

Focus

The newsletter of the Pennsylvania Branch of the International Dyslexia Association

Winter 2004

Researchers Report Success with "Jump-Start" Intervention for Dyslexics

University of Washington researchers report new findings showing that children afflicted with the learning disability are not doomed to a life of reading difficulties.

According to Virginia Berninger and Elizabeth Aylward, researchers at the University of Washington's multidisciplinary Learning Disabilities Center, the brains of dyslexic children can be "jump-started" with a three-week-long instructional intervention to help them use the same brain areas as normal readers, leading to better reading ability. The intervention was developed at the University of Washington by Berninger. The researchers presented their findings at the annual meeting of the American Association for the Advancement of Science in Seattle on February 12, 2004. University of Washington professor of Medicine, Dr. Wendy Raskind, also spoke about genetic influences on dyslexia.

"Most people think words are just words, but the human brain uses three neural circuits to code words in three forms, not just their meaning," said Berninger, a professor of educational psychology and director of the center.

She explained that the brain

codes words by their sound (or phonology), by the parts of words (or morphology) that signal meaning and grammar, and by their visual or written form (or their orthography.) "The teaching that gave dyslexic brains the jump-start was unique in that it made every aspect of reading words explicit. It drew their attention to the sound form, the meaning form and the written form of words, and showed how to interrelate them," Berninger said.

"While many educators debate whether phonics or meaning-based instruction is more effective, we found that an effective way to treat dyslexia is to show children explicitly how letters, sounds and meaning are interrelated."

The researchers used functional Magnetic Resonance Imaging (fMRI) to measure the impact of the intervention that emphasized these three word forms on brains of fourth through sixth grade dyslexic children.

Aylward, a University of Washington professor of radiology, said that images of the brain regions required for reading showed areas that had been relatively inactive in dyslexics began to respond like those of normal readers following the intervention. In addition, dys-

lexic children's skills improved on standardized reading tests.

The researchers also unexpectedly found cross-language coding improvements. Some of the dyslexic children only received sound training, but the post-intervention imaging showed improved brain activation in areas associated with the meaning form as well as the sound form. Similarly, children given instruction in the meaning form exhibited increased brain activation in the sound form in addition to the meaning form. "Genes and neurons constrain learning, but instruction may exert effects on specific brain functions in specific brain regions," Aylward said. "Language has multiple components, each of which has a different biological basis and must be orchestrated in very precise ways in instructional interventions for students who are at-risk biologically for learning to read."

"All of this research indicates that just because there is a genetic basis to dyslexia, it doesn't mean dyslexics can't learn to read," said Berninger. They and their teachers have to work harder, but these children's brains can function normally with extra help."

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Greetings from the President

This is my first message to members of the Pennsylvania Branch of the IDA as incoming President. It is also the beginning of a new year for the Branch, one that promises to be very exciting. When thinking of the year 2004, many Branch members almost reflexively think, "Proud hosts for the 2004 National IDA Conference." I am sure that many more members will have this same thought as the year progresses and as, finally, three thousand members of the IDA come to the Pennsylvania Convention Center in Philadelphia from November 3rd through November 6th to participate in the most important dyslexia conference of the year, and to enjoy the city of Philadelphia. Hopefully, many new members will also have this thought as they are drawn to the Branch by the opportunity to work on and participate in the 2004 Conference. We want our Branch membership to swell along with our pride as the 2004 National Conference approaches.

My first priority as incoming President is to provide as much support as possible for those working on local arrangements for the National Conference. Local Arrangements Conference Co-chairs Marianne Cook, Branch President for the past two years, and Julia Sadtler, an active Board member for several years, have been hard at work on the conference for over a year. They have a number of exceptional Branch members helping them on several committees: fund raising (the Chair is Bart Harrison), public relations (Judy Detwiler), hospitality (Marilyn Mathis), volunteers (Kathy Krafft), and awards and scholarships (Chris Madden). If you have not done so already, please call the Branch office and volunteer to work on one of these committees. We need your help and certainly look forward to meeting and working with you. Fund raising at this stage is crucial. Bart and the fund raising committee have established a budget of over \$75,000 for the Branch's role in the conference. When contacted, please make a contribution, however large or small, to the Pennsylvania Branch's conference fund.

