**DYSLEX!A**

**effective protocol = effective learning**

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**Introduction**

The Stichting Dyslexie Nederland (SDN) defines dyslexia as *a disorder that is characterised by a persistent difficulty in learning and the accurate and/or rapid application of reading and/or spelling at a lexical level[[1]](#footnote-1)*. This definition is both descriptive and classificatory in nature, yet is careful to avoid any causal aspects. Dyslexia, after all, is a disorder that has yet to be fully specified in terms of cause and effect. It’s omission as a distinct term in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (the APA prefers terms such as "reading disorder," "expressive language disorder," and "disorder of written expression"[[2]](#footnote-2)) says much about the scientific quandary that persists around the disorder. And while scientists and researchers continue to look for specific causes, the SDN – in contrast to the APA or the International Dyslexia Association (IDA) – has chosen to omit any such reference from its definition, stating that “the inclusion of a comparatively specific cause in the definition is inappropriate.”[[3]](#footnote-3) This definition is perfect for the purposes of this article, given that I am investigating neither the cause nor the effect of the disorder itself, but rather looking at how individual dyslectic pupils at the Utrechts Stedelijk Gymnasium experience the disorder within their learning environment and how the policy in place at the USG for dyslectic pupils is implemented.

But why this choice of research? Why dyslexia? The reasons are simple: when I first went to the USG as a student teacher, I was oblivious to the fact that there would be pupils with learning difficulties studying there. I was under the apparently naïve impression that such pupils would be educated in schools with specialist facilities and specially educated teachers. In retrospect, this says more about my understanding of modern education in the Netherlands than anything else, yet nonetheless, the idea that children with wide-ranging learning difficulties partake in mainstream education was both a surprise and an eye-opener. This had not been a topic of discussion during my teacher training course. Nor was it mentioned during the many conversations I had with my colleagues. Was it that I was supposed to know about this? Is it an established practise in the Dutch education system? And, if so, how does it work? What policies are in place to assist dyslectic pupils in their learning and how are they established? And, most importantly, how do the pupils experience these policies?

The current protocol was drafted in September 2006 and first implemented in August 2007. This means that the current group of fifth form pupils were the first to which it was applied. The protocol itself is based on a report published in 2004 by the KPC Groep entitled *Protocol Dyslexie Voortgezet Onderwijs : Deel 2 - Signalering, diagnose en begeleiding* [Dyslexia Protocol for Secondary Education : Part 2 – Identification, Diagnoses and Supervision]. This report was designed to “provide schools with a method of implementing uniform and effective policies for the guidance of pupils with dyslexia in secondary education”[[4]](#footnote-4) and, as such, has been used by many schools in the Netherlands as the basis for their protocols.[[5]](#footnote-5)

When the time came to think about a research question, therefore, the choice was obvious and the aim clear: how do dyslectic pupils experience their disorder within the walls of the school and how does the school cater for and accommodate these pupils?

**Background**

The foundations on which any learning disorder are accommodated by a learning institution such as the USG is the acceptance and appreciation of the disorder and the variables that exist in recognising and dealing with it. Moreover, dyslexia itself has a number of different types, each of which requires a specific approach in terms of treatment. Despite research into language-related disorders dating back to the 19th century (the German physician R. Berlin first used the term in 1872), it was only recently that research resulted in the sub-division of dyslectic types. In 1957, Magdalen Vernon, Professor of Psychology at the University of Reading, supported the multifactorial origin of dyslexia, recognising subgroups with either *visual*, *auditory*, or *abstract reasoning* problems[[6]](#footnote-6) (my parenthesis). This approach was followed by, among others, T.T.S. Ingram, a doctor at the University of Edinburgh’s Centre for Child Life and Health, who, in 1964, suggested dividing dyslexia into three primary categories, namely those featuring:

* visuospatial difficulties
* speech sound difficulties
* correlating difficulties[[7]](#footnote-7)

Subsequent research has intensified the sub-division of dyslectic types still further but given that I have neither the knowledge nor the skill to elaborate on this development any further, I will use Ingram’s sub-division in order to outline the basic characteristics of each type below while retaining Vernon’s sub-division in the rest of the text.

