

Dyslexia: quick fix or hard slog?

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Executive Summary

Despite a great deal of effort by the MOE, schools, teachers and parents, children who are believed to be dyslexic often show little progress in reading. This is frustrating for teachers, parents and students.

Lobby groups such as the Dyslexia Foundation of New Zealand (DFNZ) have worked hard to make the Ministry of Education (MOE) recognise dyslexia as a specific learning disability. The MOE acknowledged that there were still many students who were not achieving and in 2007, it announced that dyslexia was to be formally recognized as a specific learning disability. This was a shift from being non categorical. They now intend to provide specific funding for resources such as web sites, and brochures and resources for parents and teachers. The DFNZ believes that, despite the formal recognition of dyslexia as a learning disability, the MOE's response has been slow and disappointing.

If a child is diagnosed as dyslexic, there is very little clear direction about how to help the child overcome their specific reading problems. Frustrated and anxious parents often turn to expensive commercial programmes that offer 'quick fixes' and cures. Unfortunately, no quick fixes are available for dyslexia: dyslexia appears to be 'for life' and there is no 'cure'. There is no empirical evidence for the effectiveness of popular programmes such as Dore, and the Davis Treatment. At best commercial methods offer a placebo of cure that is not long lasting.

Campaigns that sell dyslexia as a 'gift' or an indication of genius or creative talent fail to recognise the complexity of the personality and cultural traits of role models such as Einstein and Di Vinci. For parents, this could give false hope for the success of their child and for a child it could mean a double failure.

Research (MOE literature review, 2007) shows that children diagnosed with dyslexia have phonological deficits. Therefore to be effective, any intervention programmes must be phonics based. The research also shows that any diagnosis of dyslexia and subsequent intervention must be at an early age to reduce the risk of an insurmountable gap widening between successful readers and unsuccessful readers.

The New South Wales Government funded and research based reading intervention programme, the Dalwood Centre, bases its methodology on much of the research cited in the MOE literature review and provides an intensive programme for dyslexic children. The

programme is phonics based and relies on early intervention and intensive teaching for effective outcomes. However, the Centre acknowledges the best that can be achieved is to try to get a child's reading to a 'functional' level.

Purpose

The purpose of this report is to investigate the recognition of and the support for dyslexic children.

Specifically, the research focuses on the following:

1. New Zealand government's recognition of dyslexia
2. Alternative programmes available to support dyslexic children
3. Expert opinion on effective intervention programmes for dyslexic children.

Note

This report does not evaluate various methods for diagnosing dyslexia, or provide an analysis of the causes of dyslexia or debate the definition of dyslexia.

Background

Schools put a great deal of effort and resources into helping children with reading difficulties. Often there is little progress to show for this effort and one wonders if there are more worthwhile ways of helping these children. Many teachers are often uncertain how to help a child who is having severe reading problems and not progressing despite extra help given.

Parents, frustrated by their child's lack of reading progress, may seek help outside the school system. Those parents who believe their children have dyslexia can especially face a confusing search for alternative help outside the school system and could end up paying for expensive commercial programmes.

The World Wide Web (WWW) offers a quick search for parents who wish to seek help or 'shop' for commercial dyslexia programmes some of which promise a "cure". It is a strong possibility that some of these commercial dyslexia organizations that advertise on the WWW, seize upon parent desperation as a way to make money. The Dore programme is an example of such an alternative dyslexia programme and was featured on a TV documentary in 2007. The Dore programme espoused outstanding results for dyslexics. I was curious to know more about such programmes, their methods and the associated costs. I was also curious to know that if programmes such as the Dore programme were so successful, why their methods weren't adopted in schools.

During 2007, the 'Press' featured several articles about the DFNZ's lobbying of government to have dyslexia officially recognised as a specific learning disability. By the time I made my research topic choice, the Ministry of Education (MOE) announced that it officially recognized dyslexia as a specific leaning disability and that strategies would be put in place to address the problem.

While the MOE has recognised dyslexia as a major problem inhibiting a child's ability to learn, its stance has been to fund non categorical remedial programmes rather than funding those for specific learning disabilities such as dyslexia. The DFNZ and the Specific Learning Disabilities Federation of New Zealand (SPELD NZ) claim that 1 in 10 New Zealanders are dyslexic and that dyslexia is often the underlying cause of education difficulties (All Roads Lead to 4D, 2008, pg 1). In response to this problem, the DFNZ (a charitable trust) has campaigned to raise the awareness of dyslexia as a specific learning disability over the past 3-4 years. While there is no empirical evidence

to confirm the number of children with dyslexia, the MOE does recognise that there are many children who do not respond to remedial intervention programmes provided in schools.

