



Kindergarten to Grade 3 Dyslexia Toolkit

Guide & Resource

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Kentucky Department of
EDUCATION

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INTRODUCTION

PURPOSE OF THE TOOLKIT

The Kentucky Department of Education (KDE) developed this *Kindergarten to Grade 3 Dyslexia Toolkit* in response to the *Ready to Read Act* ([House Bill 187, 2018](#)).

This resource is designed to empower educators and families by providing a practical guide to:

- Increase knowledge of dyslexia characteristics.
- Implement evidence-based teaching strategies.
- Build capacity for shared conversations among all stakeholders to better serve students with dyslexia.

It is important to note this document serves as guidance and a tool for awareness, not an all-inclusive policy or document.

THE CRITICAL NEED FOR LITERACY SUCCESS

Reading is the foundational life skill—the basis for all other learning—with a lasting impact on success in school and beyond.

- Dyslexia, a common barrier to reading, affects as many as 15–20% of the population, according to the International Dyslexia Association (IDA).
- This high prevalence necessitates that teachers and families be equipped with the appropriate tools to recognize the signs and the practices needed to forge a pathway for accelerated learning and literacy success.
- The IDA stresses that while dyslexia is lifelong, early screening, diagnosis, and evidence-based intervention can lead to highly successful outcomes for students and adults.

LEGISLATIVE FOUNDATION

The *Ready to Read Act* (2018) established the foundation, and the subsequent passage of the *Read to Succeed Act* ([Senate Bill 9,](#)

[2022](#)) reinforces these goals by mandating the implementation of evidence-based early literacy instruction and KDE-approved Tier 1 core comprehensive reading programs for all students kindergarten through grade 3 across the Commonwealth.

This legislation ensures:

- Students have every opportunity to gain and strengthen reading skills.
- Teachers are equipped and empowered with the necessary professional learning to support their students.

SCREENING AND INTERVENTION: A PATH TO PROFICIENCY

Identifying characteristics of dyslexia at an early age is key. Teachers need support and professional learning to better recognize these characteristics and use structured, multisensory approaches to develop language and reading skills in all students.

The early literacy assessment and screening process, coupled with the establishment of a reading improvement plan for students in kindergarten through grade 4, enables teachers to deliver intentional and targeted interventions.

Within a multi-tiered system of supports (MTSS), the information in this toolkit provides guidance on:

- The role of screening and diagnostic assessments.
- Monitoring student progress toward meeting grade-level learning goals.

Effective intervention is essential to ensure struggling readers receive appropriate scaffolding and coherent accelerated learning, which must be aligned with strong, daily Tier 1 Universal/Core Instruction grounded in a [high-quality instructional resource](#) (HQIR).

DEFINITION & CHARACTERISTICS

Dyslexia, as defined in [KRS 158.307](#), means:

A specific learning disability that is neurological in origin. It is characterized by difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge (1)(a).

Dyslexia is further defined by the International Dyslexia Association (IDA) (2025) as:

A specific learning disability characterized by difficulties in word reading and/or spelling that involve accuracy, speed, or both and vary depending on the orthography. These difficulties occur along a continuum of severity and persist even with instruction that is effective for the individual's peers. The causes of dyslexia are complex and involve combinations of genetic, neurobiological, and environmental influences that interact throughout development. Underlying difficulties with phonological and morphological processing are common but not universal, and early oral language weaknesses often foreshadow literacy challenges. Secondary consequences include reading comprehension problems and reduced reading and writing experience that can impede growth in language, knowledge, written expression, and overall academic achievement. Psychological well-being and employment opportunities also may be affected. Although identification and targeted instruction are important at any age, language and literacy support before and during the early years of education is particularly effective.

WHO CAN HAVE DYSLEXIA?

The IDA (2025) states that dyslexia occurs in individuals of all

backgrounds and intellectual levels and can be hereditary. Having an affected parent or sibling significantly increases risk. Yet, longitudinal research cited by the IDA and its partners confirms that the proportion of boys and girls with dyslexia is about equal. While the exact cause of dyslexia is unknown, research shows the brain of a person with dyslexia develops and functions differently than the brain of a person without dyslexia. The IDA emphasizes that dyslexia is not due to a lack of intelligence or desire to learn. In fact, when students with dyslexia receive appropriate instruction, specifically in Structured Literacy approaches, they can learn to read successfully.

COMMON CHARACTERISTICS

According to the IDA's Dyslexia in the Classroom: What Every Family Should Know handbook ([IDA, 2019](#)) and Dyslexia Help at the University of Michigan (2025), general difficulties experienced by people with dyslexia may include the following:

- Difficulty learning letters and their sounds;
- Difficulty remembering words;
- Spoken language difficulties, but good understanding (comprehension) of oral language;
- Reversal of letters and numerical sequences;
- Flipping letters and numbers and/or writing them backward past the age of 7 or 8;
- Not seeing or acknowledging punctuation in written text;
- Difficulty reading different styles of type;
- Omission of words while reading;
- Difficulty writing;
- Confusion about directions in space or time;
- Inconsistencies between potential and performance;
- Difficulty telling time;
- Memorizing number facts and correctly doing math operations;
- Reading quickly enough to comprehend;
- Difficulty learning to speak;
- Difficulty spelling; and
- Difficulty learning a foreign language.

