

# EARLY IDENTIFICATION OF SPECIFIC LEARNING DIFFICULTIES



## INTRODUCTION

Dyslexia can be best described as:

**“Dyslexia is evident when a child continues to demonstrate great difficulty in acquiring accurate and fluent word reading and/or spelling over a period of time. This focuses on literacy learning at word level and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis for a staged process of assessment through teaching”.**

***British Psychological Society (1999)***

In the Foundation Stage 'at risk' children may demonstrate problems with any of the following:

Oral communication (speech, language, vocabulary), phonological skills, alphabet knowledge, motor skills, short-term working memory, sequencing, attention and perseverance. In addition, there can be social and emotional factors. The pupil level of skill will also be dependent upon previous learning experiences.

'A major concern for early years practitioners is in knowing which of children's observable behaviours are developmental and which signal potential specific learning difficulties'.

Careful observation is needed over time to determine whether pupils require additional support and /or resources.

This information must be supplemented by parents, nursery staff, other early years practitioners and the children themselves.

This booklet aims to help identify the 'early-indicators', which might warrant further investigation, medical assessment or referral for specialised assessment/intervention e.g. speech therapist, advisory teacher, educational psychologist.

In addition, a range of useful strategies and resources are recommended.

In the Foundation Stage, '**at risk**' children might demonstrate problems with any of the following:

## Oral communication: speech, language and vocabulary

'Oral language ability is an essential precursor of written language development'  
[Wood, Wright and Stackhouse 2000]

- \*check hearing
- \*previous speech therapy interventions
- \*previous experiences

Foundation Stage children with poor spoken language skills are at risk of literacy difficulties [Stackhouse and Wells 2001]

Possible Indicators	Strategies	Resources
<ul style="list-style-type: none"> <li>➤ Family information concerning lateness to speak.</li> <li>➤ References to non-family members finding it hard to understand the child.</li> <li>➤ References of lateness in naming e.g. colours and everyday objects, examples of near miss labels e.g. lamp post for lampshade etc.</li> <li>➤ Examples of persistent jumbled phrases e.g. 'beddy <u>t</u>ear' for teddy bear and <u>p</u>ar <u>c</u>ark for car park.</li> <li>➤ Bizarre forms of words e.g. 'plisters' for slippers, 'flutterby' for butterfly and 'cubumber' for cucumber.</li> <li>➤ Inability to follow simple 4 instructions e.g. 'Bring me your coat, hat, scarf and wellingtons'.</li> </ul>	<p>Respond to speech (however, unintelligible), provide praise, positive reinforcement and repetition (modelling the language). Don't forget to use intonation, gesture, facial expression. Use symbol systems e.g. rebus.</p>	<p>LDA sounds fun LDA live sound 30 LDA story boards LDA story cards LDA Chatterbox</p>

**Oral communication: speech, language and vocabulary (continued)**

<b>Possible Indicators</b>	<b>Strategies</b>	<b>Resources</b>
<ul style="list-style-type: none"><li>➤ Difficulty repeating a sentence e.g. "I'm going to play in the park with my grandad". Unable to use a sentence of more than five words in length.</li><li>➤ Cannot respond to what, where, when and why questions.</li></ul>		

## Vocabulary

The Foundation Stage Profile states that a child should show 'control of a range of appropriate vocabulary', it is suggested that:

'a five year old should have an active vocabulary [expressive] of over three thousand words and a passive [receptive] vocabulary of substantially more'.