* Visuo-spatial difficulties relate to the inability to recognise groups of letters. People with this type of dyslexia may have a tendency to guess words by shape rather than context. They may also confuse reversible letters, transpose letters in syllables and syllables in words and words in phrases. They also have trouble reproducing letters in writing and may confuse letter, syllable and word order, as well as reading words backwards.
* Speech sound difficulties relate to problems in understanding spoken language. People with this type of dyslexia may have difficulty breaking words into syllables and forming sentences.
* Correlating difficulties affect people who are unable to find the appropriate speech sounds for individual letters or sounds in writing (most commonly seen with monosyllabic words).[[8]](#footnote-8)

Despite extensive research and continued developments in tackling the problem of dyslexia, there is still a large degree of mystery regarding the disorder, with continued debate about its causes (or even existence).[[9]](#footnote-9) Indeed, one parent of a dyslectic pupil interviewed for this research stated that “in our opinion, not every teacher is convinced of the fact that (dyslexia) exists”. If true, this would have an immediate impact on the application of any school protocol and, in turn, affect the pupils concerned. It also relates directly to the fact that in order to successfully tackle the problems faced by dyslectic pupils, there needs to be universal acceptance and appreciation of its existence.

**Context and relevance**

The USG is a public grammar school providing education to some 650 pupils. It was founded in 1474 and has long been established as one of the most prestigious schools in the country. As such, the school attracts a large number of highly gifted children, many of whom are drawn there on account of the procedures in place to nurture and develop its pupils. By its very nature, a gymnasium has a profound emphasis on language. At some points during a pupil’s education, he or she will be required to study six languages simultaneously – which, for dyslectic pupils, can be a serious challenge. Like many schools in the Netherlands, the USG has a protocol designed to assist dyslectic pupils during their education.

After initial discussions with both the *zorgcoördinator* and the deputy head, it became apparent that, until 2006, there was no uniform protocol in place at the USG to deal with dyslexia. Prior to the implementation of this protocol, conventional thought at the USG dictated that pupils with learning difficulties should attend schools where these difficulties could be more effectively handled. Grammar school education was deemed by many to be too difficult and pupils often chose to go elsewhere. As a consequence of this, many dyslectic pupils were denied the opportunity to study at schools such as the USG because the system deemed them incapable of successfully participating in a scholastic system at this level. Before the current protocol was implemented, the school dealt with (potentially) dyslectic pupils on an individual basis. Pupils who were not already diagnosed were asked to take an in-school test in first form, the outcome of which resulted in an external dyslexia test that would provide a definitive diagnosis. The results of this test were then used as the basis on which to discuss individual cases and to determine how each pupil could be assisted without compromising the impartiality of the education provided. In establishing the protocol, the school was careful not to provide pupils with an overt advantage or to discount those who experienced obstacles in their language acquisition. The key was to establish a balanced protocol that did not provide dyslectic pupils with an unfair advantage while enabling them to successfully follow a grammar school education.

However, five years since it was first drafted, does this protocol still give the assistance and support it was established to provide? In this time, the USG has welcomed a number of pupils with dyslexia but has yet to review or revise its protocol. The aim of this research therefore, is to look at how these pupils experience the protocol and to provide possible recommendations for its improvement.

**Research methodology**

In total, there are thirteen pupils with registered dyslexia at the USG[[10]](#footnote-10). The division of pupils over the six forms is shown in the table below. Interviews were conducted with seven boys and six girls, aged between 12 and 17. At the beginning of the interview, each pupil was asked to describe the type of dyslexia with which they have been diagnosed. This was done in order to establish whether different pupils required or employed different learning strategies and whether this was relevant for the protocol.

Prior to the interviews taking place, letters were sent to the parents of all the pupils concerned asking for permission to conduct an interview or, if preferred, hand out a questionnaire (see appendix I). The definitive choice to conduct interviews was largely based on the positive response of all recipients for this option.

|  |  |
| --- | --- |
|  | No. of pupils |
| First form | 2 |
| Second Form | 2 |
| Third form | 2 |
| Fourth form  | 3 |
| Fifth form | 3 |
| Sixth form | 1 |

Table 1: Division of dyslectic pupils at the USG

In addition, this method was chosen on account of the fact that, potentially, a questionnaire would have been too superficial. An interview enabled the pupils in question to explain themselves and their ideas and experiences more fully and the conversations often digressed such that valuable information was provided as a result of an indirect observation rather than a direct question.