Specific signs for elementary age children may include:

- Difficulty with remembering simple sequencing;
- Difficulty understanding the rhyming of words;
- Trouble recognizing words that begin with the same sound (bird, baby and big all start with /b/);
- Trouble easily clapping hands to the rhythm of a song;
- Difficulty with word retrieval;
- Trouble remembering names, places and people; and
- Difficulty remembering spoken directions.

For additional characteristics, see the [IDA Dyslexia Handbook: What Every Family Should Know](#).

Making assumptions about a child's reading difficulties based on a reading comprehension test or struggling phonological awareness is not a basis for determining dyslexia. Assessment of dyslexia should be situated coherently within a more general approach to the assessment and instruction of reading and literacy skills. Mistakenly referring to any and all reading problems as "dyslexia" (a label which should be restricted to cases of inherent and persistent phonological decoding difficulty) could result in ignoring other causes of reading difficulty that deserve equal attention, such as poor language skills, limited vocabulary, weak executive function, visual or cognitive impairment or limited prior knowledge (e.g., content knowledge). These problems all create reading difficulty but do not qualify as dyslexia. However, they also must be addressed if a child is to develop as a proficient reader.

EVIDENCE-BASED EXPLICIT AND SYSTEMATIC INSTRUCTION FOR STUDENTS WITH DYSLEXIA

According to the National Institute for Child Health and Human Development (NICHD), Congress asked NICHD and the U.S. Department of Education (ED) to form [the National Reading Panel](#) (NRP) in 1997. The teachers, administrators and reading research scientists of the NRP evaluated existing research about reading and based on the evidence, determined what methods work best for teaching children to read.

The NRP emphasized the importance of providing students with reading instruction supported by evidence-based research consisting of five key components: phonemic awareness, phonics, vocabulary, fluency and comprehension.

While students with dyslexia benefit from the same evidence-based reading instruction identified by the NPR for typically developing readers, they require systematic and explicit instruction in the word reading components (phonological awareness, phonics, fluency) delivered through a structured literacy approach. Structured Literacy provides the comprehensive and cumulative instruction necessary for all learners, including those with dyslexia, to develop proficient reading and spelling skills. This instruction should be embedded within Tier 1 core classroom practices and delivered through

whole-group, small-group, and individual settings as appropriate to student needs.

Systematic and explicit instructional components include:

- Phonemic awareness – Instruction on phonemic awareness enables students to detect, segment, blend and manipulate sounds in spoken language. A phoneme, the smallest unit of sound in a given language, is distinct from other sounds in the language.
- Systematic phonics instruction – Phonics teaches students about the relationship between phonemes and printed letters. Words carry meaning because they are made of sounds and sounds are written with letters in the right sequence. Students with this understanding can blend sounds associated with letters into words and can separate words into component sounds for spelling and writing. Phonological memory must be strong in order for readers to remember sequences of unfamiliar sounds, store sound sequences in short-term memory and recall words from short-term memory.
- Language structure instruction – Language study encompasses morphology (the study of meaningful units of language such as prefixes, suffixes and roots), semantics (ways that language

conveys meaning), syntax (sentence structure) and pragmatics (how to use language in a particular context).

- Linguistics instruction – Linguistics instruction should be directed toward proficiency and fluency with the patterns of language so that words and sentences are the carriers of meaning. Reading fluently improves students' abilities to recognize new words, read with greater accuracy and expression, and better comprehend what they read.
- Process-oriented instruction – The procedures or strategies for decoding, encoding, word recognition, vocabulary, fluency and comprehension must be taught explicitly and directly so that students learn the skills needed to become independent readers.

INSTRUCTIONAL APPROACHES

The following structured literacy approaches are components of systematic and explicit instruction essential for students demonstrating characteristics of dyslexia:

- Explicit, direct instruction that is systematic (structured), sequential and cumulative. Instruction is organized and presented in a way that follows a logical sequential plan, fits the nature of language (alphabetic principle) with no assumption of prior skills or language knowledge, and maximizes student engagement. This instruction proceeds at a rate commensurate with students' needs, ability level and demonstration of progress;
- Instruction that uses student data to determine whether individualized or small-group support, in addition to core instruction, is necessary to meet each student's specific learning needs. Instruction should be tailored to meet the specific learning needs of the student as determined by universal screener and diagnostic assessment data. For K-4, the intervention supports would be detailed in a student reading improvement plan (per KRS 158.305) and progress monitored.
- Instruction that is comprehensive—intentionally integrating both components of the Simple View of Reading (Gough & Tunmer, 1986) and of Scarborough's Reading Rope (Scarborough, 2001) so that purposeful reading and writing strengthen students' overall proficiency in reading comprehension and composition; and
- Multisensory instruction that incorporates the simultaneous use

of two or more sensory pathways (auditory, visual, kinesthetic, tactile) during teacher presentations and student practice.

High-quality instructional materials aligned to structured literacy approaches should demonstrate strong to moderate evidence for effectiveness in teaching alphabets, reading fluency, early reading/writing, literacy achievement and functional abilities for students with disabilities, such as, but not limited to, dyslexia.



BEST PRACTICES FOR COMPREHENSIVE READING AND WRITING

It should be kept in mind that reading and writing are meant to communicate meaning. A reader reads to determine the intentions of the author. A successful reader, whether of informational or literary texts, is able to make sense of the text.

The importance of this insight for struggling readers is that students with dyslexia can become so distracted by the phonological decoding challenges of reading that they forget the purpose of the exercise. Readers with dyslexia also may have difficulties with language comprehension, such as limited vocabulary and a restricted repertoire of easily recognized grammatical patterns.

