred siblings with severe deficits in reading performance show strong evidence for a Quantitative Trait Locus on chromosome 6 (Colorado¹³).

NEUROANATOMY, NEUROPHYSIOLOGY, AND NEUROIMAGING

- Several types of brain pathology, including microdysgenesis (Ectopias), cell loss, and abnormalities of the corpus callosum are present in a number of strains of immune defective mice. There is a similarity between the brain lesions seen in the mouse model and in humans with dyslexia (Beth Israel/Harvard^{5,9}).
- At the macroscopic level, atypical neural organization in dyslexic individuals is suggested by absence of the normal left-greater-than-right asymmetry in the posterior temporal planum (Beth Israel/Harvard^{5,9}).
- There is converging evidence from anatomical microstructure studies, gross morphology studies, and neuroimaging studies that the phenotypic expression in dyslexia is related to anomalous organization of tissue and processing systems subserved within the posterior left hemisphere (Beth Israel/Harvard,^{5,9} Bowman Gray^{5,9}).
- Regional Blood Flow studies indicate that the poor reading development in dyslexics is associated with less activation than normal in the left temporal region with atypically increased activation in the region of the angular gyrus (Bowman Gray^{5,9}).
- Positron Emission Tomographic studies indicate that dyslexic adults have greater than normal activation in regional metabolic values in the occipital (lingual) and pre-frontal regions of the cortex (Miami⁹).

TREATMENT/INTERVENTION

- Disabled readers do not readily acquire the alphabetic code when learning to read due to deficiencies in the processing of phonological processing. As such, disabled readers must be presented highly structured, explicit and intensive instruction in phonics rules and the application of the rules to print (Bowman Gray^{5,9}).
- Longitudinal data indicate that systematic structured phonics instruction results in more favorable outcomes in reading than does a context-emphasis (Whole Language) approach (Bowman Gray^{5,9}).
- Dyslexic readers who have been remediated and who are at normal to near normal reading levels in adulthood continue to display atypical neural processing as assessed by regional cerebral blood flow studies. This finding suggests that initial neuropathology remains stable over time, despite remediation, and that compensatory mechanisms may be developed (Bowman Gray^{5,9}).

FUTURE RESEARCH DIRECTIONS IN LD

In addition to the research initiatives and programs described above, the NICHD is developing and expanding programs and plans in area of treatment/intervention for LD children and in the area of cognitive neuroscience and neuroimaging. Each of these areas of inquiry are described briefly.

TREATMENT/INTERVENTION

Review of the literature related to reading disabilities and other learning disabilities indicates that no single treatment/intervention approach or method is likely to yield clinically significant, long-term, therapeutic gains with children diagnosed with LD.^{1,2} Unfortunately, to date, there exists scant scientific support for the use of particular interventions or combinations of interventions with different types of learning disabilities. Because of this, the NICHD has recently launched a major research effort to determine which treatment methods or combinations of methods, provided in which setting, have the most effective impact on well defined domains of child functioning, for how long, and for what reasons. Within this context, two highly controlled and well designed Longitudinal prospective intervention studies with LD children are now being supported at the Florida State University under the direction of Dr. Joseph Torgesen and the University of Houston under the direction of Dr. Barbara Foorman. Additional treatment/intervention initiatives are being planned at this time.

COGNITIVE NEUROSCIENCE AND NEUROIMAGING

There exists a critical need to understand how the human brain is organized for complex behaviors, and to know more specifically how the child with LD and the normal learner differ with respect to central nervous system functioning. In addition, it is important for us to understand how such physiological and neuroanatomical differences are related to indices of heritability and environmental influences. Our ability to assess brain-behavior relationships in an accurate, yet noninvasive manner, is improving significantly as we begin to employ dramatic new advances in neuroimaging technology. For instance, The Shaywitz group at Yale is moving forward with the application of Functional Magnetic Resonance Imaging studies with reading disabled and normal children. In addition, Dr. Allen Reiss and his colleagues at Johns Hopkins are designing imaging software that will allow different sites to compare neuroimaging data and how best to register functional brain information with structural brain information. These projects, as well as initiatives being planned, should serve to provide the empirical foundation necessary to not only understand the limits of individual variability in brain structure and function, but to identify the neurobiological underpinnings of learning disabilities.

SUMMARY

The NICHD has been, and will continue to be responsive to the critical research needs in LD and related disorders. As an index of the heightened research activity in this arena, consider that NICHD support for projects related to learning and language disabilities has increased from \$1.75 million in 1975 to over \$15 million in 1993—a cumulative total of approximately \$80 million. Given the significant discoveries made by the Program Projects, LDRC's and individual research grants supported through these increases, the money clearly has been well spent. Within the past 10 years, NICHD research has identified the major cognitive mechanisms underlying dyslexia and other learning disabilities and how the assessment of these mechanisms can help to predict the onset, developmental course, and outcomes of such disorders. Moreover, NICHD scientists have contributed substantially to an understanding of how the genome, the brain, and the environment interact to produce individual variations in learning. Given this knowledge, we are hopeful that the newly funded treatment/intervention projects will provide guidance with respect to ameliorating the devastating effects of learning disabilities on both children and adults.

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Research in
**LEARNING
DISABILITIES**
at the
NICHD

U.S. Department of Health and Human Services

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FAX (202)401-7733TO: Diana FortunaNUMBER OF PAGES: Cover + 2FAX NUMBER: 456-7028DATE: 10/10/95**FROM:**

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REMARKS/COMMENTS

This is the letter we plan to send to Anne Ford. Any questions or comments? We'd like to send today.

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office of the Secretary

Washington, D.C. 20201

Ms. Anne Ford
Chairman of the Board
National Center for Learning Disabilities
381 Park Avenue South, Suite 1420
New York, New York 10016

Dear Ms. Ford:

Secretary Donna Shalala and Secretary Richard Riley have asked us to share with you the latest developments in the Administration's activities following up on the 1994 National Learning Disabilities Summit. As you know, we share the commitment to the comprehensiveness that is reflected in your Summit Report and we strongly support the need for improved inter-agency work on behalf of children and adults with learning disabilities. We would like to bring you up to date on a number of exciting developments that are occurring.

First, our two Departments are launching a major initiative to disseminate current research findings of both the Department of Education (ED) and Health and Human Services (HHS) relative to teaching reading to people with learning disabilities. We will use this initiative and other established channels such as NCLD to disseminate research findings to parents, teachers, policy makers, and other interested individuals. Indeed, Reid Lyon informs us that NCLD has an existing contract with NICHD to disseminate research findings. We believe this holds great promise for improving outcomes for those who experience the greatest difficulty learning to read. We cannot stress too strongly the importance of this step. Dissemination of what we know, and especially of exciting recent findings, has been a major area needing renewed attention. We know you agree.

Second, we think you are also aware that the White House, under the leadership of Alice Rivlin, Director, Office of Management, and Carol Rasco, Assistant to the President for Domestic Policy, is conducting a major review of policies and programs which impact on the lives of people with disabilities. Dr. Reid Lyon of HHS and Dr. Thomas Hehir of ED, Co-chairs of the Summit, will shortly present to the Disability Policy Review Team (DRPT) on the Summit's recommendations. Further, we are appointing Dr. Lyon and Dr. Hehir as permanent members of the Children's Work Group of the Team and have instructed them to represent the interests of people with learning disabilities in the overall work of the DRPT.