The interview comprised sixteen questions and a number of sub-questions (see appendix II), which were discussed with and accepted by the school’s ‘*zorgcoördinator*’ in advance (initially, there were twenty questions, but four were omitted). An effort was made to create questions that would avoid influencing the respondent while allowing them to provide in-depth answers where appropriate. The questions focus on general information as well as more qualitative aspects. Questions 1 to 3 provide brief background information regarding the individual pupils and their dyslexia. These are followed by the first of what I have called ‘key questions’, that is, questions to which the answers provide key information in terms of the protocol and the potential for improvement. Other key questions are numbers 6, 8, 11, 13, 14 and 16. The conclusions provided below are based on the responses to these questions in particular. It could be argued, therefore, that I should have limited the questions to these given that they are the ones that form the basis for the findings and recommendations below. However, the other questions, while perhaps less important, provide sufficiently important additional information about both the individual respondents and the protocol to make them useful.

In terms of chronology, a conscious choice was made to interview the older pupils first. This choice was made because these pupils have gained more experience of the protocol through the course of their schooling and I made an assumption that they would provide more exhaustive answers as a result. However, as discussed below, their responses, while indeed more comprehensive, did not differ substantially from those of their younger peers.

In all but one case (when two respondents were interviewed together), the interviews were conducted on an individual basis. Each interview lasted between 10 and 15 minutes and was recorded using a digital voice recorder. After the interviews were conducted, I listened to each of them and made transcriptions of the key points. This was another reason for choosing key questions, in that it enabled me to home in more easily on particular aspects during this stage and use these specific transcriptions to reach conclusions. Any other information that was deemed relevant was noted during the first listening stage.

**Findings**

In general, all pupils have the same diagnosis, with only minor differences, and all but one was diagnosed prior to their being admitted to the USG. In nine cases, these diagnoses were determined by Dyslexie Netwerk Utrecht, which bases its diagnosis on guidelines established in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, and by the Commissie van de Gezondheid (1995) and the SDN (2008). In the remaining four cases, the diagnoses were determined by Eduniek in Onderwijs, based on guidelines laid down by the SDN.

Before looking at the findings in more detail, I would like to make a general comment on the pupils’ responses. Overall, the pupils are very happy with the dyslexia protocol and how it is executed in school. While most of them had recommendations and minor concerns about particular aspects of the protocol, the general feeling is that it is an effective means of providing support and gives the pupils and staff a clear understanding of what is required of them.

Each pupil provided a brief summary of their dyslexia, including when and where it was diagnosed. In all but one case, the diagnosis was made prior to the pupils arriving at the USG. In the one exception, the pupil concerned did an external test during their first year on account of their having difficulty in a number of subjects (which resulted in their having to repeat the first form). The information regarding the diagnosis of each pupil is also stated on their dyslexia declarations, which are part of their school files. In all cases, the pupils are, to varying extents, affected by visuospatial difficulties.

The protocol is discussed with all thirteen pupils within the first few weeks of their joining the school. This is done in each case by the *zorgcoördinator*. This discussion includes an outline of the system in place to assist pupils and an explanation of the mutual requirements laid down for the pupil and the school. In all but one case, the respondents were not specifically aware of any parental involvement in these discussions, and none of the respondents stated that they would have found this to be particularly important. The *dyslexiekaart* that is provided during this discussion (see appendix III) is then filled in and only reassessed at the beginning of the following school year, when each pupil is given a new card. When asked if the frequency of this reassessment was sufficient, most respondents agreed that this was the case and that there was no reason for it to increase.

In all cases, the responsibilities outlined on the *dyslexiekaart* are reassessed during the discussion between the pupils and the *zorgcoördinator*. In each case, the parties look at the efficacy of the responsibilities over the previous year and decide if they should be amended. In all cases, the respondents were happy with the responsibilities and saw no need to amend them. There was a feeling among older pupils, however, that the responsibilities the respondents are asked to fill in act more as a guideline than anything else. They felt that their responsibilities were more like hints and tips that would be relevant to everyone, in that they require the pupils, for example, to write their homework in their diaries, plan their work and take good notes during class – things that might be reasonably expected of all pupils. This aspect of the card was seen as being “redundant” and unnecessary. The respondents all found the card to be generic in nature, but only one felt it would be worthwhile making it less so. When asked if there would be any benefit in altering the card such that it became more individualised and less generic, the general reaction was that this would be unnecessary.