Some students enter kindergarten with language-development challenges and waiting until grade 4 to begin serious attention to comprehension would be a mistake. The research underlying the Simple View of Reading (Gough & Tunmer, 1986) shows that

reading comprehension depends on both decoding and language comprehension. Meanwhile, Scarborough's Reading Rope (Scarborough, 2001) extends this view by mapping out how subskills of word recognition and language comprehension are interwoven over time. These frameworks suggest that decoding instruction does not need to be fully mastered before addressing meaning. In fact, decoding instruction can and often should be incorporated with meaning-centered activities to support both strands of reading simultaneously. Enjoyable and meaningful experiences with texts, centered on reading and writing for meaning, provides students greater motivation and determination to persist during decoding instruction and intervention.

CLASSROOM STRATEGIES FOR STUDENTS WITH DYSLEXIA

To support the success of students with dyslexia, teachers can implement strategies to help students make accelerated progress

toward reading proficiency. The following examples offer strategies for providing support involving materials, instruction and student performance. For a comprehensive list of these strategies, see the IDA's [Dyslexia in the Classroom: What Every Teacher Needs to Know](#) handbook (IDA, 2019).

- Clarify or simplify written directions.
- Present the work in small amounts.
- Highlight essential information.
- Block out extraneous stimuli on a page.
- Use explicit teaching procedures.
- Repeat directions.
- Use balanced presentations and activities.
- Use graphic organizers.
- Change response mode for assessment of learning.
- Encourage students to use multisensory techniques, such as subvocalization.

DYSLEXIA SCREENING WITHIN A MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)

Kentucky's multi-tiered system of supports ([KyMTSS](#)) offers a framework for implementing evidence-based reading instruction and early identification of students who may be at risk for developing dyslexia. KyMTSS is a multi-level prevention system that integrates instruction, assessment and intervention matched to student needs. Educational research shows that when students are provided intervention or additional direct instruction as early as kindergarten when their learning gap is small, they are more likely to catch up and not require an identification for a specific learning disability. Therefore, early screening and a multi-tiered system of supports are critical components for student success. Using data from a comprehensive screening and assessment system, educators can quickly catch and support students showing signs of dyslexia.

Assessment types and purposes vary and choosing the best assessment tool for the right purpose is critical to a strong MTSS. Assessment within an effective MTSS framework includes universal screening, diagnostic assessment and progress monitoring. Since early indicators of reading difficulties associated with dyslexia

can grow in a snowball effect from decoding difficulty leading to poor reading fluency, spelling, vocabulary and eventually comprehension issues, it is important that universal screenings, diagnostic assessments and progress monitoring of interventions are implemented early in a child's school experience.

UNIVERSAL SCREENING

Universal screening, as defined in [704 KAR 3:095](#), is a systematic process of analyzing students' performance using valid and reliable tools to assess learning at various points during the school year. Universal screening tools should be standardized, efficient to administer and predictive of risk. Using validated screening procedures, the KyMTSS leadership team ensures that all students are screened with fidelity on an on-going basis; typically, three times during the school year (i.e., fall, winter and spring). Universal screening data are used by MTSS teams to monitor the effectiveness of Tier 1 instruction and support early identification of students who are at-risk for common reading problems, including dyslexia.

In Kentucky, a universal screener for reading determined by the Department of Education to be valid and reliable is required within the first forty-five days of the school year for all kindergarten students, within the first thirty-five days of the school year for grades one through three and within the final fourteen instructional days of school for all students in kindergarten and first grade ([KRS 158.305](#)).

Although a brief assessment, a universal screening that flags students who display risk factors or characteristics of dyslexia should include key domains, identified as predictors of future reading performance. Research suggests that universal screening measures are most effective when they include measures of phonemic awareness, rapid automatic naming alphabetic principle and word reading (IDA, 2019).



DIAGNOSTIC ASSESSMENT

Diagnostic assessment means a formal or informal assessment, using valid and reliable tools, given to guide instruction and tailor

interventions based on individual student needs (704 KAR 3:095). Diagnostic assessments will provide more in-depth information about specific skill deficits for those students identified as at risk on the universal screener. When used for the purpose of identifying students in need of accelerated intervention through a reading improvement plan, diagnostic assessments must be approved as valid and reliable by the Kentucky Department of Education.

For students demonstrating risk factors for dyslexia on the universal screening, diagnostic assessment should address the following key domains and subprocesses at the appropriate grade level:

Grade	Key Dyslexia Screening and Diagnostic Components
Kindergarten	<ul style="list-style-type: none"> Phonological awareness, including phoneme segmentation,blending, onset and rime; Rapid automatic naming, including letter naming fluency; letter sound association; and Phonological memory, including non-word repetition.
Grade 1	<ul style="list-style-type: none"> Phoneme awareness, including phoneme segmentation, blending and manipulation tasks; Letter naming fluency; Letter sound association; Phonological memory, including nonword repetition; Oral vocabulary; Word recognition fluency; and Oral reading fluency (add in mid-first)
Grade 2	<ul style="list-style-type: none"> Word Identification, including real and nonsense words; Oral Reading Fluency; and Reading Comprehension

Source: International Dyslexia Association (2019). Fact Sheet: Universal Screening: K-2 Reading.