Perhaps new strategies will help parents with dyslexic children get appropriate intervention without having to rely on expensive commercial programmes. To see what strategies an Australian equivalent of the New Zealand MOE uses to help dyslexic children, it was recommended that I visited the successful Dalwood Assessment Centre in Sydney.

Methodology

1. Internet searches: these were conducted using databases and web pages. Searches focused on the recognition of dyslexia as specific learning disability and a comparison of various commercial programmes.

2. Interview: Debbie Knight, Director of the Dalwood Assessment Centre (Sydney) programme for children with reading difficulties. Interview questions focused on effective intervention methods for dyslexic children and a discussion of the merits of commercial programmes.

Findings

1. New Zealand Government recognition of dyslexia

Until April 2007, the New Zealand government's official stance on dyslexia was:

"The Ministry of Education does not wish to develop an education system which defines and categorises students in terms of their learning disabilities, but prefers a system that makes assessments on their needs for additional support. In this regard, the Ministry of Education does not specifically recognise the use of the term dyslexia in the school context because of the issues associated with labelling students, and instead, individual needs are identified and appropriate interventions across a range of learning difficulties are implemented" (July, 2006, MOE literature review 2007, pg 12).

In other words, the New Zealand government recognised dyslexia as a 'developmental disorder' rather than a medical condition and therefore used the term 'specific learning disability' (Ministry of Health, July 2006, cited in MOE literature review, 2007, pg) to describe children struggling with literacy problems. This meant that students with specific learning disabilities such as dyslexia were not individually funded, rather funding targeted generic intervention programmes to help increase the literacy skills of low achieving students. If a child was identified as dyslexic, there was no clear direction about how to help the child overcome their specific reading problems. "For this reason the term dyslexia is often avoided in educational contexts with preference given to the terms 'learning disability', 'specific learning disability' or 'specific learning difficulty'" (MOE literature review 2007, pg 12).

Despite interventions and additional support, the MOE believed that some children were still not making progress with literacy:

"Recently, there have been particular questions as to whether these interventions are meeting the needs of a group of students with the specific learning disability recognized as dyslexia in other countries" (MOE literature review, 2007, pg 12).

To address this discrepancy and perhaps in response to lobbying from groups such as DFNZ, the MOE completed a review of the literature on international definitions, causes, diagnoses and 'treatments' of dyslexia (2007). The findings of this research were to provide the basis for reviewing existing policies and programmes to address dyslexia specifically.

By April 2007, talks between the MOE and the DFNZ had begun and the MOE stated that it:

"...recognised some students experienced persistent difficulties learning to read and write, including those identified as dyslexic". The MOE also stated that it was "committed to targeting support to students with serious reading and writing problems" (DFNZ, April, 2007).

By Nov 2007, the MOE announced that it was working with groups such as DFNZ and SPELD to develop a strategy to ensure "...better assessment tools to ensure dyslexic students are identified earlier, better resources for teachers, and information for parents on how to support their children".

(<http://www.literacyprogressions.org.nz/> Nov 2007)

Again in 2007, the MOE made a commitment to fund a work programme to address the needs of dyslexic students in the classroom. At the time of writing this report (May/June 2008), the DFNZ states that while the MOE has been writing a literacy policy, there was still no funding. DFNZ director, Guy Pope-Mayell commented in a 'Press' article:

"It affects a significant proportion of the future generation of New Zealanders and needs to be addressed now. The Government promised specific funding for dyslexia in November last year. It's time to deliver" (Press, 16 June 2008).

The MOE response to Pope-Mayell was:

"A spokesman for the Education Minister Chris Carter said dyslexia was officially recognised only last year. Since then, several initiatives had been put in place as part of a literacy programme. Details of further plans specific to dyslexic students would be announced next week as part of Dyslexia Awareness Week, he said" (Press, 16 June 2008).