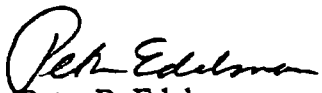
Third, and particularly important in response to your continuing expression of concern about interagency cooperation, we will convene within the next month a meeting of responsible individuals from the Departments of Justice and Labor as well as our two Departments to assess the current status of our various efforts as to the matters raised in the Summit Report and to decide on further action. We will advise you of the results of that meeting. The four

Ms. Ford - Page 2

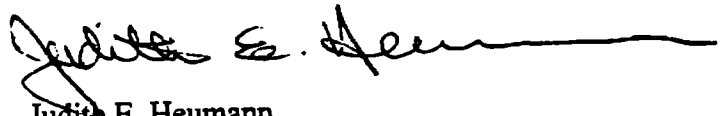
Departments are central to the follow-up process on the items mentioned in the Report, and this interagency conversation is a crucial first step in assessing current efforts and deciding next steps.

We are sure you know how supportive we are. We applaud the efforts of NCLD to bring the needs of people with learning disabilities to the forefront, and we are committed to moving our agencies toward more coordinated and effective approaches.

Sincerely,



Peter B. Edelman
Acting Assistant Secretary for
Planning and Evaluation
U.S. Department of Health and
Human Services



Judith E. Heumann
Assistant Secretary
Office of Special Education
and Rehabilitative Services
U. S. Department of Education

Add DOJ & DOL
↓
Rick Doyle
Doug Dodge

Ms. Anne Ford
Chairman of the Board
National Center for Learning Disabilities
381 Park Avenue South, Suite 1420
New York, New York 10016

Dear Ms. Ford:

We want to share with you the latest developments in our activities following up on the 1994 National Learning Disabilities Summit. As you know, we have been impressed by the comprehensiveness of the Report that was issued following the Summit and support the need for improved inter-agency work on behalf of students with learning disabilities. We would like to inform you of the following activities in which we are jointly engaged.

On approximately October —, there will be a press release. Subseq. release...
Starting in October, our Departments will be launching a major initiative to disseminate current research findings of both the Department of Education (ED) and Health and Human Services (HHS) relative to teaching reading to students with learning disabilities. We will be seeking NCLD's support in this initiative, which we believe holds great promise for improving educational results for those who experience the greatest difficulty learning to read. We cannot stress too strongly the importance of this step. Dissemination of what we know, and especially of exciting recent findings, has been a major area needing renewal attention. *See my book to this etc*

I think you are also aware of the fact that the White House, under the leadership of Alice Rivlin, Director, Office of Management and Budget, and Carol Rasco, Assistant to the President for Domestic Policy, is conducting a major review of policies and programs which impact on the lives of people with disabilities. Dr. Reid Lyon of HHS and Dr. Thomas Hehir of ED,

Page 2

the Co-chairs of the Summit will present to the Disability Policy Review Team (DPRT) on the Summit's recommendations. Further, we will be appointing Dr. Lyon as a permanent member of the Children's Work Group of the Team and have instructed him to represent the interests of people with learning disabilities in the overall work of the DPRT. Finally, Carol Rasco will convene within the next month a meeting of senior responsible officials from the Departments of Justice and Labor as well as our two Departments to assess the current status of our various efforts as to the matters raised in the Summit Report and to decide on further action. We will advise you of the results of that meeting.

Shalala

We applaud the efforts of NCLD to bring the needs of people with learning disabilities to the forefront, and are committed to moving our agencies toward more coordinated and effective approaches.

Yours Sincerely,

Sincerely,

Richard W. Riley

Donna E. Shalala

FACSIMILE

PLEASE NOTIFY OR HAND-CARRY
THIS TRANSMISSION TO THE
FOLLOWING PERSON AS SOON AS
POSSIBLE:

DATE: Aug. 2, 1995TIME: 5:00 p.m.TO : Liana FortunaCOMPANY : White House/DPCFAX NUMBER: 456-7028 TELEPHONE NUMBER 456-5570FROM: Peter Edelman

OFFICE OF THE SECRETARY, DHHS
200 INDEPENDENCE AVENUE, S.W.
WASHINGTON, D.C. 20201

(202) 690-8157

FAX NO. (202) 690-7595

COMMENTS: Help! See Secretary's note to me
in margin of attached letter. Where are we
in setting up the meeting I requested? Thanks!

8/14

Reed Hunt Lyon

Heumann / Helur met w/ him (length - implies for IDEA)

- not at apt of stat Δ

Payzant - ES EA, ^{David Longanes} higher ed. funding?? (mostly \$) → No, TH → put in comm. c.

→ DAS: ^{Jamie} Jackson

Mary Jean Litten

SE + baggage?

Sharon Robinson

(Robyn/RuthK also?) Research

Jessica Levin → next wk

Renn - legis strategy

Edelman
690 ~~815~~
7858

CC Whitzel
Levin

JH: Ann Ford to Secy

Memo ready
in a few wks;
look it over

Do first

PE:
Was LA comm on LD
6 yrs ago - DOL, DOJ
Mr Ellis to Secy; dodo

Helur
Kun Edelman

→ disagrees w/ Whitzel - too medical
NIH ↑, then down - Smart

→ Health IDEA? God, no

→ Do publicly - OK - wkg go?



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

SECRETARY
HAS SEEN

July 27, 1995

Anne Ford
Chair
National Center for Learning Disabilities, Inc.
381 Park Avenue South
Suite 1420
New York, New York 10016

Dear Anne:

Donna asked me to reply to your letter of July 12. I had told your staff some months ago that we were pursuing the issues in a number of ways other than the form of an Interagency Committee. Specifically, there is an ongoing disability policy review in the White House, in which Robyn Stone is HHS lead representative. Also, I some time ago had the National Institute of Child Health and Human Development share the latest research findings with Carol Rasco. Perhaps most important, her staff is currently in the process of convening a meeting with HHS people and the Department of Education officials to discuss the application of the recent research findings on early identification of learning disabilities. I know this is a key concern of yours.

We certainly agree that it is important that we keep the momentum of the Summit report's recommendations moving forward. Among other things it is vital that we preserve the investments in children with disabilities which are under severe attack at the moment. We are in danger of losing valuable ground.

I hope this clarifies the current status of things. We are deeply committed to the policy substance. I know you agree there is no particular magic about the form.

With best wishes.

Sincerely,

Peter B. Edelman
Counselor to the Secretary

cc: Secretary Shalala
Robyn Stone

*I still think
we need an
interagency effort.
Just call on
meeting and
get on agenda*



**NATIONAL
CENTER FOR
LEARNING
DISABILITIES INC.**

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WASHINGTON OFFICE

1401 New York Avenue
Suite 900
Washington, DC 20005
(202) 879-5767
Shirley C. Cramer
Executive Director

July 12, 1995

The Honorable Donna Shalala
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Donna:

I hope that your summer is going well and that you are able to make some time for a little golf. I am so sorry about not being able to serve on the SSI Commission. Thank you for being so understanding - my mother is a little better but we live from day to day.