PROGRESS MONITORING

Progress monitoring is a critical component in early identification and intervention for students displaying characteristics of dyslexia. Progress monitoring requires repeated assessment over time to capture students’ progress or rate of improvement in response to

instruction or intervention. Data is collected and graphed regularly so student progress can be compared to the benchmark goal set during the problem solving process. The information from progress monitoring also will inform the written quarterly progress report provided to the parent. Suggested progress monitoring measures for use in K-2 include:

Grade	Measure
Kindergarten	<ul style="list-style-type: none"> Phonemic awareness measures (especially phonemic awareness)
Grade 1	<ul style="list-style-type: none"> Fluent word recognition Nonword (pseudo word reading) Oral reading fluency (connected text)
Grade 2	<ul style="list-style-type: none"> Fluent word recognition Oral reading fluency

Source: What Works Clearinghouse (2009). Practice Guide: <https://ies.ed.gov/ncee/wwc/practiceguide/3>.

SCREENING VS. EVALUATION

Universal screening and diagnostic assessments that flag characteristics of dyslexia are not the same as a formal evaluation for special education or related services. A more comprehensive evaluation may be needed to determine a specific learning disability, which may include dyslexia [707 KAR 1:002 Section 1 (58)]. If progress monitoring data indicates an adverse impact on a

student’s educational performance with literacy skills despite high-quality instruction and a continuum of evidence-based interventions matched to student need, the student may be eligible for special education services (707 KAR 1:310,Section 2).

The Federal Register includes a response to a public comment requesting clarification on the difference between screening and evaluation. Recommended federal regulations include specific examples of what constitutes screening, including testing instruments that are appropriate to be used for screening to determine appropriate instructional strategies (Volume 71, Number 156 page 46639). The discussion of the comments states an “evaluation” as used in the Act refers to an individual assessment for eligibility for special education and related services consistent with the evaluation procedures in § 300.301 – § 300.311. “Screening,” as used in § 300.302, refers to a process that a teacher or specialist uses to determine appropriate instructional strategies and is not an evaluation for eligibility of special education. Screening is typically a relative and quick process that can be used with groups of children. Parental consent is not required for screenings conducted by school staff when the screening is given to all students, unless consent is required universally from all parents [34 CFR 300.300(d)(1)(ii)].



TIERED INTERVENTION & SUPPORTS

Students who consistently struggle with grade-level reading skills are required to be provided with targeted, tiered intervention supports. [Kentucky's Multi-Tiered System of Supports \(KyMTSS\)](#) provides a systematic, comprehensive multi-tiered system of supports to address academic and behavioral needs for all students, preschool through grade 12. KyMTSS is a preventative framework that emphasizes optimizing instruction through targeted accelerated learning and the development of teacher expertise and responsiveness to the needs of all learners. What is effective for every learner, including those students identified with or displaying characteristics of dyslexia, is a systematic and ongoing assessment of their academic and behavioral needs and using the data in collaborative conversations with parents/guardians and educators in the interest of preparing students to be postsecondary ready.

A tiered continuum of interventions with varying levels of intensity and duration should be in place to assist students who are struggling with academic or behavior goals and are not performing at grade level standards with their peers. Supplemental and targeted intervention provides the structures needed for closing achievement gaps, aiming to accelerate student growth and achievement. Instruction through the three tiers should be a flexible and fluid process based on student assessment data to provide continuous progress so students are successful. The KDE's [KyMTSS Implementation Guide](#) (2024) describes the three tiers as follows:

TIER 1: UNIVERSAL INSTRUCTION

Tier 1 is the foundational layer of support. All students are provided with high-quality instructional resources and evidence-based instructional practices aligned with the *Kentucky Academic Standards*, schoolwide behavioral expectations and core social-emotional competencies. General education teachers use formative assessment data to identify and address the needs of students, including those with or displaying characteristics of dyslexia, and provide “just-in-time” instruction and support with needed scaffolds and differentiation, so all students are able to fully participate with grade-level work. In a sustainable multi-tiered system, districts and



schools aim for approximately 80 percent of students to have their needs met through this universal level of instruction and support.

TIER 2: TARGETED INSTRUCTION

Tier 2 is the targeted, supplemental evidence-based intervention provided in addition to and aligned with Tier 1 universal instruction for any student, including those with or displaying characteristics of dyslexia, not making adequate progress or who have exceeded the standards. Students in Tier 2 receive increasingly targeted academic or behavioral instruction matched to their needs based on results of continuous progress monitoring. Instruction in Tier 2 can involve small groups of students or individualized intervention strategies focused on the targeted area/s.

For students with learning/behavioral difficulties or other instructional needs, Tier 2 is intended to address needs and provide support to be successful in Tier 1. For students with high abilities and others exceeding advanced expectations, Tier 2 is designed to provide further challenges that are differentiated for pace, content and complexity.

TIER 3: INTENSIVE INSTRUCTION

Tier 3 is the most intensive and individualized level of intervention provided in addition to and aligned with the scope and sequence of Tier 1 instruction. For students with learning/behavioral difficulties

or other instructional needs, Tier 3 is intended to provide more intense, individualized instruction based on student needs and address concerns that have continued even with the support of instruction in Tiers 1 and 2. For students with high abilities and others exceeding advanced expectations, Tier 3 is designed to provide intensive instruction and/or highly individualized challenges.

MANAGING THE MULTI-TIERED SYSTEM OF SUPPORTS

In order to accelerate students toward proficiency, especially with

regard to reading difficulties, a tiered continuum of interventions with varying levels of intensity and duration is critical. Schools should have a districtwide multi-tiered system of supports in place that allows for early detection of learning difficulties, allocating resources and time to plan, and a data collection and monitoring system for data-informed decisions.