As stated above, the respondents were unanimous in their approval of the current system. However, they felt that minor amendments could be made with regard to particular elements of the *dyslexiekaart* such as the provision to compensate for spelling mistakes (an extra 5% for tests in which spelling is assessed), which, according to the respondents, is often a source of confusion among teachers, who often “forget or don’t know” when and how the provision should be implemented. Furthermore, this provision is occasionally cast into doubt by teachers who feel that dyslexia is an “excuse” and the provision “nonsense”.

Another provision is the availability of an alternative classroom for the respondents to do their tests in. However, this room is only used for the bigger, end of term tests and not for mid-term mini tests. For most of the respondents, however, this was not seen as a problem given that the duration and importance of mini tests are less than those of end of term tests. When asked, most respondents stated that they did not feel it necessary to provide an alternative classroom for mini tests.

Several respondents also stated that more frequent discussions with the *zorgcoördinator* throughout the year would be an improvement, as would extra coaching (“extra is always good!”). That said, if pupils feel the need to amend their responsibilities, they are free to do so as and when they wish, thus making additional meetings an individual choice rather than an obligation.

A potential improvement expressed by one of the respondents was the introduction of a provision relating to reading tests. Currently, there is nothing in the protocol to assist dyslectic pupils during such tests other than an extra 25% time. The respondent concerned asked why there is a provision to compensate for spelling errors and not for the difficulties dyslectic pupils face when reading. The respondent felt that, in his case, the extra time provided was not sufficient to compensate for this.

The respondents are satisfied with the provisions in place for them regarding support and, as such, have no desire for additional support mechanisms other than those provided.

As stated above, each pupil discusses their individual situation once a year with the *zorgcoördinator*. At no other specific time during the year do they discuss their condition with teachers or mentors. The respondents all felt that this was an aspect that could be re-evaluated on an individual basis. However, some respondents also stated that the *zorgcoördinator*, who is an expert in the field, is the best person to discuss the matter with and the varying attitudes to dyslexia among other staff members may act as a deterrent in broaching the subject more than is necessary. Several respondents stated that they do not like to discuss the matter, especially when it is to remind teachers of their obligations with regard to compensation for, for example, spelling or A3 test papers. While one respondent stated that the *dyslexiekaart* is evidence of their “rights as dyslectic pupils”, the respondent also conceded a certain level of discomfort in having to mention it if any of the teachers forget.

The situation regarding the extra provisions in place to accommodate the pupils’ condition during classes, tests, and extra-curricular activities was the part of the protocol that the respondents were most vocal about, particularly with regard to tests. As stated above, one of the provisions allows for a specific classroom in which the dyslectic pupils can take their tests. While this is experienced as a positive provision, the manner in which the tests are organised was a point of interest for every respondent. In every interview, the respondent concerned mentioned that while the protocol provides for extra time and a specific classroom for tests, the pupils themselves are sometimes “forgotten” about and tests are not ready or not printed correctly (in A3 format – another provision). On a number of occasions, the pupils have had to go and pick up and print their tests themselves, thus losing valuable time and putting them under the type of time-related pressure that the extra time was meant to relieve. It is also important to mention that eight respondents made a distinction between the mid-term tests and the end of term tests, stating that the latter are more often better organised than the former. Although the respondents did say that this has improved recently, it still occurs frequently enough to warrant improvement.

Another key aspect of the protocol is the provision that compensates for spelling in the first four years of school. This provision is implemented when spelling is assessed as part of a test. While this is not always the case, many respondents felt that there was sufficient confusion and debate about this compensation (see Q8 above). In addition, every respondent stated that they often have to remind teachers to add the additional 5%, which some teachers (according to the respondents) find annoying. In addition, some respondents questioned the provision on account of the fact that it cannot be implemented in the fifth and sixth forms, since all tests in these forms count towards the final national exams and are governed as such by a strict marking protocol. Conversely, other respondents were totally unaware of this rule and had no idea that the additional 5% would end after their fourth form – thus prompting the question: why provide it in the first place?