The MOE's initiatives so far include:

1. Pages on Te Kete Ipurangi (TKI) web site: this site (June 2008) contains the MOE's approved work programme for dyslexia. It has a working definition, resources and pamphlets for parents. The TKI Centre will provide "assessment tools, resources and professional development strategies for teachers to meet the needs of dyslexic students". Resources will also be available on the MOE's Team-Up website and the MOE will launch its literacy website, Literacy Online, in October 2008. The MOE's intention with this site is to make information on dyslexia more visible and accessible. See http://www.tki.org.nz/r/literacy_numeracy/lit_dyslexia_e.php

2. Brochures and booklets: In Dec 2007, the MOE in association with

the DFNZ and SPELD released a pamphlet for parents, 'Dyslexia: Breaking Down the Barriers'. In Oct/Nov 2008, the MOE plans to release a booklet "to support teachers' understanding of teaching and learning for children with dyslexia".

2. Alternative programmes available to support dyslexic children

Of the nine commercial dyslexic programmes reviewed by the MOE literature review (2007), none had sufficient rigorous scientific testing to prove that they effective.

To be effective, the review cited, showed that programmes must focus on:

1. Phonics
2. Early diagnosis and remedial intervention
3. Teaching programmes tailored for individual needs.

(MOE literature review, 2007)

1. Phonics

Current research (MOE literature review, 2007) shows that one of the main deficits that cause dyslexia is phonological.

“Phonological awareness has also been found to be strongly predictive of reading and spelling acquisition, where a large number of studies have shown that good phonological awareness skills characterise good readers, whereas poor phonological awareness skills characterise poor readers” (Massey Uni Press Release, 2007).

2. Early diagnosis and remedial intervention

The Matthew effect (Stanovich, 1986, cited in MOE literature review, 2007, pg 39) highlights how crucial an early dyslexia diagnosis is for an effective intervention programme. The Matthew effect describes how competent readers add and build vocabulary by reading while those who are weaker avoid reading and ‘fail to thrive’ and grow as readers. Intervention at an early age reduces the risk of the gap widening between successful readers and unsuccessful readers. Without intervention, it is believed that the gap will be so great that it will be impossible to bridge by the 4th year of school. Therefore help needs to be given as soon as possible.

3. Teaching programmes tailored for individual needs

Any intervention programmes must cater for a child’s specific needs. A one size fits all approach to helping children with dyslexia is not as effective as addressing a child’s individual strengths and weaknesses.

In Canterbury, the Seabrook McKenzie Centre offers assessment for children with learning difficulties. Once assessed, a child may be recommended for remedial programmes at the centre or at S.P.E.L.D. These services are not free and parents pay \$250 – \$350 for an assessment.

Other than these services, the DFNZ web site lists 21 commercial dyslexic agencies or private tutors in Canterbury. See http://www.dyslexiafoundation.org.nz/dyslexia_solproviders.html#canterbury

While there is a definite demand for commercial programmes, there is no rigorous research to support their effectiveness. Despite some claims made by these services, there are no apparent quick fix or miracle cures for dyslexia. The reported success of commercial programmes is based mostly on anecdotal evidence or research funded by the organizations themselves. "Whatever interventions are employed it should be stressed that there are no quick fixes, and even effective reading interventions are unlikely to be permanent fixes for dyslexic children. The impact of reading intervention is typically most apparent immediately after it is provided with the advantage fading over time. Thus cognitive interventions can get students on track, but for the dyslexic student to stay on track more will be required that changes" (Hiebert & Taylor, 2000, cited in MOE literature review, pg 55).

Commercial and charitable dyslexia organizations such as the Dyslexia Foundation of New Zealand (DFNZ), 'sell' dyslexia as a potential 'great creative gift', "Blessing in Disguise" (DFNZ brochure to schools, 05 May 2008), or 'the gift of dyslexia' (Davis, 1997) to dispel the perception that dyslexia is a disability.

Famous, dyslexic people (Albert Einstein, John Britten, Leonardo Di Vinci etc) are used as models to show that being dyslexic can mean a heightened use of picture thinking abilities and therefore potential creative genius. While it is commendable to remove the negative labeling that can accompany a dyslexia diagnosis, parents could easily gain the impression that their child is a potential genius. In the attempt make dyslexia 'sexy' such simplistic correlations between dyslexia and potential 'genius/success' fail to recognise the complexity of the personality and cultural traits of the role models cited. For parents, this could give false hope for the success of their child and could potentially place more pressure on a child already under stress.