For more information and resources for implementation of the tiered systems of support, see Appendix B.

INSTRUCTIONAL SUPPORTS FOR STUDENTS WITH DYSLEXIA

When implementing reading improvement plans, per [KRS 158.305](#), for students with dyslexia, a student's instructional team may design a combination of instruction and intervention supports to meet the needs of each student. Identifying the individual strengths and challenges of each student to select specific interventions provides the opportunity for academic acceleration toward proficiency. A student with dyslexia may fully participate in classroom instruction and demonstrate their learning when appropriate accommodations have been identified.

and performance tasks within each lesson across the units of study. HQIRs provide support for differentiation at the lesson level and offer recommended strategies for meeting the needs of diverse learners. These instructional adjustments should be noted in advance of implementation, and, if applicable, conversations should occur in a co-teaching environment to ensure "just-in-time" instruction and support with needed scaffolds and differentiation are in place so all students are able to fully participate with grade-level work.



In the classroom setting, teachers should use and implement their core comprehensive high-quality instructional resource (HQIR) for reading and writing (KRS 158.305), and, during [intellectual preparation](#), consider the method of instruction, the format of each assignment, how the lesson is presented, and the quantity of reading, writing

Under the Individuals with Disabilities Education Act (IDEA) and its implementing regulations, "specific learning disability" (SLD) is defined, in part, as "a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, *dyslexia* and developmental aphasia" (20 U.S.C. §1401(30) and 34 CFR §300.8(c)(10)).

In determining whether a child has a disability under the IDEA, including a specific learning disability, and is eligible to receive special education and related services because of that disability, the LEA must conduct a comprehensive evaluation under §300.304, which requires the use of a variety of assessment tools and strategies to gather relevant functional, developmental and academic information about the child.

KENTUCKY ADMINISTRATIVE REGULATIONS

In Kentucky, a specific learning disability (SLD) is defined as a disorder that adversely affects the ability to acquire, comprehend or apply reading, mathematical, writing, reasoning, listening or speaking skills to the extent that specially designed instruction is required to benefit from education. The SLD may include dyslexia, dyscalculia, dysgraphia, developmental aphasia and perceptual/motor disabilities. The term does not include deficits that are the result of other primary determinant or disabling factors, such as vision, hearing, motor impairment, intellectual (mental) disability, emotional-behavioral disability, environmental or economic disadvantaged, cultural factors, limited English proficiency or lack of relevant research-based instruction in the deficit area ([707 KAR 1:002, Section 1 \(59\)](#)).

PARENT NOTIFICATION OF REFERRAL: [707 KAR 1:340](#), SECTIONS 3 AND 5

When a decision is made for a written referral as part of a special education comprehensive evaluation, parents must be notified and written permission obtained.

PLANNING AND CONDUCTING A COMPREHENSIVE EVALUATION: [707 KAR 1:300](#)

The SLD eligibility determination process is a systematic approach that schools use to determine whether a student does or does not have an SLD as defined in the state regulations.

The Admissions and Release Committee (ARC) is responsible for planning and conducting a comprehensive evaluation that must include a variety of technically-sound assessment tools, interventions and observations to gather relevant academic information about the student, including information provided by the parent. It is not permissible to use any single measure or assessment as the sole criterion for determining whether the child has an SLD (Section 4(9)). Assessments should be given in the child's native language or best communication method, unless not feasible.

When all evaluation data have been collected, the ARC must follow procedural safeguards for prior written notice for an ARC to review

the data and determine eligibility. Procedural safeguards are found in [707 KAR 1:340](#).



DETERMINING ELIGIBILITY: [707 KAR 1:310](#)

Under Kentucky Administrative Regulations (KAR), districts must establish written procedures for SLD determinations using one of two methods. As explained in the Specific Learning Disability Guidance Document, the methods are:

- Method A, Severe Discrepancy, which identifies a significant gap between intellectual ability and achievement through reference tables or non-standard scoring, or
- Method B, Response to Intervention (RtI), [now a multi-tiered system of supports], which evaluates a student's progress based on their response to research-based interventions and progress monitoring.

Within 60 school days of receiving parental consent, the ARC must review all data and determine eligibility, develop the IEP and begin services, as outlined in [707 KAR 1:320](#), Section 2 (3) and (4).

DEVELOPING THE INDIVIDUAL EDUCATION PROGRAM (IEP): [707 KAR 1:320](#)

Once eligibility has been determined, the ARC shall develop a standards-based individual education program for the student. The [Guidance Document for Individual Education Program \(IEP\) Development](#) (KDE, 2015) provides instructions and examples for the ARC members on how to write standards-based IEPs.

EXCLUSIONARY FACTORS: 707 KAR 1:310, SECTION 2(8)

SLD eligibility determination requires that the following be ruled out as the primary cause(s) of the student's learning deficits:

- Visual disability
- Hearing disability
- Motor disability
- Intellectual (mental) disability
- Emotional-behavioral disability
- Cultural factors
- Environmental or economic disadvantage
- Limited English proficiency

It is important to note that while dyslexia may adversely affect a student's educational performance in many ways, a medical diagnosis of dyslexia does not automatically mean the student should have an IEP. Kentucky requires academic performance to be evaluated for an adverse effect by an ARC to determine eligibility for special education services.