I want to close by thanking our past President, Marianne Cook. We have been very fortunate to have had Marianne as the President of the Branch for the last two years, and to have her continuing her involvement in the Branch as Co-Chair for the national conference. Marianne accomplished so much during her two years as President that I am certain that I will leave something important out of the following litany. Marianne has, of course, worked tirelessly on the national conference. However, she began her tenure by dusting off our old Branch by-laws, bringing them up to date and, in the process, making us a more structurally sound and professional non-profit organization. She guided the Branch as it grew geographically. This growth is reflected in our change in name from *The Greater Philadelphia Branch* to *The Pennsylvania Branch of the IDA*, and in the inclusion of our new colleagues in the Pittsburgh Regional Group. She supported the development of a new Branch brochure, a Branch newsletter with a new look, and an updated Branch website (www.PBIDA.org). I am sure that Marianne joins me in thanking all of the Branch members who have helped out over the past few years, and all of the Branch members who have donated their time to the upcoming national conference. If you are not a member or have not had a chance to participate in the national conference activities or other Branch activities, do not be left out. Visit our new website or call us for more information about the Branch and our mission. This is the year for you to become involved.

John Kruidenier

Find Out the Facts About Dyslexia

A specific learning disability affecting reading, writing, and spelling

April 27, 2004 – 7:00 p.m.

Villanova University Connelly Center

Experts will discuss:

**Treatment Options and Resources
Use of Textbooks on Tape
Social and Emotional Impact**

Presented by:

**The Pennsylvania Branch of the International
Dyslexia Association and
Recording for the Blind and Dyslexic**

\$10 registration. ACT 48 and APA Credit provided.

Please call the branch office at 610-527-1548 for more information or visit www.pbida.org

Focus on Evaluating Education Research

The following abstract is based on a December 2003 Department of Education release titled, "Identifying and Implementing Educational Practices Supported by Rigorous Evidence: A User Friendly Guide." More details about this report are found on page 4.

The field of K-12 education contains a vast array of educational interventions - such as reading and math curricula, schoolwide reform programs, after-school programs, and new educational technologies - that claim to be able to improve educational outcomes and, in many cases, to be supported by evidence. This evidence often consists of poorly-designed and/or advocacy-driven studies. State and local education officials and educators must sort through a myriad of such claims to decide which interventions merit consideration for their schools and classrooms. Many of these practitioners have seen interventions, introduced with great fanfare as being able to produce dramatic gains, come and go over the years, yielding little in the way of positive and lasting change - a perception confirmed by the flat achievement results over the past 30 years in the National Assessment of Educational Progress long-term trend.

The federal No Child Left Behind Act of 2001, and many federal K-12 grant programs, call on educational practitioners to use "scientifically-based research" to guide their decisions about which interventions to implement. As discussed below, we believe this approach can produce major advances in the effectiveness of American education. Yet many practitioners have not been given the tools to distinguish interventions supported by scientifically-rigorous evidence from those which are not. This Guide is intended to serve as a user-friendly resource that the education practitioner can use to identify and implement evidence-based interven-

tions, so as to improve educational and life outcomes for the children they serve.

If practitioners have the tools to identify evidence-based interventions, they may be able to spark major improvements in their schools and, collectively, in American education.

