

# [Children with dyslexia: problems and solutions essay](https://assignbuster.com/children-with-dyslexia-problems-and-solutions-essay/)

Dyslexia is quickly becoming one of the most common forms of learning disabilities in America. My personal purpose of conducting research on this topic is because my nine year old niece was diagnosed with dyslexia last year. The causes of all learning disabilities, not Just dyslexia, are either heredity or environmental influences. Among these causes, each child is different, which is why it is most important to assess and treat the child as an individual not specifically as a child with dyslexia. The term “ learning disabled” is a label given to a type of student who seems to be ntelligent but is unable to learn academic material readily’ (Stevenson, 1974, p. 3). It is hard to fully understand learning disabilities because they have so many misconceptions. Everyone has learning strengths and learning weaknesses. As adults, our weaknesses were either in areas which did not interfere seriously with our progress through school, or not severe enough to prevent us from achieving our most important goals.

Children with learning disabilities, however, suffer an unlucky combination: not only are their weaknesses more pronounced than usual, but they lso lie in those areas most likely to interfere with the acquisition of basic skills in reading, writing, or mathematics (Smith ; Strick, 1997). In order to overcome learning disabilities, it is vitally important for both parents and students to understand exactly in which of these areas deficits lie. It is needed to establish reasonable goals both at school and at home. Most important, this knowledge will ultimately make it possible for the child to become a confident, independent learner.

Precise identification of a child’s learning problems involve a comprehensive evaluation. However, any adult concerned with children who have learning disabilities must understand the following three points. “ First, children with learning disabilities frequently have problems in more than one area. Second, learning disabilities do not vanish when a child leaves school for the day. Lastly, learning disabilities can produce “ emotional consequences” (Smith & Strick, 1997, p. 33-34). Without the right kind of encouragement and support, young kids will rapidly stop believing in themselves and their ability to succeed.

Quite often, parents are offered only a vague description of their children’s learning disabilities. You may be told that your child has “ a written expression handicap,” for example, or that the child is moderately dyslexic”. When a parent asks what exactly “ moderately dyslexic” means, they are usually told a simple definition such as, “ the youngster has some trouble reading” (Smith & Strick, 1997, p. 1 18). This is not the case; dyslexia is so much more intricate and specialized than that. The trouble with terms like these is that they give parents absolutely no idea what the student actually can and cannot do.

Columbia Encyclopedia defines dyslexia as, “ in psychology, a developmental isability in reading or spelling, generally becoming evident in early schooling. To a dyslexic, letters and words may appear reversed, e. g. , d seen as b or was seen as saw. Many dyslexics never learn to read or write effectively, although they tend to that the correct definition has been establishes, it is important for both the parent and the teacher to work together to help the student succeed. Here are simple steps to be taken by responsible teachers and parents when they suspect a reading problem.

First, ascertain an estimation of the child’s level of intelligence. Contact the ppropriate school administrator and ask if the child has been given any group or individual intelligence tests in the last which would indicate his/her intelligence level. Do not try to pin them down to an exact IQ score; Just simply ask if the child is average, below average or above average, according to the test results. Then, determine the child’s present level of reading skills. Use a simple reading test to find an estimate of the grade equivalent and instructional level.

Then find out if the child has some or all of the typical signs and characteristics of a specific learning disability. Common characteristics are habitually and persistently reversing letters and numbers, miscopying a word in one place and copying it right in another, immature speech, and confusing the order of syllables in multisyllabic words, such as “ Japama” for pajama, “ pasghetti” for spaghetti, and “ aminals” for animals (Wagner, 1979, p. 48). Then, either the parent or the teacher should examine carefully the quality of the child’s oral reading and determine if he reverses letters or whole words.

In particular, what needs to be looked at is the number of reversal errors, such as “ was” or saw, which are typical for poor readers (Fisher & Hartnegg, 2009). The last step is to try to find out where professional help is available, if needed (Wagner, 1979). Once the level of disability is found, then the student, parent and teacher can all work together to discover solutions for the child’s individual needs. There are many systems and practices for children with dyslexia. The first is the 1 5-minute session (Wagner, 1979, pg. 70).

One of the outstanding characteristics of children with learning disabilities is that they have a very short attention span. After en to fifteen minutes of instruction, they have simply had enough. This is why many are considered behavior problems. A fifteen minute reading session is a perfect amount of time for a child to sit and read. It is much better to take a break and then come back for another 15-minute session. But these sessions much be held consistently, every night, seven days a week. This is the secret: consistency with a system.

Another technique is Integral Phonics Reading Program (IPRP), this method of teaching children to read is based on the long vowels (Brutten, Richardson ; Mangel, 1973). This routine gives the student extensive experience in one type of procedure while building a vocabulary of five hundred words. In the IPRP the linguistic patterns of the long vowels are used because the learner has been exposed to these letter sounds throughout his/her preschool years. When the child sees the letter a, he learns that its sound is going to be the same as it is in the alphabet.

These long vowels say their names. The child has a difficult enough time remembering the sounds of the twenty-one other consonants of the alphabet that do not say their names. For example, the letter w sounds more like the alphabet name f y (Stordy ; Nicholl, 2000). “ It is any wonder that many students see the word wait and think this word starts with Y’ (Stevenson, 1974)? Every consonant in the English language has one or more sounds. The child has to bring to mind instantaneously what the sound is going to be as he meets each consonant. A 2009 speaking children found that U. S. yslexic children have difficulty finding or manipulating the sound structure of oral communication, which results in problems mapping speech sounds onto letter. In China, however, dyslexia is a phonological problem and a visuospatial disorder, according to researchers (Viadero, 2009). In the study, researchers asked normal and dyslexic Chinese readers to Judge the size of visual stimuli and found that the nondisabled readers excelled. Individual learning differences can also be related to sex differences (McGuinness, 1981). First, the categories of learning disabilities are sex-related.

Second, and more important, the literature on sex differences clearly indicates that individual variation in brain organization, cognitive development, sensorimotor skills, and talent or interest is perfectly normal. One does not have to be brain-damaged or a victim of socialization to be different. When the Congress enacted Public Law 94-142, the Education for All Handicapped Children Act, there was no sizable reaction from press or public, yet this landmark piece of legislation finally assures the right to education for all children (Walsh, 1979).