I am writing to ask you what the current status is of the Interagency Committee on Learning Disabilities. You will recall that you endorsed the idea at the meeting last December which you so gracefully convened between your staff and mine. Peter Edelman of your staff has put us in touch with Robyn Stone, Assistant Secretary for the Office of Disability and I am not clear what has happened to the concept of the Interagency Committee which we believe is vital and which, through our many contacts in Washington and the field, has been strongly supported. We have been heartened by the general impact of our Summit on Learning Disabilities.

I was invited down to Mrs. Gore's house last spring to speak about NCLD's efforts and my personal involvement to 90 new congressional wives. I think it went well. I also saw Mrs. Clinton a couple of weeks ago at the Metropolitan Museum here in New York, and she thanked me for the Summit report and mentioned that she had read it. Obviously we are eager to keep the momentum of the report's recommendations moving forward.

I look forward to hearing from you at your convenience.

With warmest personal good wishes,

Anne

Anne Ford
Chair, National Center for Learning Disabilities

**What to expect from the
National ALLD Center in
the future:**

Long-Term Goals

- Developing a "tool kit" for literacy practitioners, composed of inexpensive screening instruments, best practices information, and training materials to help identify and teach adults with learning disabilities,
- Establishing systems for training, technical assistance, and support to help identify and teach adults with learning disabilities in adult literacy programs.

Staff

Washington Office:

Neil Sturómski, Director

Eve Robins, Sr. Information Specialist

Adrienne Riviere, Information Specialist

Charles Washington, Program Associate/Editor

University of Kansas:

Keith Lenz, Model Director

Daryl Mellard, Screening Strand Leader

David Scanlon, Best Practices Strand Leader

Hugh Catts, Research Associate

**National ALLD Center
Academy for Educational Development
1875 Connecticut Avenue, N.W.
Washington, DC 20009-1202**

**National Adult Literacy
and
Learning Disabilities Center
(National ALLD Center)**

A program of the
**Academy for Educational Development
1875 Connecticut Avenue, N.W.
Washington, DC 20009-1202**

Funded by the
National Institute for Literacy



Purpose of the National ALLD Center:

The mission of the National ALLD Center is to raise national awareness about the relationship between adult literacy and learning disabilities, and to help literacy practitioners, policymakers, and researchers better meet the needs of adults with learning disabilities. The Center is a national resource for information on learning disabilities and their impact on the provision of literacy services. It provides information on current best practices in screening and interventions for learning disabilities to literacy providers and practitioners.

Sponsor of the National ALLD Center:

The Center, established in October of 1993, is funded by the National Institute for Literacy under a cooperative agreement with the Academy for Educational Development in collaboration with the University of Kansas Institute for Research in Learning Disabilities.

How the National ALLD Center can assist you:

One of the main functions of the Center is to establish a national information exchange network for the sharing of information, research, expertise, and resources regarding the relationship between adult literacy and learning disabilities. We encourage your inquiries and will either directly provide you with information or refer you to an appropriate resource. The Center has established resource files and is creating a national database to facilitate accurate and quick exchange of information.

How to access the National ALLD Center:

An inquirer can contact us in four different ways: mail, telephone, FAX or Internet. Each response will be answered as promptly as possible. Please contact us at:
National ALLD Center
Academy for Educational Development
1875 Connecticut Avenue, N.W.
Washington, DC 20009-1202
Phone: 202/884-8185;
800/953-ALLD (953-2553)
FAX: 202/884-8422
Internet: info@nalldc.aed.org

Publications:

LINKAGES is the National ALLD Center's semi-annual newsletter. It targets specific issues of importance that link literacy and learning disabilities stakeholders. The Center has developed **State Resource Sheets** on literacy and learning disabilities for each state and territory in the United States. These resource sheets assist literacy practitioners, adult literacy students with learning disabilities, and other concerned individuals in obtaining information about services in their state. The National ALLD Center has also collaborated with the HEATH Resource Center to produce a guide, *National Resources for Adults with Learning Disabilities*. This publication provides information about organizations, programs, and publications that can help to enhance the lives of adults who either suspect or know that they have a learning disability. In addition, the National ALLD Center has produced fact sheets addressing the needs of adults with learning disabilities. Single copies of any of the National ALLD Center's publications are free of charge.

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LEARNING DISABILITIES

A NATIONAL RESPONSIBILITY

REPORT

of the

SUMMIT ON LEARNING DISABILITIES

Washington, DC

September 20-21, 1994

Prepared by

WILLIAM ELLIS

Director of Professional Services, NCLD

SHIRLEY C. CRAMER

Executive Director, NCLD



**NATIONAL
CENTER FOR
LEARNING
DISABILITIES**

LD *Skila in IAGP - next

Shirley Cramer - LD

4/11/96

Tremaine Foundation - unusual for fdrn - interest

- major public awareness campaign

Grant to Comm Media Council - fc? in past - CCMC

Not just 1 gp - not new gp

Gps: 1. UDA - on gd troops, parent - based

2. Orton Dyslexia - branch spec.

3. NCLD - more public aw, public policy

- did Summit, invited others

- more visibility

(4. Div of LD, Council Except Children)

(5. Council on LD - prof org)

Helen + Chas Schwab fdrn - info + referral

Task - CCMC - unite around theme

- common strategy - begin by end of yr

Msg: target auds; educator - elem; parents
plus opinion leaders; NPR; libraries

May mtg: msgs

Campaign

when/where? Educ
what from me

Skila → SLOTUS @ NY conf. end of May 30/31
hon chair

+chr Educ Summit - NCLD
- all gps involved

LD

Teaching:

THE NATION'S LIFELINE

NATIONAL SUMMIT ON
TEACHER PREPARATION



INVITATION & ADVANCE PROGRAM

SPECIAL THANKS TO OUR PLANNING COMMITTEE:

Joel Brodsky, Ph.D. - CLD
 Debbie Gartland, Ph.D. - President, CLD
 Jeannette Fleischner, Ed.D. - DLD/TED
 Esther Minskoff, Ph.D. - President, DLD
 J. Gerald Minskoff, Ed.D. - DLD
 Ann Kornblet - President, LDA
 Jean Petersen - LDA
 Anne Ford - Chairman of the Board, NCLD
 Mark Griffin, Ph.D. - PAB Chairman, NCLD
 Bonnie Kessler - NCLD
 Judith Birsh, Ed.D. - ODS
 Susan Brady, Ph.D. - ODS
 Marcia Henry, Ph.D. - President, ODS
 Louisa C. Moats, Ed.D. - ODS

DEDICATION: BILL ELLIS

Since Bill Ellis came to NCLD in 1991 as Director of Program Services, his rare combination of expertise and stature in the learning disabilities field led NCLD to broaden its scope and reach to collaborate not only with other learning disabilities organizations, but also to establish its place on the national educational scene.

NCLD's highly effective National Summits are the fruit of Bill's dreams. The National Summit in Washington, DC in 1994 brought awareness of learning disabilities to the highest levels of government. Its effects are still being felt. Through Bill's determination, a Federal interagency working group on LD was formed as a direct result of the Summit.

Our National Summit on Teacher Preparation was his last and most ambitious undertaking. This two-day event will be a tribute to Bill's lifelong dedication as an educator and visionary in the field of learning disabilities and education in general.