The Kentucky Department of Education (KDE) 2023 Legislative Guidance Non-Emergency Bills (HB 241) provides an overview of who can provide medical statements. The guidance states, "In accordance with 707 KAR 1:350, placement decisions for students with disabilities are made by the admissions and release committee (ARC) in conformity with the least restrictive environment provisions. Statements from physicians or qualified mental health professionals may be used as evidence when making placement determinations but are not binding on the ARC."

Additional guidance for developing and implementing appropriate IEPs and SLD guidance may be found on the [Admissions and Release Committee \(ARC\) and Individual Education Program \(IEP\) webpage](#).

SPECIALLY-DESIGNED INSTRUCTION

Specially-designed instruction (SDI) ensures that, when appropriate, schools will adapt the content, methodology or delivery of instruction to address the unique needs of a child with a disability and ensure the child can access the general curriculum ([707 KAR 1:002 Section 1\(58\)](#)). In its simplest form, SDI is what the special

education teacher does through instructional practices.

SDI incorporates specific strategies that build on the individual student's strengths, while addressing specific areas for academic, behavioral or social improvement. Some examples of SDI may include, but are not limited to, the following:

- Explicit instruction;
- Meaning strategies;
- Auditory strategies including language structure;
- Grapho-phonetic strategies;
- Visual strategies including word recognition and visual memory for words;
- Multi-sensory instruction;
- Scaffolding;
- Decoding strategies;
- Modeling;
- Small group instruction;
- Repetition for mastery;
- Time delay; and
- Auditory bombardment.

SUPPLEMENTARY AIDS AND SERVICES

Supplementary Aids and Services (SAS) are aids, services and other supports provided in regular education classes or other education-related settings to enable a child with disabilities to be educated with nondisabled children to the maximum extent appropriate for that student. SAS, in its simplest form, is what the student will use to access the curriculum. It can include:

- Oral/visual presentation of materials above independent reading level;
- Kinesthetic cues ;
- Graphic organizers;
- Digitized materials;
- Highlighted materials;
- Tracking guides;
- Extended time; and
- Sentence strips.

ACCOMMODATIONS

Accommodations are practices, supports or services "that



change the way students access information and demonstrate their knowledge, skills and abilities; they do not change academic standards or expectations” (Accommodations for Students with Dyslexia, 2018). An accommodation is not intended to change content or give students an unfair advantage, rather they offer various approaches for students to access information and demonstrate their knowledge.

SECTION 504 PLAN

Section 504 of the Rehabilitation Act of 1975 is the federal law that prohibits disability discrimination in programs or activities receiving federal funds, including public schools. Section 504 requires the needs of students with disabilities to be met as adequately as the needs of students without disabilities are met. Public elementary and secondary schools are required to provide a free appropriate education to qualified students with disabilities (U.S. Department of Education, 2025).

An individual with a disability is defined under Section 504 as “any person who: (i) has a mental or physical impairment that substantially limits one or more major life activity; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment” [34 C.F.R. §104.3(j)(1)].

In order to qualify for a Section 504 plan, the student must have a physical or mental impairment that “substantially limits” a major life activity. As defined in the Section 504 regulations [34 C.F.R. §104.3(j)(2)], this may include specific learning disabilities such as dyslexia that impact reading.

Anyone who knows the student, including a parent, teacher, administrator or other person, can initiate a referral. The Office of Civil Rights (OCR) has stated in a staff memorandum that “the school district must also have reason to believe that the child is in need of services under Section 504 due to a disability” (OCR Memorandum, April 29, 1993). Evaluation and placement decisions must be made by a group of people who are knowledgeable about the child, the meaning of the evaluation data, placement options, least-restrictive environment requirements and comparable facilities [34 C.F.R. §104.35(c)(3)].

The local education agency (LEA) should follow their established policies and procedures for evaluation to determine if a student is eligible for a 504 plan. Although Section 504 does not require a specific process, the standards and procedures must meet certain requirements as specified in [34 C.F.R. §104.35](#). When determining whether a student is eligible for a 504 plan, information should draw from a variety of sources which may

include: aptitude and achievement tests, academic records, teacher observations and reports, medical records or any other pertinent sources of data. When considering a student's eligibility for a 504 plan, a single source of data, such as a doctor's note, should not be used as the only determinant factor of whether the disability "substantially limits" a major life activity (Office for Civil Rights, 2025).

The 504 plan is designed to address the unique learning needs of students with disabilities by providing reasonable accommodations to ensure they have equal access to educational opportunities and activities. Accommodations can help offset specific barriers, such as slow reading speed, and make it possible for students with dyslexia to demonstrate their learning without being penalized by their disability. Accommodations may include both testing and classroom instruction and should be matched to the individual student's learning needs based on evidence from the evaluation. The use of accommodations may need to be taught and should be routinely integrated into classroom practice prior to use in assessment. The 504 plan should be reviewed and accommodations adjusted on a regular basis as the student develops the necessary skills to access grade-level learning. Dyslexia is a lifelong condition; however, appropriate instruction, intervention and support can have a positive effect. It is important to be aware that much like glasses and hearing aids, the need for some accommodations may persist throughout an individual's educational progression and career.

Classroom accommodations ensure adjustments are made to allow a student the opportunity to fully participate with grade level work. Assessment accommodations allow students to demonstrate their knowledge, skills and abilities without changing what is being measured. When designing accommodations that meet the individual needs of the student, it is recommended that teams consider presentation, response, setting and timing/scheduling (IDA,2020).

