Evaluation of the Dyslexic Child—Then What?

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This paper will focus on the relation between steps in the evaluation of the dyslexic child and steps in the remedial or treatment program. I will give the reasons for including a neuropsychological evaluation as one part of the diagnosis and show how the results may be used for planning treatment. I am making the assumption that the habilitation program is one of general management and treatment, and that it includes more than just recommending educational methods and materials, even though the educational plans may be the most important part of the treatment plans for the dyslexic child.

There are four areas that should be considered in the evaluation of the dyslexic child: capacity for learning, inhibiting factors, achievement, and treatment. Before considering these areas, some definitions are in order.

First, the word diagnosis comes from Greek and suggests or implies through knowledge. The purpose of a diagnosis is to gain knowledge or acquire information that will be useful in a treatment or management program, not solely to establish the fact that a child has dyslexia. The diagnostic process has many facets: distinguishing between different kinds of children, say the slow learner and a child with a specific reading problem; determining whether physical or emotional problems are present; and, of course, ascertaining the level of reading performance. However, if a child is referred with the presenting complaint of dyslexia, the purpose of a comprehensive diagnosis is to establish that dyslexia is the problem and not merely a symptom. Certainly the implication is present that the information gathered through diagnosis will lead to a relevant treatment program.

Second, what is dyslexia? Dyslexia is another Greek word which simply means difficulty in learning to read. Alexia suggests total inability to read or without reading. However, in current usage, dyslexia implies difficulty in learning to read as a consequence of brain dysfunction, even
though the brain dysfunction may be difficult to demonstrate through classical neurological procedures. In the adult patient, acquired alexia or dyslexia suggests the loss of, or considerable impairment in, the ability to read as a consequence of a recent brain lesion, usually in the left cerebral hemisphere. In contrast, developmental dyslexia suggests (1) considerable difficulty in learning to read and (2) that the basis of the difficulty is biological/organic or the consequence of brain dysfunction, rather than resulting from poor pedagogy, cultural impoverishment, or being secondary to an emotional problem. Rabinovitch et al. (1954) distinguished between primary and secondary reading disability. Most clinicians and researchers use the term developmental dyslexia with similar connotation to Rabinovitch’s primary reading disability. Of course, in any given research investigation the precise operational definition of dyslexia may vary from one study to another. In this paper the terms reading disability, dyslexia, and learning disability will be used almost interchangeably, except where the context shows obvious differences.

The next section of this paper describes an evaluation procedure and includes the rationale for the areas mentioned earlier. Careful study of Part III should enable the educational specialist to prescribe detailed remedial procedures that are intimately related to the diagnostic process.

Steps in the Diagnosis of a Learning Disability

I. Capacity for Learning

Knowledge of a child’s capacity for learning can lead to effective general management even though such knowledge may not be of much help in choosing specific remedial methods. For example, knowing that a child is ten years old and has a validly determined IQ of 110 and has not yet learned to read, suggests that he may require a more specific program than a child of the same age who has an IQ of 50 and has not learned to read. Difficulty in learning to read may be a symptom of a more pervasive underlying problem. In the first child, it is possible to rule out slowness in the thinking process as a contributing factor to the learning problem. In the second child available information does not indicate that this is a contributing factor. At this point, the knowledge gained suggests that one child might benefit from a remedial reading program whereas the other might profit from a general curriculum for slow learning children.

At times data on learning capacity can be used to modify perceived capacity. A parent may complain that a child is not performing sufficiently well in school or is having difficulty with reading. The problem may lie in