INVITATIONS TO PARTICIPATE HAVE BEEN ISSUED TO:

RICHARD RILEY
U.S. Secretary of Education

GEORGE W. BUSH, Jr.
Governor of Texas

JAMES B. HUNT, Jr.
Governor of North Carolina

GEORGE E. PATAKI
Governor of New York

CHRISTINE TODD WHITMAN
Governor of New Jersey

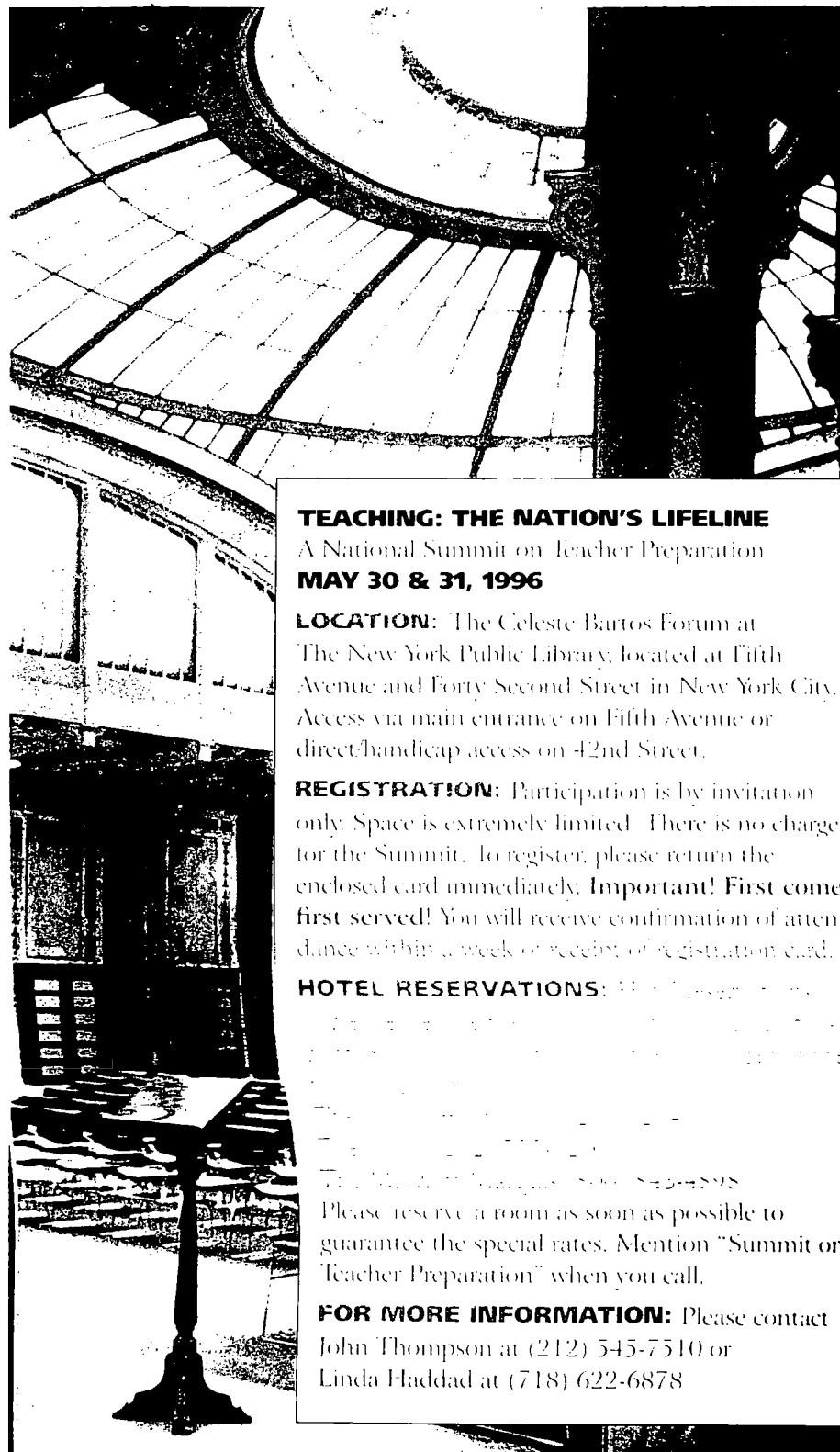
SUMMIT FUNDERS:

THE EMILY HALL TREMAINE FOUNDATION
Special thanks for their leadership support of this Summit.

National Center for Learning Disabilities
 National Institute of Child Health and Human Development
 Philip Morris Companies Inc.
 Orton Dyslexia Society

SUMMIT COORDINATORS:

Margaret Nuzum, Ed.D., *Consultant, NCLD*
 Rose Crawford, *Associate Executive Director, NCLD*



TEACHING: THE NATION'S LIFELINE

A National Summit on Teacher Preparation

MAY 30 & 31, 1996

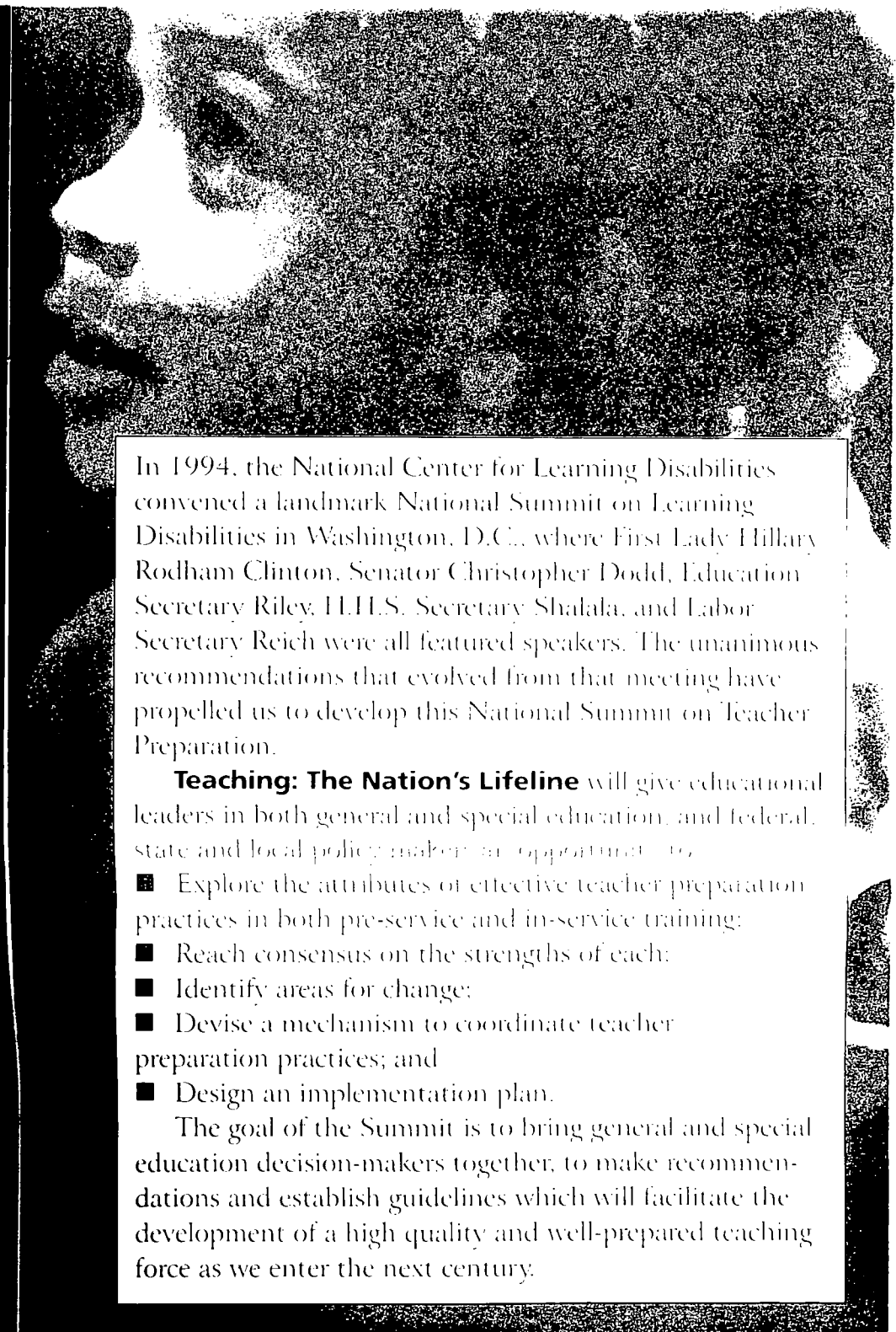
LOCATION: The Celeste Bartos Forum at The New York Public Library, located at Fifth Avenue and Forty Second Street in New York City. Access via main entrance on Fifth Avenue or direct/handicap access on 42nd Street.