Presentation accommodations are those that address how information is given to a student. For a student with dyslexia, this may be in a way that does not require them to read standard print

presented in a standard visual format. These may include:

- Verbal instructions;
- Assistive technology such as text-to-speech, speech-to-text software, screen readers and audiobooks;
- Font (e.g., larger font, sans-serif fonts and increased spacing); and
- Spelling and grammar check.

Response accommodations permit students alternatives for completion of activities, assignments and tests. These allow the student to show what they know and may include:

- Allowing the student to mark answers in a test book rather than a separate answer sheet;
- Dictating to a scribe or record oral responses; and
- Organizing their work using an electronic device or organizer.

Setting accommodations address a change in location or the conditions of a test or assignment. For example:

- Individual or small group to minimize distractions;
- Reducing visual and/or auditory distractions; and
- Alternative furniture arrangement (e.g., facing the teacher or front, proximity to the teacher).

Timing/scheduling accommodations change the length of time allowed for completion or may change the way time is organized.

This type of accommodation includes:

- Extended time;
- Allowing for more frequent breaks; and
- Changes to the order of tasks or subtests.

In addition to the types of accommodations listed above, some students with dyslexia may benefit from explicit instruction in the use of organizational and study strategies. For example:

- Timers, especially visual timers, to help with time management;
- Highlighters to mark text;
- Planners for tracking assignments;
- Notetaking guides;
- Graphic organizers; and
- Study guides.

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APPENDIX A: GLOSSARY

Accommodations – Practices, supports or services provided to help a student access the curriculum and validly demonstrate learning.

Accommodations are provided to support equitable access during instruction and assessments for students with disabilities and are intended to lessen the impact of the student's disability on his or her educational achievement. Accommodations are individualized and based on a student's needs.

Assistive Technology Device – Any item, piece of equipment or product system – whether acquired commercially, off the shelf, modified or customized – that is used to increase, maintain or improve the functional capabilities of a child with a disability. The term does not mean a medical device that is surgically implanted or the replacement of such a device.

Assistive Technology Service – Any service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device in accordance with 707 KAR 1:002.

Comprehension – The complex process of understanding and making sense of written text through decoding, background knowledge and verbal reasoning, all of which are utilized by good readers to understand, remember and communicate what has been read.

Decoding – The translation of a word from print to speech by using knowledge of sound-symbol (letter) correspondences. It is the act of deciphering a new word by sounding it out.

Diagnostic Assessment – A formal or informal student assessment, utilizing valid and reliable tools, given to guide instruction and tailor interventions based upon individual student academic and behavioral strengths and needs to accelerate progress toward proficiency.

Differentiated Instruction – The tailoring of curriculum, teaching environments and practices to create appropriately different learning experiences to meet individual student needs while recognizing each student's learning differences, varying interests,

readiness levels and level of responsiveness to Tier 1 instruction.

Dyscalculia – The inability to understand the meaning of numbers, the basic operations of addition and subtraction, the complex operations of multiplication and division, or to apply math principles to solve practical or abstract problems.

Dysgraphia – Difficulty in automatically remembering and mastering the sequence of muscle motor movements needed to accurately write letters of numbers.

Dyslexia – As defined in [KRS 158.307](#): A specific learning disability that is neurological in origin. It is characterized by difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge (1)(a).

Encoding – The use of knowledge of individual phonemes in spoken words to build and spell printed words; a skill that develops reciprocally to decoding when explicitly taught.

Explicit Instruction – Instruction that is taught directly and clearly, leaving little to chance.

Fluency – The ability to read a text accurately, at a good pace, and with appropriate expression to support comprehension.

Formative Assessment – A wide variety of methods teachers use to conduct in-process evaluations of student comprehension, learning needs and academic progress during a lesson, unit or course. Formative assessments, such as curriculum-embedded assessments, help teachers identify concepts that students are struggling to

understand, skills they are having difficulty acquiring, or learning standards they have not yet achieved so that adjustments can be made to lessons, instructional techniques, and academic support.

The general goal of formative assessment is to collect detailed information that can be used to improve instruction and student learning while it is happening. What makes an assessment formative is not the design of a test, technique or self-evaluation, per se, but the way it is used—i.e., to inform in-process teaching and learning modifications.

Independent Education Evaluation (IEE) – An evaluation conducted by a qualified examiner who is not employed by the local education agency (LEA) responsible for the education of the child in question. The purpose of an IEE is to provide an independent assessment of a student’s educational needs.

Individuals with Disabilities Education Act (IDEA) – A federal law that governs how students with disabilities are served in schools and ensures a free appropriate education (FAPE) to eligible children with disabilities and ensures special education and related services to those children.

Individual Education Program (IEP) – A written program developed for a student with a disability who qualifies for special education and related services under the Individuals with Disabilities Education Act (IDEA). The IEP outlines the student’s strengths and needs and specifies measurable annual goals, specially designed instruction, related services, and supplementary aids and supports necessary to meet the student’s educational needs.

[\(707 KAR 1:320\)](#)

Intervention – Evidence-based, systematic and explicit instruction that targets a specific area of need. It is provided in addition to core instruction and is intentionally designed to accelerate performance in relation to a specific, measurable goal. Interventions must be based on valid and current performance data, delivered with fidelity and require ongoing progress monitoring.

Letter-Sound Association – The relationship between a letter or letter combination and a single sound. For example, the letter “j”

and the letter combination “dge” both make the sound heard in the beginning of the word “jump.” An understanding of letter-sound correspondence (also called grapheme-phoneme correspondence) is essential for decoding a new word.