As illustrative examples of the potential impact of evidence-based interventions on educational outcomes, the following have been found to be effective in randomized controlled trials - research's "gold standard" for establishing what works:

- One-on-one tutoring by qualified tutors for at-risk readers in grades 1-3 (the average tutored student reads more proficiently than approximately 75% of the untutored students in the control group).¹
- Life-Skills Training for junior high students (low-cost, replicable program reduces smoking by 20% and serious levels of substance abuse by about 30% by the end of high school, compared to the control group).²
- Reducing class size in grades K-3 (the average student in small classes scores higher on the Stanford Achievement Test in reading/math than about 60% of students in regular-sized classes).³
- Instruction for early readers in phonemic awareness and phonics (the average student in these interventions reads more proficiently than approximately 70% of students in the control group).⁴

In addition, preliminary evidence from randomized controlled trials suggests the effectiveness of:

- High-quality, educational child care and preschool for low-

income children (by age 15, reduces special education placements and grade retentions by nearly 50% compared to controls; by age 21, more than doubles the proportion attending four-year college and reduces the percentage of teenage parents by 44%).⁵

Further research is needed to translate this finding into broadly-replicable programs shown effective in typical classroom or community settings.

The fields of medicine and welfare policy show that practice guided by rigorous evidence can produce remarkable advances.

Life and health in America has been profoundly improved over the past 50 years by the use of medical practices demonstrated effective in randomized controlled trials. These research-proven practices include: (i) vaccines for polio, measles, and hepatitis B; (ii) interventions for hypertension and high cholesterol, which have helped bring about a decrease in coronary heart disease and stroke by more than 50 percent over the past half-century; and (iii) cancer treatments that have dramatically improved survival rates from leukemia, Hodgkin's disease, and many other types of cancer.

Similarly, welfare policy, which since the mid-1990s has been remarkably successful in moving people from welfare into the workforce, has been guided to a large extent by scientifically-valid knowledge about "what works" generated in randomized controlled trials.⁶

(The editors hope) is that this Guide, by enabling educational practitioners to draw effectively on rigorous evidence, can help spark similar evidence-driven progress in the field of education.

Is an intervention backed by rigorous evidence?

A Checklist for Educators

Step 1. Is the intervention supported by "strong" evidence of effectiveness?

A. The **quality of evidence** needed to establish "strong" evidence: randomized controlled trials that are well-designed and implemented. The following are key items to look for in assessing whether a trial is well-designed and implemented.

Key items to look for in the study's description of the intervention and the random assignment process

- The study should clearly describe the intervention, including: (i) who administered it, who received it, and what it cost; (ii) how the intervention differed from what the control group received; and (iii) the logic of how the intervention is supposed to affect outcomes.
- Be alert to any indication that the random assignment process may have been compromised.
- The study should provide data showing that there are no systematic differences between the intervention and control groups prior to the intervention.

Key items to look for in the study's collection of outcome data

- The study should use outcome measures that are "valid" - i.e., that accurately measure the true outcomes that the intervention is designed to affect.
- The percent of study participants that the study has lost track of when collecting outcome data should be small, and should not differ between the intervention and control groups.
- The study should collect and report outcome data even for those members of the intervention group who do not participate in or complete the intervention.
- The study should preferably obtain data on long-term outcomes of the intervention, so that you can judge whether the intervention's effects were sustained over time.

Key items to look for in the study's reporting of results

- If the study makes a claim that the intervention is effective, it should report (i) the size of the effect, and (ii) statistical tests showing the effect is unlikely to be the result of chance.
- A study's claim that the intervention's effect on a subgroup (e.g., Hispanic students) is different than its effect on the overall population in the study should be treated with caution.
- The study should report the intervention's effects on all the outcomes that the study measured, not just those for which there is a positive effect.

B. **Quantity of evidence** needed to establish "strong" evidence of effectiveness.

- The intervention should be demonstrated effective, through well-designed randomized controlled trials, in more than one site of implementation;
- These sites should be typical school or community set-

tings, such as public school classrooms taught by regular teachers; and

- The trials should demonstrate the intervention's effectiveness in school settings similar to yours, before you can be confident it will work in your schools/classrooms.

Step 2. If the intervention is not supported by "strong" evidence, is it nevertheless supported by "possible" evidence of effectiveness?