REGISTRATION: Participation is by invitation only. Space is extremely limited. There is no charge for the Summit. To register, please return the enclosed card immediately. **Important! First come, first served!** You will receive confirmation of attendance within a week of receipt of registration card.

HOTEL RESERVATIONS: *For a complete list of participating hotels and special rates, please refer to the enclosed card.*

Please reserve a room as soon as possible to guarantee the special rates. Mention "Summit on Teacher Preparation" when you call.

FOR MORE INFORMATION: Please contact John Thompson at (212) 545-7510 or Linda Haddad at (718) 622-6878



In 1994, the National Center for Learning Disabilities convened a landmark National Summit on Learning Disabilities in Washington, D.C., where First Lady Hillary Rodham Clinton, Senator Christopher Dodd, Education Secretary Riley, H.H.S. Secretary Shalala, and Labor Secretary Reich were all featured speakers. The unanimous recommendations that evolved from that meeting have propelled us to develop this National Summit on Teacher Preparation.

Teaching: The Nation's Lifeline will give educational leaders in both general and special education, and federal, state and local policy makers an opportunity to:

- Explore the attributes of effective teacher preparation practices in both pre-service and in-service training;
- Reach consensus on the strengths of each;
- Identify areas for change;
- Devise a mechanism to coordinate teacher preparation practices; and
- Design an implementation plan.

The goal of the Summit is to bring general and special education decision-makers together, to make recommendations and establish guidelines which will facilitate the development of a high quality and well-prepared teaching force as we enter the next century.

DAY ONE

THURSDAY 5/30 MORNING

ADVANCE PROGRAM - INFORMATION

8:00 am—REGISTRATION

**8:30 - 9:00 am—OPENING REMARKS
AND SUMMIT OVERVIEW**

Dr. Paul LeClerc, *President and CEO, The New York Public Library*
Mrs. Anne Ford, *Chairman, National Center for Learning Disabilities*
Mrs. Tipper Gore (*invited*)

PANEL 1: THE ESSENCE OF TEACHING: WHAT TEACHERS NEED TO KNOW

9:00 - 9:20 am—PANEL OVERVIEW:

The student population is diverse—culturally, socio-economically, linguistically and educationally. Effective teachers embrace diversity, yet identify and address the specific needs of individual students within the larger context. Promising models of teacher preparation carefully select candidates, and train teachers for the wide range of opportunities in the classroom. What is an effective teacher and how do we know?

9:20 - 10:20 am—MODERATOR: CAROL JENKINS

Co-anchor, Fox Channel 5 News

Section I-1: THE REALITY OF STUDENT DIVERSITY

Alba A. Ortiz, Ph. D., *Office of the Dean, College of Education, The University of Texas at Austin; Committee Vice Chair, National Board for Professional Teaching Standards*

Candace Bos, Ph. D., *Professor, College of Education, University of Arizona*

DAY ONE

THURSDAY 5/30 MORNING

Section I-2: WHAT IS AN EFFECTIVE TEACHER?

Naomi Zigmond, Ph.D., *Institute of Learning, University of Pittsburgh*
Ann Kornblet, *President, Learning Disabilities Association of America*
Alice Angney, *Vermont Superintendent of the Year; National Superintendent of the Year Finalist, American Association of School Administrators*

10:20 - 10:40 am—BREAK

**10:40 - 11:20 am—Section I-3:
CRITICAL TRANSITION PERIODS AND
EFFECTIVE TEACHING**

Benita Blachman, Ph.D., *Associate Professor and Chair, Graduate Program in Learning Disabilities, Syracuse University*
Claire Wurtzel, M.S., *Graduate Faculty, Bank Street College*
Esther Minskoff, Ph.D., *President of the Division for Learning Disabilities, CEC; Professor, James Madison University*
Oliver Sockwell, *President and Chief Executive Officer, College Construction Loan Insurance Association*

**11:20 - 11:50 am—DISCUSSION:
RECOMMENDATIONS FOR ACTION**

11:50 - 12:00 pm—SUMMARIZER: DRAKE D. DUANE, M.D.

Arizona State University; President, International Academy for Research in Learning Disabilities

12:00 pm—BREAK FOR LUNCH

DAY ONE

THURSDAY 5/30 AFTERNOON

PANEL II: INITIAL TEACHER PREPARATION AND CERTIFICATION

1:30 - 1:45 pm—OPENING REMARKS

Rudolph F. Crew, Ed.D., *Chancellor, New York City Board of Education*

1:45 - 2:00 pm—PANEL OVERVIEW:

While there seem to be certain components common to all effective teacher preparation programs, there are ages, transition periods and populations that seem to require specific knowledge. Can we determine what is essential for all teachers and what is particularly useful for specified populations? Who should set standards and certification requirements for teacher preparation and evaluate such programs?

2:00 - 3:00 pm—MODERATOR: STEVAN J. KUKIC, Ph.D.

*Director of At Risk Students and Special Education Services,
Utah State Office of Education*

Section II-1: TRENDS IN INITIAL TEACHER PREPARATION AND CERTIFICATION REQUIREMENTS

Frederick Weintraub, *Senior Director of Publications and Professional Standards, Council for Exceptional Children*

Jeannette Fleischer, Ed.D., *Professor, Teachers College, Columbia University; President-elect of the Teacher Education Division of CEC*

Section II-2: WHAT MAKES AN EFFECTIVE PRE-SERVICE EXPERIENCE?