A search of the commercial dyslexia services listed on the DFNZ web site reveals that the Davis method is the most common commercial

programme available in Canterbury. Other popular programmes include Dore and the Danks Davis Treatment method.

The Davis Correction Treatment

<http://www.giftdyslexia.co.nz/pages/solutions.html>

This treatment provides an intensive one week programme followed by support given by the tutor or parent to enable them to follow up in the home. Tutors must be registered Davis practitioners.

According to the MOE literature review, the Davis methods targets disorientation/confusion as the cause of dyslexia. Support for this method comes from anecdotal reports rather than empirical research (MOE literature review pgs 40). The 'gift dyslexia' web site claims that dyslexics think with pictures and images rather than with the 'sounds and shapes' of words. The premise that thinking with pictures and images is the basis for the claim that targeting these skills will release a child's potential creativity. The web site also claims that the Treatment offers a quick solution to dyslexia but does not list costs but other Davis treatment sites quote approximately \$3000-\$4000 treatment.

In only 5 days
you can discover
your gift with the
Davis methods to
overcome your
learning difficulties.

<http://www.giftdyslexia.coh.nz/pages/solutions.html>

DORE programme

<http://www.dore.co.nz/>

Controversy surrounds this programme. According to the MOE literature review (pg 41), the treatment targets "cerebella deficits" and comprises a personal exercise programme and evaluation sessions that can take up to 18 months to complete. All details of this programme are commercially secret. No rigorous research studies validate the success of this programme.

Wynford Dore's book "Dyslexia: The Miracle Cure" claims: "a new cure for dyslexia—"the Dore programme"—is a fascinating breakthrough treatment that has been proven to work by thousands of people in the country and internationally".

However, in May 2008, the company went into liquidation (<http://en.wikipedia.org>) leaving many parents and educators out of

pocket. At the time of writing this report, it is still operating in New Zealand.

In the UK the programme costs NZ \$4000-5000. The New Zealand Dore website gives no indication of cost.

Danks Davis Tutoring Method

www.danksdavidisdyslexia.com

This method comprises 7 steps involving brain gym and tricks to help reinforce spelling. While there is anecdotal evidence to support successes there is no evidence of empirical study to show that the method improves reading. Tuition is \$40 per hour (20 one hour lessons are recommended) and a book and video can be purchased for \$2,690 + GST.

Other intervention programmes

Other programmes (see Commercial Programmes, references, pg18) available claim to tackle dyslexia from teaching reading, to programs that focus on balance and coordination through to taking dietary supplements such as omega-3 (MOE literature review 2007, pg 40).

None of these methods has any empirical study to support any improvements claimed.

To sum up:

There is no quick fix commercial cure for dyslexia, there is no scientific evidence that any of the programmes are effective and all programmes are expensive. Any impact on improving a child's reading ability is apparent immediately but fades over time.

3. Dalwood Assessment Centre and Palm Avenue School, Sydney

<http://www.nscchhs.health.nsw.gov.au/services/dalwood/index.htm>

Overview

This project is the combined initiative of the NSW Department of Health and the NSW Department of Education. The centre provides: ".....assessment and remedial support for children living in rural and regional NSW who are experiencing severe learning disorders. The focus is on children whose main difficulty is in the area of literacy, many of whom have associated difficulties with language or behaviour. The service is available to children aged between 5 and 12 years."

<http://www.nscchhs.health.nsw.gov.au/services/dalwood/index.htm>

Children are referred by their school and by health professionals and all assessments are free of charge. The assessment centre and school are staffed by clinical psychologists, speech pathologists, medical officers, teachers and teacher aides.

Assessment takes 3-4 days and includes speech and language testing, cognitive and behavioral assessments and a medical examination. Children can be part of a residential programme and an outreach programme to support children at their home schools.

Summary of interview with Director of Dalwood Assessment Centre, Debbie Knight (clinical psychologist)

1. Recognition of dyslexia as a specific learning disability.

Ms Knight said that the official definition of dyslexia used to describe a child who had a discrepancy between their chronological age and their reading age. Now, to meet the dyslexia criteria, a child must be of average intelligence and that the core to diagnosis is that they are identified with phonological deficits. However, the Department of Education in New South Wales, does not recognise dyslexia as specific learning disability.