This is a judgment call that depends, for example, on the extent of the flaws in the randomized trials of the intervention and the quality of any nonrandomized studies that have been done. The following are a few factors to consider in making these judgments.

A. *Circumstances in which a comparison-group study can constitute "possible" evidence:*

- The study's intervention and comparison groups should be very closely matched in academic achievement levels, demographics, and other characteristics prior to the intervention.
- The comparison group should not be comprised of individuals who had the option to participate in the intervention but declined.
- The study should preferably choose the intervention/comparison groups and outcome measures "prospectively" - i.e., before the intervention is administered.
- The study should meet the checklist items listed above for a well-designed randomized controlled trial (other than the item concerning the random assignment process). That is, the study should use valid outcome measures, report tests for statistical significance, and so on.

B. *Studies that do not meet the threshold for "possible" evidence of effectiveness include:* (i) pre-post studies (p. 2); (ii) comparison-group studies in which the intervention and comparison groups are not well-matched; and (iii) "meta-analyses" that combine the results of individual studies which do not themselves meet the threshold for "possible" evidence (p. 13).

Step 3. If the intervention is backed by neither "strong" nor "possible" evidence, one may conclude that it is not supported by meaningful evidence of effectiveness.

Content Source:

Identifying and Implementing Educational Practices Supported By Rigorous Evidence: A User Friendly Guide
<http://www.ed.gov/print/rschstat/research/pubs/rigorousetid/guide.html>

U.S. Department of Education
Institute of Education Sciences
National Center for Education Evaluation and Regional Assistance

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Where to find evidence-based interventions

The following web sites can be useful in finding evidence-based educational interventions. These sites use varying criteria for determining which interventions are supported by evidence, but all distinguish between randomized controlled trials and other types of supporting evidence.

The What Works Clearinghouse (<http://www.w-w-c.org/>) established by the U.S. Department of Education's Institute of Education Sciences to provide educators, policy-makers, and the public with a central, independent, and trusted source of scientific evidence of what works in education.

The Promising Practices Network (<http://www.promisingpractices.net/>) web site highlights programs and practices that credible research indicates are effective in improving outcomes for children, youth, and families.

The International Campbell Collaboration (<http://www.campbellcollaboration.org/Fralibrary.html>) offers a registry of systematic reviews of evidence on the effects of interventions in the social, behavioral, and educational arenas.

Teacher Training Opportunities

The following teacher training workshops are just some of the continuing education opportunities available for educators in the Philadelphia area. Contact the provider for workshop content and registration material.

Stratford Friends School

5 Llandillo Rd., 610 446-3144

Pronouncing Long Words

Date: Friday, March 19, 2004

Time: 9:30 a.m. - 3:00 p.m.

Tuition: \$250

Credit: 5 Act 48 hours received

Phonics for Classroom Teachers

Dates: August 9, 10, 11

Time: 8:00 a.m. - 3:30 p.m.

Cost: \$280 includes manual and word lists

Credits: 1 credit or 15 hours

The Crossroads School

1681 North Valley Road, 610-296-6765

Dldldldldld with Dee Rosenberg

Date:

Time

Fee:

Contributors to 2003 PBIDA Annual Appeal

The Pennsylvania Branch of the International Dyslexia Association thanks the following individuals and organizations for their generous donations to the 2003 Annual Appeal. Your support helps PBIDA provide outreach education, resources and information on the issues of dyslexia to our community.

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Contact the Branch office at 610-527-1548 to learn how you can support the work of the PBIDA as a volunteer, financial contributor, or as a United Way donor.



2004 National Conference Update

Excitement is building for the International Dyslexia Association National Conference which will be held in Philadelphia this

year, on November 3-6, 2004. You may already be aware that the Pennsylvania Branch IDA will be hosts for this conference.

We have heard from several schools already asking how they can be involved in this outstanding opportunity to showcase our excellent educational offerings. And indeed, there are many ways to support the 2004 IDA Conference.