Morphological Processing – Distinguishing between different units of meaning within words. Children who struggle with this may think biology means two -ologies if they know bi- in bicycle means two but do not know bio-(life) is the actual prefix used in biology.

Multi-Tiered System of Supports (MTSS) – A multi-level prevention system designed to maximize student achievement and social and behavioral competencies through an integration of differentiated universal instruction, assessment, and intervention.

Multisensory Approach – The simultaneous incorporation of two or more sensory pathways (auditory, visual, kinesthetic, tactile) during the instructional process, including teacher modeling and student practice.

Onset – The initial consonant sound of a syllable.

Phoneme – A unit of sound that combines with others in a language to make words. For example, *peek* has three phonemes: /p/, /ē/, and /k/.

Phonemic Awareness – The ability to recognize that a spoken word consists of a sequence of individual sounds and the ability to manipulate individual sounds in speaking.

Phonics – The knowledge of the predictable correspondences between phonemes and graphemes (the letters or letter combinations representing sounds) and correspondences between larger blocks of letters and syllables or meaningful word parts (morphemes).

Phonological Awareness – The conscious awareness of all levels of the speech sound system, including word boundaries, stress patterns, syllables, onset-rime units and phonemes. Phonemic awareness is one component of phonological awareness.

Phonological Processing – Distinguishing between different sounds within words. Children who struggle with this may leave out key sounds (saying *boom* instead of *broom*) or substitute some sounds for others (saying *tat* instead of *cat*). Difficulties with phonological processing are common in young children, but continuing difficulties can present many challenges by the 2nd or 3rd grade.

Prognosis – An estimate of the course and outcome of a disease/disorder, which represents a performance profile at the time of diagnosis but is rooted over time. For example, a speech- language pathologist may state in an initial evaluation that “the prognosis for attaining these objectives is fair.” It refers to a professional’s informed judgment about a student’s expected educational or related service progress or outcomes over time, based on current evaluations, performance data, and the supports and services provided.

Rapid Automatic Naming – The speed of naming objects, colors, digits or letters. Naming speed, particularly letter naming, is one of the best early predictors of reading difficulties.

Rime – The vowel and all subsequent sounds in a syllable that follow an initial consonant, blend or digraph. Example: In the word strap, /str/ is the onset, and /ap/ is the rime.

Section 504 – Section 504 of the Rehabilitation Act of 1973 is a federal law that governs 504 plans and prohibits districts from discriminating against students on the basis of disability. Under Section 504, students with disabilities are entitled to a Free Appropriate Education (FAPE) through accommodations, supports, and services that remove barriers to learning.

Section 504 Plan - A written plan that addresses the unique learning needs of a student with a disability, but who may not qualify for special education under IDEA. It provides reasonable accommodations that enable the student to have equitable access to school programs and meet their learning needs as well as protection from discrimination based on disability.

Specially Designed Instruction (SDI) – Adapting as appropriate in content, methodology or delivery of instruction to address the

unique needs of the child with a disability and to ensure access of the child to the general curriculum included in the *Kentucky Academic Standards*, 704 KAR 3:303 or 704 Chapter 8. Specially designed instruction is provided only to students who are eligible for special education and have an IEP. ([707 KAR 1:320](#))

Specific Learning Disability (SLD) – “A disorder that adversely affects the ability to acquire, comprehend or apply reading, mathematical, writing, reasoning, listening or speaking skills to the extent that specially designed instruction is required to benefit from education. The SLD may include dyslexia, dyscalculia, dysgraphia, developmental aphasia and perceptual/motor disabilities. The term does not include deficits that are the result of other primary determinant or disabling factors such as vision, hearing, motor impairment, mental disability, emotional- behavioral disability, environmental or economic disadvantaged, cultural factors, limited English proficiency (LEP) or lack of relevant research-based instruction in deficit area.” ([707 KAR 1:002, Section 1\(59\)](#))

Structured Literacy – An instructional approach that emphasizes highly explicit and systematic teaching of all essential components of literacy.

Systematic Instruction – The use of a planned, logical sequence to introduce elements taught, building from the simplest to those that are more complex.

Vocabulary – Knowledge of the individual word meanings in a text and the concepts that those words convey; words known or used by a person or group, representing concepts or ideas and meanings mutually understood; also, all the words of a language.

Word Recognition – The accurate and fast retrieval of decoded word forms; an essential component for the development of reading comprehension. Words instantly recognized during reading may be referred to as “sight words” because they have reached sight recognition. This does not mean the word has been memorized, but rather that the brain is instantly retrieving the word’s permanently unitized sound, spelling and meaning so quickly that the word appears to be known by sight.

APPENDIX B: MULTI-TIERED SYSTEM OF SUPPORTS RESOURCES

[Center on Multi-Tiered System of Supports](#): Resources to support states, districts, and schools in implementing a multi-tiered system of supports

[Kentucky Multi-Tiered System of Supports \(KyMTSS\)](#). Website with resources to support Kentucky districts and schools with implementation and sustainability of the essential elements of a multi-tiered system of support.

- [KyMTSS Implementation Guide 2nd Edition](#)
- [Early Literacy Assessment Flow Chart](#)
- [White Paper: Learning Acceleration for Literacy Instruction](#)
- [Aligning T2 Intervention with T1 Instruction](#)

[National Center on Intensive Intervention](#): Forms and resources available for implementation and fidelity; data and assessment; data use and planning; instructional strategies and parent engagement.



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