Sally Smith, M.S., *Founder and Director of The Lab School of Washington*

Dolores Escobar, Ph.D., *Past President, American Association of Colleges for Teacher Education; Dean, College of Education, San Jose State University*

Marcia Henry, Ph.D., *President, Orton Dyslexia Society*

3:00 - 3:20 pm—BREAK

DAY ONE

THURSDAY 5/30 AFTERNOON

3:20 - 4:00 pm: Section II-3: IMPLEMENTING AND EVALUATING EFFECTIVE PRACTICES

Louis Danielson, Ph.D., *Division Director, Division for Personnel Preparation, Office of Special Education Programs,
US Department of Education*

Gerald Tirozzi, *Assistant Secretary of Elementary and Secondary Education, US Department of Education,
past Commissioner of Education, CT (invited)*

Reid Lyon, Ph.D., *Psychologist, Human Learning and Behavior Branch,
Center for Research for Mothers and Children, National Institute for Child Health and Human Development*

4:00 - 4:30 pm—DISCUSSION: RECOMMENDATIONS FOR ACTION

4:30 - 4:40 pm—SUMMARIZER: GERALD MINSKOFF, Ed.D.
Professor, Department of Special Education, James Madison University

4:40 - 5:00 pm—CLOSING REMARKS - DAY 1
Richard Mills, *New York State Commissioner of Education*

5:00 pm—BREAK FOR THE DAY

Please plan to join us for a cocktail reception Thursday evening, May 30th, from 6:00 to 8:00 pm. Details will be provided at the Summit.

DAY TWO

FRIDAY 5/31 MORNING

PANEL III: CONTINUING STAFF DEVELOPMENT

8:00 - 9:00 am—REGISTRATION

9:00 - 9:20 am—PANEL OVERVIEW:

In-service staff development is an integral aspect of teacher preparation. What are the components of sound in-service staff development? Is there a logical continuum in pre-service and in-service components? What are the standards for in-service teacher preparation? How are programs and teachers evaluated?

9:20 - 10:20 am—MODERATOR: ROBERT BROOKS, Ph.D.
Director, Department of Psychology, McLean Hospital

Section III-1: TRENDS IN CONTINUING STAFF DEVELOPMENT

Lovely Billups, Director of Field Services, Educational Issues Department, American Federation of Teachers

Diane Sydoriak, Ph.D., President, National Association of State Directors of Special Education; Associate Director of Special Education, Arkansas Department of Education

Section III-2: WHAT MAKES AN EFFECTIVE IN-SERVICE PROGRAM?

Sharon Vaughn, Ph.D., University of Miami

Donald D. Deshler, Ph.D., Director, Center for Research on Learning, University of Kansas

10:20 - 10:40 am—BREAK

DAY TWO

FRIDAY 5/31 MORNING

10:40 - 11:30 am—Section III-3:

ACCESS TO EFFECTIVE PROGRAMS; TRANSLATING RESEARCH INTO PRACTICE

Douglas Carnine, Ph.D., Director, National Center to Improve the Tools of Educators

Nancy Grasmick, Ph.D., Superintendent of Education, Maryland (invited)
Martin Kaufmann, Dean, School of Education, University of Oregon

**11:30 - 12:00 pm—DISCUSSION:
RECOMMENDATIONS FOR ACTION**

12:00 - 12:15 pm—SUMMARIZER: JUDITH HEUMANN, Ph.D.
*Assistant Secretary, US Department of Education,
Office of Special Education and Rehabilitative Services (invited)*

12:15 pm—BREAK FOR LUNCH

JTPA
Welfare
AVE

4600m - Career Act
hold back
ed labor/HHS
tech asstce

What can be done to make (low-income) adults with LD successful within existing federal programs.

one stop Ctrs -
screening tool
1 1/2 yrs (NEC?)

Key Points:

- A) The federal definitions of disabilities recognizes and includes learning disabilities.
- B) Almost all recognized causes of learning disabilities have direct linkages to issues of poverty (link to low-income).
- C) Learning disabilities are not isolated to classroom settings and can have a dramatic impact on a persons over life.
- D) The "Four R's" - recognition, remediation, rehabilitation and reasonable accommodations, are needed for programs to be successful in meeting the needs of persons with LD.
- E) Once recognized and supported, adults with learning disabilities often have remarkable success.

No major new laws or programs are required. What is required is the call for proper inclusion (in some cases for the first time, for some for expansion) of the issues of LD in existing federal programs and development of means for implementation of a Four R's approach. What is required is technical assistance and support to States and local Governments to start a local Four R systems. What is also required is a show that the Office of the President is interested in this issue.

THE FOUR R'S:

RECOGNITION - Until a person ^{system too} understands that they have a learning disability, it is impossible for them to begin to address the issue and its impacts on their lives. It is also impossible for them to seek the right to accommodations under civil rights laws with out the diagnoses of having a disability.

Examples

Sources: local schools and community colleges, vocational rehabilitation services, State welfare and adult literacy programs, community based organizations and private market.

Resources: existing federal programs and grants to states, partnerships with private foundations, development of model projects based on California Community College systems.

Other steps: work with medical insurance community to cover costs of testing, develop resources for testing through University Affiliated Programs (HHS/ADD)

REMEDICATION - Most adults with learning disabilities do not have basic literacy skills and require training in a fashion appropriate for their learning skills. Remediation also includes work on issues of self-esteem and social skills and provision of proper medical intervention.

Examples:

Sources: Education, National Institute for Literacy's National Adult Literacy and Learning Disabilities Center, Office of Vocational and Adult Education, JTPA, Community Colleges. Counseling: American Psychiatric Association, various 12 step programs, Drug rehab programs.

Resources: Medicaid, JTPA, DOL State Literacy funds.

Others Steps: Use of media, partnering with the LD education organization (Orton Society, Scottish Rite Hospital, Wilson Education group (Mass.)

REHABILITATION - After preparation for skills training by remediation, the likelihood of success in employment training programs will increase for persons with ADD and learning disabilities. Employment and training programs as well as employers themselves, will still need to be aware and address the persons learning and activity style.

Sources: AFDC/JOBS, JTPA, Voc Rehab, State Funds, Private Literacy and

Resources: Medicaid, JTPA, DOL, others

Others Steps: Develop training program through NAB (National Alliance for Business. Partner with State Employment Security Programs.

REASONABLE ACCOMMODATION - Even with remediation and rehabilitation, many manifestations of learning disabilities, although lessened, will not disappear. There is a need to work with employers to help them provide accommodations in the work place for persons learning disabilities. Persons with learning disabilities do in fact have disabilities. And as such have civil rights protection under a number of laws including the Section 504 of the Rehabilitation Act of 1973 and The Americans with Disabilities Act of 1990.

Examples:

Sources: EEOC, Dept of Justice, President's Committee on the Employment of Persons with Disabilities

Resources: ADA TA funds.

Others Steps: NAB program, work with State Committees for inclusion of LD as a target for employment access.

*National Institute for Literacy**800 Connecticut Ave. NW, Suite 200**Washington DC 20006*

National
Institute
For
Literacy

Facsimile Transmission

Date: 6-7-96

Number of pages 4

Including cover sheet: 5

To: *Deana Fortuna*

Phone:

Fax: 456-7028

From: *Glen Young*

Phone: 632-1042

Fax: 202/632-1512

Remarks: ☐ Urgent ☒ For Your Review ☐ Please Comment ☐ Reply ASAP ☐ At your request

Memorandum

TO: Interagency Working Group on Learning Disabilities
Adult and Adolescent Subcommittee

FROM: Glenn Young
Learning Disabilities Specialist

SUBJECT: Draft - Action Steps

Per our June 4th meeting, the following is a revised and reorganized draft of our subcommittee's action steps. The first section deals with collaborative efforts and includes the four categories we discussed:

- 1) Research and Evaluation
- 2) Dissemination
- 3) Technical Assistance
- 4) Leadership

The second section contains recommendations that are more agency-specific.