Your school will certainly want to be one of the exhibitors in the Exhibit Hall, and also to advertise in the Conference Program and Commemorative Booklet.

Your school might choose to help underwrite a one-time event that is held during the conference, such as the Welcome Reception, a breakfast buffet, coffee break,

book signing, or other event. Donating materials such as folders, identifications badges, or tote bags are another way to support the conference. Financial support from your school will help provide scholarships for teachers, parents or students who want to attend the conference but need financial support to be able to do this.

Another very important way your school can participate in the conference is to provide volunteers from your staff and parent body. Volunteers are needed in many different areas on each day of the conference. Help is needed in registration, for greeting attendees, for giving directions, to support session presenters during each presentation, and other similar tasks.

The IDA conference is an opportunity for all of us to hear about the best, most current research and methodology that supports our teaching every day. To discuss any of the above or other ways in which your school might be able to help with this exciting conference, please call the PBIDA office at 610-527-1548.

*Julia Sadtler,
Conference Co-Chair*

IDA Announces 2004 National Conference Speakers

Keynote Speaker

Barbara R. Foorman, Ph.D.

**"Mining for Gold:
Nuggets of Evidence in Classroom Reading Research"**

Barbara R. Foorman is an internationally recognized scholar in the areas of reading and language development. She is professor of Pediatrics and Director of the Center for Academic and Reading Skills at the University of Texas Houston Health Science Center.

Dr. Foorman has published extensively in the areas of reading, language development, spelling, phonemic awareness and vocabulary. She serves on editorial boards of several journals, and is Principal Investigator or Co-Principal Investigator on major federal grants in early reading interventions, early reading assessment, and bilingual/biliteracy.

Thursday, November 4: 8:30 – 10:00 a.m.

Geschwind Lecturer

Albert M. Galaburda, M.D.

"Norman Geschwind and Dyslexia: A Neurobiological Legacy"

Albert M. Galaburda is Emily Fisher-Landau Professor of Neurology and Neuroscience at Harvard Medical School and Chief, Division of Behavioral Neurology and Memory Disorders, at Beth Israel Deaconess Medical Center, Boston, Massachusetts.

Dr. Galaburda is a contributing editor to numerous books on the issues of brain and dyslexia including *Neuro-Biological Aspects of Extra-Ordinary Brains*, *Cerebral Dominance: The Biological Foundations*, *The Languages of the Brain*, and *From Reading to Neurons*.

Friday, November 5: 8:30–10:00 a.m.

Mathematics and Dyslexia

Reprinted with permission from *Perspectives*, Fall 1999

Not all individuals with dyslexia have problems with mathematics, but many do. There are those who have a good memory for sequences and can execute procedures in a "recipe" style, i.e., step-by-step. They are able to remember formulas, but may not understand why the formula makes sense. They prefer to do paper and pencil tasks and are attentive to the details, but do not see the big picture. Then, there are those who see the big picture and have insight into the patterns of mathematics, but are poor at computation and have problems with remembering step-by-step procedures. They also understand mathematical concepts and like to solve problems mentally and quickly, yet their answers may be inaccurate. These individuals may have difficulty in verbalizing and explaining their answers.

Too frequently and too readily, individuals with dyslexia who have difficulty with mathematics are misdiagnosed as having dyscalculia - literally trouble with calculating, a neurologically based disability. True dyscalculia is rare (Steeves, 1983).¹ We know that for individuals with dyslexia, learning mathematical concepts and vocabulary and the ability to use mathematical symbols can be impeded by problems similar to those that interfered with their acquisition of the written language (Ansara, 1973).² Additionally, we know that the learning of mathematical concepts, more than any other content area, is tied closely to the teacher's or academic therapist's knowledge of mathematics and to the manner in which these concepts are taught (Lyon, 1996).³ Therefore, there are individuals with dyslexia who will exhibit problems in mathematics, not because of their dyslexia or dyscalculia, but because their instructors are inadequately prepared in mathematical principles and/or in how to teach them.