Every respondent reacted positively to the question of whether dyslexia was taken seriously in school. While some stated that teachers occasionally called into question the validity of the condition (as stated above), none were unhappy with the level of effort made by the school as a whole to assist them. Several respondents did state, however, that given the fact that they had no other reference point with regard to a dyslexia protocol, it is difficult to provide a totally objective answer. That said, one respondent expressed their satisfaction at the fact that there was a protocol at all, citing other schools they knew of where no such protocol exists.

The following diagram indicates pupil satisfaction on a scale of one to ten. While the protocol failed to score full marks, the lowest score attributed to it by the respondents was a seven. When asked how the protocol could be improved such that it scored full marks, the respondents reiterated their concerns regarding tests, larger copies, extra time, etc. Importantly, several respondents stated their reluctance to award full marks on account of the fact that the protocol, while well-implemented and well-received, would always be open to improvement and could, therefore, never be worthy of a ten.

**Implementation**

In terms of implementation, the results of this research will be used to help update the dyslexia protocol. Given that the protocol has remained unchanged since it was first drafted in 2006, the school board feels that it is due for amendment and the *zorgcoördinator* intends to do this before the beginning of the new school year. These findings to help her to make the necessary amendments.

**Conclusion**

The following points are based entirely on the information provided by the respondents. Any discussions I had with members of staff during the course of this research have been discounted. My opinion on these points will be the basis for further discussions with the *zorgcoördinator* and do not constitute recommendations.

As stated previously, the respondents are all very satisfied with the provisions in place to assist them and generally feel that their condition is taken seriously at school. However, they did state (individually or collectively) that there was room in improvement in the following areas:

* the organisation of mini tests
* compensation for reading tests
* more regular discussions with the *zorgcoördinator*
* spelling compensation
* pupil responsibilities

Mini tests

The respondents generally felt that while the (mini) tests were well organised, there were still occasions on which they were required to pick and print their own A3 test papers or organise a classroom. Although these cases are very isolated, it is an issue that the pupils feel demands attention nonetheless.

In terms of providing an alternative classroom for mini tests, almost every respondent expressed satisfaction at taking these tests with their peers. These mini tests are not deemed important enough among the pupils to justify any amendment to the protocol. This could also provide severe logistical problems and may actually be detrimental to the pupils rather than assisting them.

Compensation for reading tests

One respondent felt that the extra time provided for tests was insufficient when the tests involved lots of reading. He suggested introducing a new provision to compensate for pupils who have difficulty in managing their time during such tests. This may be difficult to execute in practice, but could be achieved by providing more time or giving the pupils spoken transcripts of the texts/have the teachers read the texts to the pupils.

More regular discussions with the *zorgcoördinator*

While some respondents indicated a willingness to discuss their condition more regularly with the *zorgcoördinator*, none said that this prompted an amendment to the protocol. This is on account of the fact that each dyslectic pupil is able to approach the *zorgcoördinator* at any given time to amend their responsibilities. The actuality of this situation renders the need for an amendment to the protocol unnecessary.

Spelling compensation

A number of respondents complained about the need to remind teachers about compensation for spelling during tests. Given that this constitutes a problem, it may be possible to amend the protocol such that the teaching staff are made even more aware of this provision. Staff are updated regularly on any changes to the situation regarding special needs pupils and any oversight on the part of individual teachers is neither endemic nor intentional. While this is a valid issue for the pupils concerned, the protocol does not provide the means to force teachers to remember about the provision.

Another point of interest regarding this provision is the fact that it is only available to pupils in forms one to four. This begs the question: Why provide it at all? Pupils are compensated for spelling errors in the first four years, and suddenly expected to spell correctly in their final two years, when this is perhaps most crucial. If pupils are accustomed to being compensated for spelling mistakes, the problem may become more acute in their final two years given the different criteria used for final exams. I wonder if it is not better to amend the provision such that it only applies to forms one and two. This would help pupils in the formative stages of their education while softening the impact of suddenly having to lose the compensation in their fifth form.