2. Effective intervention for dyslexic children.

Ms Knight stated that effective intervention needed to be early (trials were being carried out in kindergartens), intensive, based on phonics and on word attack rather than comprehension. She confirmed that there was no better approach to teach reading than the use of phonics, basic sight words and whole language skills.

A child must be seen on a daily basis and ideally withdrawn for at least 30 minutes per day. The programme sequence used is research driven

and there is a heavy emphasis on revision. The sequence includes:

- *Letter sound: accuracy and fluency
- *A bank of very high frequency words
- *Looking at segment sounds
- *Spelling based rather than reading based
- *Blending
- *Bringing it all together

The programme is most successful for children in the residential programme that comprises 10 weeks in school, 10 weeks at their own school. Improvements in a child's reading ability were seen in 1½ years.

Ms Knight did state that if the programme was to be effective, any physical, and emotional problems such as anxieties, ADHD needed to be addressed before attempting to start work with a child.

2. Alternative commercial programmes

"There are no quick fixes for dyslexia," said Ms Knight. In the Dalwood programme, dyslexic children improved their reading age by 1½ years over a 12 month period. She said it was long hard work to achieve this.

She described alternative commercial programmes as short term providing a placebo effect that wears off after 6 months.

Out of all the commercial programmes discussed, Ms Knight believed the Orton Gillingham was the only one that was 'on the right track'. She was highly critical of the Dore methods that 'were debunked a long time ago', and described the Davis method as 'crap'. Research over many years, she stated, confirmed that brain gym didn't work.

3. Dyslexia as a 'gift'

Ms Knight agreed that there is a movement to promote the 'gift of dyslexia' as if there were a natural equilibrium of the deficit being made up for in another talent. She said that unfortunately, this wasn't true and she was concerned that this notion could set a dyslexic child up for a double failure: they may not be able to read and have no talents in other areas.

When asked if teachers should be spending on areas that come naturally to the child rather than reading, Ms Knight responded that de-emphasizing literacy intervention is unfair. She believed that teachers would be doing a child a disservice not to concentrate on literacy skills.

4. Dyslexia is for life

Ms Knight stated that dyslexia is for life. She said that international research shows “you can’t abandon intervention for these kids. You can teach skills so that kids can never forget them but you can never aim to bring them up to their reading age. We aim to get them up to a 9-9½ years reading age but many will never be fluent. However, it is rare that any one is totally illiterate.”

Implications

1. If a child is experiencing difficulties improving their reading age, then letter sounds and basic sight words must be the focus of teaching. Instruction needs to be intensive (at least 30 minutes 1:1 each day) and a heavy emphasis on revision is important.
2. To enable such intensive instruction to be carried out without disadvantaging the other students, schools need to provide extra teacher assistance. This assistance could be either to carry out the instruction or to take the class while the classroom teacher carries out the instruction. It is important that the classroom teacher is well aware of what the student has been doing so that they can reinforce it doing the day.
3. If the MOE does provide specific funding for dyslexia, then more research is needed to decide how to best use resources. These resources could include more specialist training as present schools need more reading recovery time and the numbers of Resource Teachers of Literacy (RTLit) are 'stretched'. RTLit teachers have a broad job description and cannot therefore concentrate specifically on giving the intensive intervention that dyslexic children need. It would be erroneous for the MOE to consider that RTLits can solve this problem with current funding.
4. Funding would need to be substantial and government funded centres such as the Dalwood Centre need to be created. This would provide specific and intensive intervention for children and provide services for teachers and a free option for concerned parents.
5. Funding for further research is crucial as there is confusion about what interventions actually help those children with dyslexia. There is no empirical evidence that 1 in 10 New Zealanders has been diagnosed with dyslexia or even if these children have severe reading problems. Whatever the real statistics maybe, there are many children with reading problems, including dyslexia, who need early and intensive intervention.

Conclusions

1. New Zealand Government recognition of dyslexia

The MOE now officially recognises dyslexia as a specific learning disability and proposes funding for resources and support for schools and parents. However, the NZDFS states that this action has not been delivered within the timeframe promised and that it won't be enough.