In addition, we know that individuals with dyslexia may have problems with the language of mathematics and the concepts associated with it. These include spatial and quantitative references such as before, after, between, one more than, and one less than. Mathematical terms such as numerator and denominator, prime numbers and prime factors, and carrying and borrowing may also be problematic. These individuals may be confused by implicit, multiple meanings of words, e.g., two as the name of a unit in a series and also as the name of a set of two objects. Difficulties may also occur around the concept of place value and the function of zero. Solving word problems may be especially challenging because of difficulties with decoding, comprehension, sequencing, and understanding mathematical concepts. In understanding the complex nature of dyslexia, Ansara (1973)⁴ made three general assumptions

about learning, in particular, for individuals with dyslexia. These assumptions affect the way one needs to provide instruction. They are:

- learning involves the recognition of patterns which become bits of knowledge that are then organized into larger and more meaningful units;
- learning for some children is more difficult than for others because of...deficits that interfere with the ready recognition of patterns; (and)
- some children have difficulty with the organization of parts into wholes, due to ... a disability in the handling of spatial and temporal relationships or to unique problems with integration, sequencing, or memory.

Therefore, teachers and academic therapists who provide remedial instruction in mathematics to these individuals must have an understanding of the nature of dyslexia and how it affects learning, not only in written language, but also in mathematics. Additionally, the instructor needs to have an understanding of the mathematics curriculum; the ability to use a variety of instructional techniques that are simultaneously multisensory and which provide for explicit instruction that is systematic, cumulative, diagnostic, and both synthetic and analytical- as well as a knowledge of current research in mathematical instruction.

Simply just being good at mathematics is not enough. The teacher and academic therapist need to understand that mathematics is problem-solving which involves reasoning and the ability to read, write, discuss and convey ideas using mathematical signs, symbols and terms. This requires an understanding of mathematical knowledge, both conceptual (relationships constructed internally and connected to already existing ideas) and procedural (knowledge of symbols used to represent mathematics, and the rules and procedures that are used to carry out mathematical tasks). Both are important and need to be understood. For procedural knowledge, the most important connection is to the conceptual knowledge that supports it; otherwise, procedural knowledge will be learned rigidly and used narrowly. Usually, when there is a connection to a conceptual basis, the procedure is not only understood, but the learner will have access to other ideas associated with the concept (Van de Walle, 1994).⁵ For individuals with dyslexia, this linkage is critical and language plays an important role.

To assist individuals with dyslexia in making this linkage, it is essential that teachers and academic therapists provide instruction that allows the learner to work through the following cognitive developmental stages when teaching mathematical concepts at all grade lev-

els: concrete, pictorial, symbolic, and abstract. Individuals with dyslexia will learn best when provided with concrete manipulatives with which they can work or experiment. These help build memory as well as allowing for revisualization when memory fails. The next stage, pictorial, is one which may be brief, but is essential for beginning the transition away from the concrete. This is where individuals recognize or draw pictures to represent concrete materials without the materials themselves. Symbols, i.e., numerals, plus signs, etc., are introduced when individuals understand the basic concept, thereby making the connection to procedural knowledge. Finally, the abstract stage is where individuals are able to think about concepts and solve problems without the presence of manipulatives, Pictures, and symbols. (Steeves & Tomey, 1998a).⁶

According to Steeves and Tomey (1998a),⁷ it is important that the four developmental stages are linked through language for these individuals. There are three kinds of language which allow one to fully integrate mathematical learning. First, is the individual's own language. No matter how imperfect this language is, it is important that the individual discusses, questions, and states what she/he has learned. Second, is the language of the instructor, or standard English, which clarifies the learner's own language, and links to the third language, the language of mathematics. The language of mathematics is not just the vocabulary but the use of sign, symbols, and terms to express mathematical ideas, such as $2 + 4 = 6$. Also, language allows the instructor to determine if the learner understands the concept and is not just following steps demonstrated by the instructor to complete a process, even at the concrete stage.