Possible Indicators	Strategies	Resources
<p>A child who is having:</p> <ul style="list-style-type: none"> <li>➤ Problems with tenses.</li> <li>➤ Trouble judging if a word you say is 'silly'.</li> <li>➤ Word-finding difficulties.</li> <li>➤ Difficulty keeping rhythm.</li> <li>➤ Problems communicating their meaning and accompanies it with actions e.g. may ask for the 'digging thingy'/spade.</li> <li>➤ Difficulty remembering their answer because they have forgotten what they want to say by the time they are asked to respond.</li> <li>➤ Problems attaching the correct verbal labels to everyday items, e.g. forgets names of friends, teachers etc.</li> <li>➤ To use gesture, pointing or mime to convey meaning more than other children do.</li> <li>➤ Difficulty understanding simple prepositions.</li> </ul>	<p>Respond to speech (however unintelligible), provide praise, positive reinforcement and repetition (model language)</p> <p>Use pictures</p> <p>Use kinaesthetic activities to develop concepts, role play, drama and music activities.</p> <p>Use visits/experiences/ exploration to extend vocabulary.</p> <p>Ensure there are lots of opportunities for repetition of vocabulary - thematic approaches (pupils may need 8 repetitions before it enters long-term memory store).</p>	<p>LDA Chatterbox</p> <p>Crick Jigworks</p> <p>Easylearn: Talkabout Pictures</p> <p>Dyslexia Action: Hatcher 'Sound Linkage'</p>

## Phonological Skills

Phonological impairment is a strong indicator that a child might be at risk for dyslexia, so training and enrichment activities would benefit.

- Check hearing
- Look for signs of poor attention, limited concentration.

Phonological awareness means the ability to distinguish sounds within words which are heard, nor written: aural not visual

However, rhyme training alone will not work and other activities e.g. phoneme, deletion, segmentation are important.

Possible Indicators	Strategies	Resources
<ul style="list-style-type: none"> <li>➤ Inability to recite nursery rhymes and to join in with them to supply the additional rhymes, e.g. hop, top.</li> <li>➤ Unable to identify the odd one out in a sequence e.g. cat/big/fat.</li> <li>➤ Unable to play games like, 'I spy'/or alliteration games because they don't understand they are listening to an initial sound.</li> <li>➤ Unable to make sound substitutions e.g. cat/cap/and tap/tip.</li> <li>➤ Have difficulty following simple rhythm and clapping syllables.</li> <li>➤ Display weak auditory discrimination e.g. can't distinguish between 't' and 'k' or 'a' for 'e'.</li> </ul>	<p>Model pure sounds - ensure pupil is looking at you and repeats the sound back.</p> <p>Use mirror to show mouth position (use feathers, balloons for blowing actions - strengthens mouth, lip muscles).</p> <p>Eliminate 'schwa' (she/sheyah).</p> <p>Allow response time.</p> <p>Tap phonemes on a drum.</p> <p>Clap syllables.</p> <p>Copy musical sequence.</p>	<p>LDA Rhyme lotto</p> <p>LDA Find the Rhyme</p> <p>LDA ladybug, ladybug</p> <p>LDA Paper chains</p> <p>LDA Football, phonics</p> <p>LDA I hear with my little ear</p> <p>LDA Hop Ready! Early literacy games.</p> <p>Easylearn Phoneme Four Bingo</p> <p>Easylearn Match it Phonics Game</p> <p>SMART Kids:</p> <p>Rhyming Bingo, Picture Bingo, Rhyming Families, Making and breaking, Smart Chase, Syllables Level 1</p> <p>Dyslexia Action: Hatcher 'Sound Linkage'</p>

## Alphabet Knowledge

Research has shown that secure alphabet knowledge is the single, strongest predictor of later reading proficiency. Children in the Foundation Stage should be able to 'link sounds to letters, naming and sounding letters of the alphabet' QCA 2003

By the end of the Reception Year, children should demonstrate 'knowledge of grapheme/phoneme correspondence' [NLS] and be able to use this knowledge to read and spell simple words.