Pupil responsibilities

While all respondents were happy with the *dyslexiekaart*, several expressed the opinion that the pupil responsibilities column is redundant on account of the fact that these responsibilities might be reasonably expected of all pupils. These respondents see the card as a means of outlining their “rights” as dyslectic pupils and do not feel that their responsibilities as pupils should be listed like this. They could just as easily be added to the list of tips on the rear of the card.

\*

*“If it ain’t broke, don’t fix it”*

While I am tempted to use Bert Lance’s famous words to conclude this research paper, the words, anecdotes and opinions of the respondents make it impossible to see the current protocol as completely flawless. It is not so much a matter of fixing as adjusting. Similarly, the dyslexia protocol is not broken, it just needs some slight tinkering so that the pupils get the most out of it. After all, as the title suggests, maximum efficacy will result in maximum learning.

**Appendices**

Appendix I

Beste ouders van leerlingen met een dyslexieverklaring,

Mijn naam is Ewan Clark en ik ben een van de docenten Engels op het Utrechts Stedelijk Gymnasium. Tegelijkertijd volg ik de lerarenopleiding aan de Universiteit van Utrecht om mijn lesbevoegdheid te halen. Een onderdeel van deze opleiding is het uitvoeren van een kleinschalig onderzoek dat inspeelt op een vraag die leeft bij school. Ik zou graag mijn onderzoek richten op het beleid en de maatregelen die het USG heeft ingesteld voor leerlingen met dyslexie. Middels deze brief vraag ik u als ouder toestemming voor het benaderen van uw kind.

Het doel van mijn onderzoek is om kritisch te kijken naar het beleid en de maatregelen die de school heeft ingesteld. Ik zou graag een aantal leerlingen met dyslexie willen interviewen. Daarbij wil ik vragen naar hun ervaringen en hun beleving van wat de school doet om hun leerproces zo optimaal mogelijk te begeleiden. Het eindresultaat zal worden doorgegeven en gebruikt worden ter verbetering van het huidige beleid zodat het beter afgestemd zal zijn op de behoeften van de leerlingen en uw kind.

De vragen zullen zo beknopt mogelijk zijn, en niemand in verlegenheid brengen. Het interview kan gewenst in het bijzijn van de mentor plaatsvinden. De zorgcoördinator van het USG, Mevrouw Blom, heeft al toestemming gegeven om dit onderzoek uit te voeren, mits de ouders en leerlingen zelf hiervoor toestemming geven.

Ik zou u daarom willen vragen om mij via een email of via de school toestemming te verlenen om uw kind te interviewen. Als u dat liever heeft, kan het interview ook schriftelijk via een vragenlijst plaatsvinden. De vragenlijsten en interviewvragen worden vooraf door de zorgcoördinator bekeken en de informatie zal uitermate vertrouwelijk worden behandeld. Ik zal geen namen gebruiken in het uiteindelijke onderzoeksrapport en verwijzingen zullen anoniem zijn. Tenslotte ontvangt u ook een exemplaar van het definitieve rapport.

Ik stel uw snelle reactie erg op prijs. Mocht u nog verdere vragen hebben, schroom dan niet om contact op te nemen. Als u wilt kunt u ook contact opnemen met de zorgcoördinator Mw. L. Blom (l.blom@usgym.nl).

 Met vriendelijke groet,

Ewan Clark

24-01-2011

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Appendix II

1. How long have you had dyslexia?
2. When was it diagnosed? (pre-school, primary school, secondary school)
3. What type of dyslexia do you have? (visual, auditory or abstract reasoning)
4. Does the school explain its policy concerning dyslectic students?
	1. If so, at what stage [in first form or before] and in what way?
5. On your ‘*dyslexiekaart’,* how often (if ever) do you change what you are responsible for? (Annually? Bi-annually?)
	1. How often does the school amend its responsibilities towards you?
6. How are the responsibilities determined or re-assessed?
7. How do these amendments take place?
	1. Are they made in consultation with school/parents/mentor?
8. If necessary, in what way could this system be improved?
9. Do you receive any coaching?
10. If so, does this occur during lessons or is it exclusively restricted to mentor discussions?
11. What would you like to see in the way of support? (Computer programmes, more focussed coaching, etc.)
12. How often do you discuss your dyslexia with staff members (mentor, teachers, *‘zorgcoördinator*’, etc.)?
13. Are the extra provisions in place to accommodate your condition during classes, tests, extra-curricular activities sufficient?
14. Do you feel that your condition is taken seriously in school?
15. If not, how could this be improved?
16. Overall, how satisfied are you with the protocol on a scale of one to ten?