For these reasons, teachers and academic therapists who, in mathematics, work with individuals with dyslexia, must be well-trained in multisensory structured techniques both in language and mathematics instruction and remediation. They must not only demonstrate competencies in knowledge and skills in teaching language to these individuals, but also demonstrate the following competencies in mathematics (Steeves and Tomey, 1998b)⁸:

Understanding of the mathematics and the use of appropriate methodology, technology, and manipulatives within the following content:

- Number systems, their structure, basic operations and properties;
- Elementary number theory, ratio, proportion and percent;
- Algebra;
- Measurement systems - U.S. and metric;
- Geometry: geometric figures, their properties and relationships;
- Probability;

- Discrete mathematics: symbolic logic, sets, permutations and combinations; and
- Computer science: terminology, simple programming, and software applications; Understanding of the sequential nature of mathematics, and the mathematical structures inherent in the content strands;

Understanding of the connections among mathematical concepts and procedures and their practical applications;

Understanding of and the ability to use the four processes - becoming mathematical problem-solvers, reasoning mathematically, communicating mathematically, and making mathematical connections at different levels of complexity;

Understanding the role of technology, and the ability to use graphing utilities and computers to teach mathematics;

Understanding of and ability to select, adapt, evaluate, and use instructional materials and resources, including technology;

Understanding of and the ability to use strategies for managing, assessing, and monitoring student learning, including diagnosing student errors; and

Understanding of and the ability to use strategies to teach mathematics to diverse learners.

The editors thank Harley A. Tomey, III (VA) and Joyce Steeves, Ed.D. (MD) for their suggestions for and review of this article, and especially Mr. Tomey for his help in its preparation.

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The Janet Hoopes Memorial Fund

The Janet Hoopes Memorial Fund was established in 2003 to honor and continue the work of Janet Hoopes, an outstanding psychologist in the Philadelphia area.

For many decades, Janet Hoopes was a champion for families and children with dyslexia in the Philadelphia area. Her tireless commitment to the IDA as a member of the board extended from answering the office hotline to provide parents with important information on the issues of dyslexia to playing an integral role in planning for the Fall Conference.

The Janet Hoopes Memorial Fund annually extends scholarships to teachers to enable them to attend workshops and seminars at which the tools for learning and understanding the needs of dyslexic students are advanced.

Contact the Branch Office at 610-527-1548 to learn more about this fund.

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Call for Volunteers

2004 National Conference

Dear Volunteer,

Thank you for your interest in volunteering at the 2004 IDA Conference in Philadelphia on November 3-6.

Please complete this form and return it as soon as possible to:

Kathy Krafft

707 Kilburn Rd.,

Wilmington DE 19803

or via e-mail: kkrafft1@comcast.net.

Volunteer assignments are made based on date of receiving the form (earlier receipt makes it more likely to get your first choice of volunteer assignment).

Please be aware that parking for the conference is limited and expensive. We cannot offer reimbursement for parking during your volunteer hours, so keep that in mind while you make your plans for the conference.

Circle the day you prefer to volunteer: Tuesday Wednesday Thursday Friday Saturday

Fill in the space provided with a 1 (first choice), 2 (second choice), and 3 (third choice), to let us know your preferences.

_____ **Monitor:** Help at sessions, exhibit area, and special events, check badges, and hand out material

_____ **Registration:** Hand out packets to registrants, check in volunteers

_____ **Hospitality:** Man the information desks, hospitality areas, greet conference attendees, and provide information about the Philadelphia area

_____ **Special Assignments:** Floater, copy service aid, sign changer

Let us know (circle your preference):

I can volunteer for: [1] an 8 hour volunteer shift or [2] a 4 hour volunteer shift

I can: [1] be at the conference to work at 6:30 a.m. [2] I can stay until 5:00 p.m. or

[3] I can stay until 9:30 p.m.

Notes/Comments: _____

Your contact information:

Name _____

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City/State/Zip: _____

Phone: _____

Email _____

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