The goal of this draft is to outline action steps that our group can feel comfortable presenting at the June 25 meeting of the LD interagency working group. Since we agreed at our meeting not to set priorities at this point, the list is essentially an information document to let the larger group know the vision that our Subcommittee is in the process of developing.

Please feel free to mark up and make changes to this draft. I will need your comments by COB Wednesday, June 12th.

DRAFT --- LD Interagency Working Group - Adult and Adolescent Subcommittee

Suggested Action Steps

I. Collaborative Efforts:

A. Research and Evaluation

1. Develop research agenda. APSE, NICHD, NADIR and ADD will coordinate effort. The group would look to set goals and define areas of responsibilities in research in the LD area.
2. Identify resources for cross-cutting pilot projects. DOL/ETA, DHHS/ACF, DOJ/Civil Rights, and ED/RSA, OVAE will provide leadership. Pilots would be designed as interagency efforts to identify, remediate, and accommodate persons with LD in a wide range of cross-cutting programs intended to develop self-sufficiency.
3. Develop an update of the 1987 "Report to Congress." The Health Research Extension Act of 1985 (P.L. 99-158) established an Interagency Committee on Learning Disabilities, which produced the 1987 publication "Learning Disabilities: A Report to the U.S. Congress." 1997 will be the tenth anniversary year of that report and an appropriate time to evaluate what has, in fact, been accomplished and what new federal goals should be set.
4. Incorporate findings of the DHHS Disability Survey into service models. The Office of Disability, Aging, and Long-term Care is completing a major study of disabilities in the United States, including LD. The findings will provide a wider understanding of the impact of LD and how persons with LD interact with public services.

B. Dissemination of present knowledge and best practices.

1. Identify resources and develop plan for distributing current federal publications to states and local programs. Publications will include--
 - a) National Institute for Literacy (NIFL) Newsletter and National Adult Literacy and Learning Disabilities Center (NALLDC) products.
 - b) ED's Reading reports (also Attention Deficit Disorder Information)
 - c) DOL's "The Learning Disabled in Employment and Training Programs"
 - d) DHHS Inspector General's report on Functional Impairments
 - e) NICHD's reports on definition and reading.
 - f) DOJ's papers on LD

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2. Develop a national bibliography on LD in adults and adolescents, focusing on a wide range of topics drawn from state and local programs and from the private sector. Topics will include --

- a) Juvenile Justice and Adult Corrections
- b) School to work Transition
- c) Post-secondary issues
- d) Social programs and poverty
- f) Work place and accommodations
- g) Literacy

3. Commission new papers on current best practices.

1. Develop technical assistance program for state and local governments

- a) Develop an interagency manual on LD and its impact
- b) Develop federal and regional speaker's bureaus for presentations on LD
- c) Along with OVAE and ACF, develop LD staff positions within offices and departments.

2. Develop interagency strategies for addressing learning disabilities as they affect major national issues, including;

- a) teen-parents
- b) School to Work.
- c) welfare to work
- d) youth violence
- e) literacy/ESL
- f) Goals 2000 and other educational reform efforts
- g) worker retraining

D. Leadership:

1. Develop a strategy through the Domestic Policy Council for making the LD adult issue to a focus of concern. A wide range of options exist for how the Administration can call attention to the issue. DPC will evaluate options and make recommendations on direction.

II. Agency-specific Action Steps

A. DOJ: Create an intra-agency task force, including Civil Rights, Corrections, Juvenile Justice, that looks at steps such as:

1. Developing an Advisory Council on LD and JJ
2. Developing a presentation for the Juvenile Justice and Delinquency Prevention Coordination Council.
3. Including LD issues in training for COPS (Community Orientated Policing)

B. ED

1. Develop staff position on LD in OVAE (in process)
2. Include NIDRR and other parts of OSERS by expanding the scope of the group to include adolescents (youth in transition, school to work, etc.)
3. Work with standardized testing programs such as, GED, SAT, and GRE to develop process through which more students can access accommodations while taking tests.
4. Work with postsecondary education to develop better support services
5. Develop standards to address transition services and vocational rehabilitation.

C. DOL

1. Reprint and distribute the Report "The Learning Disabled in Employment and Training Programs."

D. DHHS

1. Greater technical support on LD to AFDC programs.
2. Incorporate knowledge on improving family literacy practices in training and technical assistance to Head Start programs
3. Include LD in the HHS Health People Initiative
4. Development of means to communicate findings of the Disability Survey to a wide audience.
5. Include Public Health in the process.

H. NIFL

1. Continued support for the National Adult Literacy and Learning Disabilities Center (NALLDC)
2. Dissemination of other agencies materials as appropriate.
3. Providing staff support to learning disabilities working group.



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DRAFT DRAFT DRAFT
Memorandum

TO: Peter Edelman, Assistant Secretary for Planning and Evaluation

FROM: Glenn Young
Learning Disabilities Specialist

SUBJECT: Action Step Recommendations

This memo contains a listing of possible action steps that could be taken by the adult sub-group of the Interagency Working Group on Learning Disabilities, based on interviews of group members. This listing includes most of the suggestions raised through the interviews, and are not fully developed. However, these will give you an idea of the focus the group is suggesting. Also, it gives us points of discussion for the meeting with Diana Fortuna. The steps fall into two main areas:

- 1) Action that could be taken by the group.
- 2) Actions that can be taken by individual departments and agencies, and supported by the group.

I hope this is useful and I look forward to feedback on the suggestions. Again, thank you for your support in this area.

LD - June 25

DRAFT ---- LD Interagency Working Group - Adult Sub-Group

Suggested Action Steps:

I) Collaborative Efforts:

- A) Become more inclusive of the LD issue by expanding committee membership to include :
 - President's Committee for the Employment of Persons with Disabilities
 - National Council on Disabilities
 - SSA/SSDI
 - EEOC
 - OMB
- B) Development of research agenda, with ASPE, NICHD and ADD coordinating effort.
- C) Dissemination of new information, focused on informing governments on the impact of LD.
 - 1) NIFL Newsletter and NALLDC products
 - 2) Dept of Ed's Reading reports
 - 3) Dept of Labor's report
 - 4) DHHS Inspector General's report on Functional Impairments
 - 5) NICHD's reports on definition and reading.
- D) Development of statement on LD for signature by Secretaries and/or President.
- E) Development of technical assistance program for presentations to various state and local government organizations.
- F) Development of an interagency strategy for addressing such efforts as School to Work.
- G) Joint efforts at development of resources on cross cutting pilot projects.
- H) Development of an update on the 1987 "Report to Congress."