2. Alternative commercial dyslexia programmes

There is no quick fix commercial cure for dyslexia and there is no scientific evidence that any of the programmes are effective. All programmes are expensive. Any apparent improvement on a child's reading ability is short term as it is the result of the placebo effect. It fades quickly. There is no proof to support claims of the 'gift of dyslexic,' as if there were a natural equilibrium of the deficit being made up for in another talent.

3. Dalwood Assessment Centre and Palm Avenue School, Sydney

This New South Wales government funded programmes is researched based. The methods used based on current research findings such as those cited in the MOE literature review. The methods recognise that dyslexia is phonologically based, that children require early intervention, and that programmes must be tailor made to meet individual children's needs.

The centre provides an intensive programme based on phonics. Dyslexia appears to be for life and the best that can be done with current knowledge is get a child's reading level to a functional level or around 9 years.

References

Dawood Assessment Centre and Palm Avenue School
<http://www.nscchealth.nsw.gov.au/services/dalwood/AboutUs/Index.htm>

Davis, R.D & Eldon M. Braun (1997). The Gift of Dyslexia: Why Some of the Smartest People Can't Read and How They Can Learn. Berkley Pub. Group.

Press releases

For all DFNZ press releases see:

<http://www.dyslexiafoundation.org.nz/media.html>

Dyslexia Foundation celebrating Ministry of Education recognition of dyslexia. DFNZ media release 19 April 2007

<http://www.dyslexiafoundation.org.nz/pdf/DFNZMedia19.pdf> 19 April 2007

Dyslexia Foundation and Education Ministry plan next steps
DFNZ media release 29 April 2007

http://www.dyslexiafoundation.org.nz/pdf/dfnz_moe.pdf

Dyslexia foundation pleased with progress made by Ministry

http://www.dyslexiafoundation.org.nz/pdf/dfnz_moe_oct.pdf

4D - paving the way for dyslexia friendly schools

http://www.dyslexiafoundation.org.nz/pdf/media_release_4d.pdf

Dyslexia: breaking down the barriers

<http://www.teamup.co.nz/~media/TeamUp/Files/Reference%20Downloads/PDF/Dyslexia.pdf>

"Dyslexia Foundation chairman Guy Pope-Mayell Teachers back urgent calls for more funding" (Press, 16 June 2008).

Educators welcome recognition of dyslexia. Professor James Chapman. Friday, April 20, 2007. Press Release: Massey University

<http://news.massey.ac.nz>

Millionaire Wynford Dore pulls plug on his dyslexia cure. The Times Friday May 29, 2008

www.timesonline.co.uk/tol/news/uk/health/article4022998.ece

Moves Afoot to Deal with Dyslexia. Chelsea Burke May 10, 2007
<http://tvnz.co.nz/view/page/411416/1114952>

O'Hare, N. (16 June 2008). Be wary of dyslexia cures. Healthwise.
<http://www.stuff.co.nz/blogs/healthwise/2008/06/16/be-wary-of-dyslexia-cures/>

Commercial programmes

Danks Davis

<http://www.danksdavidyslexia.com/index.php?id=22>

Davis Dyslexia Association – Pacific (Australia, New Zealand, Pacific Islands)

<http://www.ddapacific.co.nz/>

The Davis Correction Treatment

<http://www.giftedyslexia.co.nz/pages/solutions.html>

The Dore programme

<http://www.dore.co.nz>

Easy Read

<http://www.easyreadsystem.com>

Fast ForWord Language

<http://www.scilearn.com/products/index.php>

Indigo Dyslexic Private Tutor

<http://www.indigo.org.nz/>

Levinson Medical Centre for learning disabilities

<http://www.dyslexiaonline.com/>

Learning breakthrough

<http://www.learningbreakthrough.com>

Marin Fagerberg

<http://www.howtoovercomedyslexia.com/>

Orton-Gillingham: Institute for Multi Sensory Education

Orton-Gillingham.com/

The Learning Staircase Ltd - New Zealand's leading dyslexia specialists

<http://www.learningstaircase.co.nz>

SPELD NZ

<http://www.speld.org.nz>

Useful web sites

Understanding dyslexia

<http://www.dyslexiafoundation.org.nz>

http://www.tki.org.nz/r/literacy_numeracy/lit_dyslexia_e.php

<http://www.kiwifamilies.co.nz/Topics/Education/Primary/Reading+Recovery.html>

http://www.4dschools.org.nz/4d_main.html

<http://www.dyslexia.com>