Possible Indicators	Strategies	Resources
<p>Children who:</p> <ul style="list-style-type: none"> <li>➤ Cannot write their own full name properly.</li> <li>➤ Cannot identify 26 lower case letters of the alphabet.</li> <li>➤ Have difficulty identifying the 26 upper-case letters.</li> <li>➤ Cannot sequence the alphabet orally with plastic letters.</li> <li>➤ May enjoy being read to, but show no interest in letters or words or books.</li> </ul>	<p>Multi-sensory approaches - touch, trace, feel, say. Provide opportunities to make letters with dough, clay, pipe cleaners, sandpaper, velvet. Use directional arrows to help with letter orientation.</p>	<p>Dyslexia Action Wooden letters Dyslexia Action Wooden vowel objects Dyslexia Action Magnetic rainbow LDA Roll 'n' write letters</p>

## Motor Skills

There have been many studies reporting on fine motor and gross motor difficulties experienced by dyslexic children (Angus 1985 et al). These may include poor balance, difficulty planning movement and late hand dominance.

N.B. Some of these difficulties relate to other conditions e.g. dyspraxia and dysgraphia.

- Check motor development milestones.
- Check medical history.
- OT/Physio referral could be required.

Possible Indicators	Strategies	Resources
<p>The child who:</p> <ul style="list-style-type: none"> <li>➤ Finds difficulty cutting, sticking and crayoning in comparison with their peer group.</li> <li>➤ Has persistent difficulty in dressing e.g. finds shoelaces and buttons difficult, puts clothes on the wrong way round.</li> <li>➤ Has difficulty with catching, throwing, kicking a ball.</li> <li>➤ Often trips, bumps into things and falls over.</li> <li>➤ Has difficulty hopping and skipping.</li> <li>➤ Has difficulty copying simple shapes.</li> <li>➤ Is reluctant to write (paper play activities)</li> <li>➤ Doesn't develop pincer grip.</li> <li>➤ Cannot see connections ('the whole').</li> </ul>	<p>Use multi-sensory approaches.            Discuss differences (pupil may not know the concept).            Use touch-trace-make-feel - SAY.            Encourage pincer development (threading clothes pegs, pegs in holes (varying sizes/degrees of difficulty).            Jigsaw puzzles.            Mid-line development can be encouraged through water, sand, dough play.            Colour code left-right hand.            Provide opportunities to make marks in a variety of surfaces, using different medium of a range of sizes.</p>	<p>Easylearn Fine motoring            Easylearn Start cutting            LDA Monster Trax            LDA Roll 'n' Write Alphabet            LDA Write from the Start            LDA Magic Pencil            LDA Visual Perception Skills            LDA Dwarves and Dice            LDA What can you see?            LDA What's the difference?            LDA Lucky sock dip            LDA Ear Tug            LDA Let's Look            SMART Laces your shoes            SMART Up and down track            SMART see-saw balance</p>

## Short-term (working) memory

Practitioners should be alert for children who have more difficulty than their peers in following a set of oral instructions. As a rule a pupil should be able to 'hold' 4 items forwards, 3 backwards in their auditory memory and 6 - 7 items in their visual memory.

- Check hearing and vision.
  - Comprehension.
  - Attention skills.
- N.B. Capacity can be related to maturity.

Possible Indicators	Strategies	Resources
<p>Children who:</p> <ul style="list-style-type: none"> <li>➤ Have difficulty using numbers as labels.</li> <li>➤ Cannot repeat a four item sequence or set of actions.</li> <li>➤ Cannot re-tell a simple story they have just heard.</li> <li>➤ Fail to remember class jingles, routines and chants.</li> <li>➤ Have difficulty sequencing a set of three picture cards in correct order.</li> <li>➤ Are unable to play oral memory games e.g. 'I went to market', 'Kim's Game'.</li> <li>➤ Difficulty copying sequences of letters/symbols pictures.</li> <li>➤ Doesn't retain concepts from one lesson to the next.</li> </ul>	<p>Allow processing time to respond.            Eye contact/cue name and show engagement and listening.            Make tasks short and varied.            Build in 'distractors' and 'delays' to extend 'holding' time.            Build capacity slowly.            Chunk instructions (give picture cues to aid memory).            Ask pupil to repeat back the instructions.            Encourage pupil to use visualisation 'eyes shut'/verbal remedial strategies to help them remember.</p>	<p>Easylearn Order! Order!            Easylearn Start Sequencing            LDA Memory Trainer set 1            LDA Memory Booster            Dyslexia Action Auditory and Visual            Dyslexia Action Discrimination Exercises            Dyslexia Action Mastering Memory Listen, Think and Do</p>