II) Individual Department and Agency Actions:

- A) Juvenile Justice:
 - 1) Development of Advisory Council on LD and JJ
 - 2) Development of a presentation for the Juvenile Justice and Delinquency Prevention Coordination Council.
 - 3) Bring Civil Rights Division into the process.
- B) Education
 - 1) Development of staff position on LD in OVAE.
 - 2) Support the inclusion of LD in Goals 2000 efforts.
 - 3) Work with GED testing service to develop process by which more students can access accommodations while taking the GED.
- C) LABOR
 - 1) Develop national training package on LD and impacts on job training
 - 2) Development of pilot projects to identify LD in populations and to develop service delivery models.
 - 3) Reprint and distribute the Report " The Learning Disabled in Employment and Training Programs."
- D) HHS
 - 1) Development of a statement on how LD and Administration on Developmental Disabilities (ADD) intersect.
 - 2) Greater technical support on LD to AFDC programs.
 - 3) Promote the early identification efforts through Head Start, and expand the work that is underway with the National Center on Learning Disabilities
 - 4) Include LD in the HHS Health People Initiative



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Memorandum

TO: Peter Edelman, Assistant Secretary for Planning and Evaluation

FROM: Glenn Young
Learning Disabilities Specialist

SUBJECT: Interagency Working Group on Learning Disabilities, Adult Issues Subgroup
Questionnaire and recommendations based on responses

Between May 16th and May 24th 1996, I interviewed a number of members of the Interagency Working Group on Learning Disabilities, Adult Issues Subgroup. The purpose of the interviews was to ascertain from the members how they say LD fitting into their service area and what they would like to see come out of the working groups.

The following persons were interviewed:

Ruth Katz and Kathleen Bond, HHS/ASPE (KB/RK)
Gail Evans, ACF/ADD (GE)
Reid Lyon, NIH/NICHHD (RL)
Assistant Sec. Judith Heumann, DED/OSERS (JH)
Ron Pugsley, DED/OVAE (RP)
Elizabeth (Libby) Queen, DOL/ETA (LQ)
Gina Wood and Marsha Renwanz, DOJ/OJJDP (MR/GW)
Andrew Hartman, NIFL (AH)
Yvonne Howard, HHS/ACF (YH)

The following is a synopsis of the responses to the interview questions.

- 1) From your perspective, how do you see the LD issue fitting into your programs or your responsibilities? Or, what are the potential impacts that LD may have on federal services?

With the exception of ADD, all the respondents saw that LD fit somewhere in there program responsibility. (ADD stated that it was unclear if LD meet the criteria of a "severe disability") The term most frequently used was "a critical issue." Most said it was not THE issue (except for Reid Lyon) but one that greatly impacted how programs and services, and how services need to be developed and delivered. Most expressed the need to address the issue, but were not quite sure how to go about doing so. ASPE staff stated that "LD is a hidden but huge issue in welfare reform. We don't have real good data, but there's a lot of indicators."

Ron Pugsley expressed the views of many when he said. "It is also one of the most difficult issues that is faced. It is critical that it be faced." The Juvenile Justice staff that LD had a "high impact and is far reaching."

- 2) What have you done or do you plan to do in the area of adult/LD issues?

There seems to be a good deal of interest and work going on in the area, ranging from funding of whole research projects (NIH - with over \$100 mil. spent over the last 12 years with about \$2.2 mil. per year going into study of LD adults.) to reworking legislation to include LD as well as publishing a report on the subject (DOL). Other things include:

- *** ASPE is including LD in the disability survey.
- *** NIFL is funding a center on LD and adult literacy (\$500,000 per year).
- *** RSA funding a center on LD (\$500,000 per year).
- *** OVAE has conducted national survey on services provided in states for LD adults.
- *** ADD's reports 1/3 of UAP's (Univ. Affiliated Pro.) provide services to persons with LD.

In addition, OVAE is also planning to upgrade a position to become a LD specialist for the office. ACF supports the LD initiative in Region X of ACF, and the several efforts they have taken from research programs in the area of AFDC and Runaway and Homeless Youth in Region X to national information memorandums dealing with LD in AFDC populations

It was also reported that:

About half of all students in special education are identified as LD,
(1/2 of aid to states for Special Education is apx. \$1.3 bil) and,
About 8% of Voc Rehab Clients are LD.
(8% of basic grants to states for Voc Rehab is apx \$175 mil)

In addition there is impact a wide range of services in which the populations served have high rates of unidentified learning disabilities. A partial listing of issues mentioned are: SSI/SSDI, AFDC, Adult and Vocational Education, Juvenile Justice and youth violence, Corrections, and school completion.

Based on the interviews, the following is a partial listing of Federal funds in the LD area:

NIH - NICHD (research)	12,000,000 (K-12/ \$2.2 mil Adult)
NIFL (LD Center)	500,000 (adult)
ED/NIDRR (LD Center)	500,000 (adult)
ED/Special ED (grants to states)	1,300,000,000 (K-12)
ED (Research on Reading)	1,000,000 (K-12)
RSA (grants to states)	175,000 000 (adults)
OVAE/RSA (Center on Accommodations)	200,000 (adults)
ACF/Region X LD Initiative (TA, Pilot projects)	450,000 (adults)

- 3) What type of actions or steps would you like to see come about as a result of our subgroup's efforts?

The action steps suggested through the interviews fell into four major area:

- 1) Coordination of efforts, and interagency collaboration, including in the research area.
- 2) Development or leveraging of resources,
- 3) Promotion of the issue throughout the Federal government and to state and local authorities, and
- 4) Technical assistance to Federal, state and local authorities.

Several people talked about using this group as a means to develop a coordinated research approach, in which the research priorities are jointly set and resources shared. However, all talked about the great need and great desire to do interagency collaboration on LD. Judy Heumann talked about the need to coordinate services and agencies efforts from early identification through transition into adulthood and employment.

Almost all talked about the need to gain resources, and possibly partnering with non-governmental funding sources, who may be more interested based on federal government action. Andy Hartman talked about the group being a "bully pulpit" to effectively raise LD issues.

Many ideas were suggested from speaking to various associations of state and local governments, to the National Association of Counties to various federal councils. A few people suggested trying to gain a statement of some kind from the President to help bring about a sense of this being a priority.

In addition, several saw this group as a source of technical assistance to the various groups mentioned, including providing training to Congressional staff. They hoped that the group could become a point of contact for those needing training or other TA in the area of LD.

- 4) What barriers do you see that could prevent these action steps from taking place?

Ron Pugsley stated five possible barriers. All others echoed his statements. These five were:

Lack of leadership, lack of resources, turf issues, lack of awareness, and lack of priority

He also stated that lack of leadership and lack of resources were the most critical. One other point was raised consistently - the impact of politics and this year's elections. Reid Lyon also raised the issue that since there is a lack of clarity on the definition of LD, there continues to be a lack of understanding of what we are really talking about.

- 5) What resources do you see your agency as being able to provide for this effort?

The resources that were mainly mentioned were the ones that the various departments and agencies were planning to put into the issue of LD, not necessarily into a joint effort. OVAE will develop a staff position; NIFL's LD Center, Education; reading initiative and special education programs; NICHD's research, etc. Most said that they had little resources available, especially adding the unknown of the outcome of pending legislation and budget debate. Juvenile Justice said they had resources available to address the issue, but mainly in their arena. Only NIFL talked about direct support to the interagency group, and then only limited support.

- 6) Additional Comments

There were limited additional comments, one expressing thanks to Andy Hartman for conducting the survey and a suggestion that the group be kept going under one form or another.