Appendix III

Voorkant:

|  |
| --- |
| **Dyslexiekaart** |
| Naam:………………………………………………..Klas:……………………………..Mentor:………………………………………………Schooljaar:………………………. |
| **Verantwoordelijkheid school** | **Verantwoordelijkheid leerling** |
| **Faciliteiten**0 opgaven van toetsen vergroot0 zo veel mogelijk 20% extra tijd bij toetsen ofverkorte toets0 mondeling i.p.v. schriftelijk overhorenbij het vak / de vakken ………………0 voorleesbeurten zoveel mogelijk beperken0 als niet op spellingsvaardigheid wordtgetoetst, spellingsfouten niet meetellen0 als spelling wordt getoetst krijgt de leerling er voor de repetitie of het s.o. 0,5 punt bij in klas 1 t/m 40 aangepaste luistertoetsen0 extra hulpmiddelen bij een toets Grieks0 indien mogelijk gebruik eigen laptop0 indien gebruik laptop, dan ook gebruikspellingscorrector bij het vak/ de vakken……………………………..0 indien mogelijk een kopie van bij deles gebruikte sheets of aantekeningen*De school is hier verantwoordelijk voor.*Datum:Handtekening: | **Tijdens de les**0 vraag of je een leesbeurt mag voorbereiden0 zorg voor goede aantekeningen,eventueel gekopieerd en/of gecontroleerddoor de docent0 schrijf huiswerk goed op in je agenda**Huiswerk**0 plan je werk0 maak aantekeningen en/of schema'sbij het leren0 vraag om de software of bandjes/c.d.'s behorende bij de methode**Bij toetsing**0 vraag om alternatieve toetsmogelijkheden0 let goed op je zwakke punten**Algemeen**0 probeer met vakken en opdrachten die jegoed kunt eventuele onvoldoendes tecompenseren*Ik ben hier zelf verantwoordelijk voor.*Datum:Handtekening: |

Achterkant:

**Tips**

**Tijdens de les**

\* Ga in de klas vooraan zitten

**Huiswerk**

\* Houd er rekening mee dat je meer tijd nodig hebt dan je klasgenoten

\* Werk niet te lang achtereen

\* Werk iedere dag

\* Werk vooruit

\* Lees, spreek uit, luister naar jezelf, schrijf op

\* Herhaal: na een paar dagen begrijp je het vanzelf

\* Maak extra oefeningen

\* Lees iedere dag voor jezelf serieus een half uur hardop

\* maak gebruik van gesproken boek

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1. Kleijnen, R, Bosman, A, et al., p.11 (my translation) [↑](#footnote-ref-1)
2. Stanberry, [↑](#footnote-ref-2)
3. Kleijnen, R, Bosman, A, et al. (2008) p.9 [↑](#footnote-ref-3)
4. <http://www.kpcgroep.nl/Publicaties/Protocol-Dyslexie-VO-Deel-1.aspx> (my translation) [↑](#footnote-ref-4)
5. Several school websites publish their dyslexia protocol, thus making it possible to compare them. In most cases, the similarities between the report in question and the protocol was enough to suggest that the former was the basis for the latter. This is, of course, open to interpretation and by no means comprehensive. [↑](#footnote-ref-5)
6. Guardiola [http://www.bga.org/~gayan/ch1.pdf] [↑](#footnote-ref-6)
7. Islam, p.15 [↑](#footnote-ref-7)
8. Adapted from: [http://www.macalester.edu/psychology/whathap/ubnrp/dyslexia/types.html] [↑](#footnote-ref-8)
9. Woolfolk, p. 159 [↑](#footnote-ref-9)
10. It may well be the case that other pupils at the USG have dyslexia but the school only provides assistance to those with an official ‘dyslexieverklaring’ [dyslexia declaration]. [↑](#footnote-ref-10)