## Short-term (working) Memory (continued)

Possible Indicators	Strategies	Resources
<ul style="list-style-type: none"><li>➤ Problems finding what they need to start a task and difficulty executing them in right order.</li><li>➤ May not be able to say what day it is - difficulty with concept of time.</li><li>➤ May have: problems getting dressed.</li><li>➤ Concepts of the past and future often weak.</li></ul>		

## Attention and Perseverance

The FSP, Personal, social and emotional development, pt 8, states, 'maintains attention and concentrates' therefore should be able to sustain concentration and remain on task for a period of time.

- Check hearing.
- Speech therapy involvement.
- Check social skills/interaction with others.

Possible Indicators	Strategies	Resources
<p>Children who:</p> <ul style="list-style-type: none"> <li>➤ Wander from one activity to another without any sustained engagement.</li> <li>➤ Become overly frustrated/anxious when they cannot derive immediate success.</li> <li>➤ Shun literacy-based activities in favour of construction toys or free-play situations.</li> <li>➤ Find it difficult to complete tasks because of limitations due to short-term, working memory and possible language processing problems.</li> <li>➤ Find it difficult to sit still and listen to stories.</li> <li>➤ To play collaboratively.</li> <li>➤ Reading and writing activities.</li> </ul>	<p>Ensure pupil has small group/1:1 working opportunities to develop/access degree of difficulty. Use pupil's interests to engage in activities.</p> <p>Ensure pupil gives and maintains eye contact when you are speaking.</p> <p>Encourage clarification if he doesn't understand.</p> <p>Use 'timers' to stay on task.</p> <p>Encourage task completion (rewards).</p> <p>Introduce competitive element to activities.</p>	<p>Easylearn. Start listening LDA. Sounds of fun LDA Live sound 30</p>

## Important Considerations

### Historical Factors

- Is there a family history of literacy difficulties, including grandparents (it can skip generations)?
- Has the pupil had positive good book experiences - have books been available and have they been shared?
- Has the pupil had medical difficulties, which may have affected interactions with books, e.g. late diagnosis of hearing or sight problems?

### Previous Learning Experiences

- Has the pupil been exposed to a language rich environment?
- Has the pupil had opportunities to explore and learn through multi-sensory activities?

### Bi-Lingualism

- Bi-lingual children must be expected to be somewhat later in all areas of speech and language development but there is no reason why this delay should not be temporary.

## Conclusion

Within the FS it is difficult to form definitive conclusions because one risk factor alone does not constitute a dyslexic profile. Some children may grow out of their difficulties and there may be a host of other causal factors, otitis media (glue ear), or family/environment/social/emotional factors. Whilst other children may exhibit none of the risk factors but may go on to be assessed as within the dyslexic continuum.

Therefore what action should be take?

- Observe closely.
- Record carefully.
- Have the confidence to realise when the problems require the involvement of other professionals.

As a well-informed practitioner you hold the key to the early identification of children who might be at risk for dyslexia: continuous assessment and observation will provide the background evidence needed for subsequent intervention.

### Web addresses:

[www.cricksoft.com](http://www.cricksoft.com).

[www.easylearn.co.uk](http://www.easylearn.co.uk)

[www.dyslexiaaction.org.uk](http://www.dyslexiaaction.org.uk)

[www.LDAlearning.com](http://www.LDAlearning.com)

[www.Smartkids.co.uk](http://www.Smartkids.co.uk)