

DYSLEXIA GUIDE

A Brief History

Dyslexia was first described in 1887 by German physician Rudolf Berlin, who coined the term from the Greek for "difficulty with words." A few years later, a British physician named W. Pringle Morgan published a case study of a bright fourteen-year-old boy who, despite obvious intelligence, could not learn to read. Morgan called it "congenital word blindness," a phrase that, however outdated, captured something important: this wasn't a matter of effort or intellect.

For much of the twentieth century, dyslexia was poorly understood and often dismissed. Children who struggled to read were labeled lazy, careless, or simply not bright, even when they were clearly capable in every other way. It took decades of research, and the tireless advocacy of parents and educators, to establish what's now well documented: dyslexia is a specific, identifiable difference in how the brain processes language, entirely separate from general intelligence.

The 1970s and 80s brought major advances in understanding phonological processing, the ability to recognize and manipulate the sound structure of language, as the specific skill most affected in dyslexia. Brain imaging research in the 1990s and 2000s confirmed measurable differences in how dyslexic brains process written language. Today, structured literacy and multisensory reading instruction, once considered specialized interventions, are increasingly recognized as good practice for all readers, not just those with dyslexia.

What Dyslexia Is

Dyslexia is a specific learning difference that affects the brain's ability to process the sounds of language and connect them to written symbols. It primarily impacts reading fluency, decoding, and spelling, but it has nothing to do with intelligence. Many people with dyslexia are exceptionally bright, creative, and skilled in areas like verbal reasoning, spatial thinking, and problem-solving.

A student with dyslexia may reverse letters, struggle to sound out unfamiliar words, read slowly and with great effort, or have trouble spelling words they can say correctly out loud. These difficulties are not the result of poor vision (colored overlays and vision therapy do not treat dyslexia), laziness, or a lack of exposure to books.

Dyslexia is neurological and, in most cases, hereditary. It's present from birth and persists throughout life, though with the right instruction, most people with dyslexia become capable, confident readers. Early identification makes an enormous difference; the earlier a child receives structured, evidence-based reading instruction, the better the long-term outcome tends to be.

Understanding the Scope

- The International Dyslexia Association estimates that 15 to 20% of the population shows some symptoms of dyslexia, including slow or inaccurate reading, poor spelling, and difficulty with word decoding.
- Dyslexia is the most common learning disability, accounting for roughly 80 to 85% of all individuals formally identified with a specific learning disability.
- Dyslexia occurs at roughly equal rates in boys and girls, though boys are referred for evaluation more often, a pattern researchers attribute to referral bias rather than a true difference in prevalence.
- Dyslexia runs strongly in families. A child with a dyslexic parent has an estimated 40 to 60% chance of also having dyslexia.
- More than 40 million adults in the United States are believed to have dyslexia, yet only a small fraction, roughly 2 million, have ever received a formal diagnosis.
- Dyslexia occurs across all ethnic, cultural, and socioeconomic backgrounds and at every level of intelligence.

Strategies for Teachers

- Use structured literacy: explicit, systematic instruction in phonics, phonemic awareness, and the structure of language, rather than relying on context or picture cues to guess words.
- Give extra time. Reading fluency is almost always the harder-won skill for a dyslexic student, even once decoding improves; timed tests measure speed, not understanding.
- Read content aloud or offer audiobooks and text-to-speech tools. This lets a student access grade-level content and ideas without being blocked by decoding.
- Separate spelling from grading content. A brilliant answer with reversed letters and misspellings is still a brilliant answer.
- Watch for the student who's clearly bright but silently struggling. Many capable dyslexic students become skilled at hiding their difficulty rather than asking for help.

Strategies for Parents

- Get evaluated early if you notice signs. Reversing letters past age seven, slow or labored reading, or trouble rhyming and sounding out words are all worth a conversation with the school.
- Read aloud to your child, regardless of their age or reading level. It builds vocabulary, comprehension, and a love of stories that decoding struggles shouldn't have to block.
- Ask for structured literacy instruction and appropriate accommodations, such as extended time and text-to-speech tools, through your school's evaluation process.
- Protect your child's self-esteem as fiercely as their reading skills. Many dyslexic children internalize "I'm not smart" long before anyone identifies dyslexia as the actual cause.
- Look for and name your child's strengths outside of reading. Dyslexia often travels alongside real strengths in creativity, verbal storytelling, and big-picture thinking.

Strategies for Grandparents

- Understand that this isn't a reading effort problem. A grandchild who reads slowly or avoids reading aloud isn't being careless; their brain processes written language differently.
- Avoid comparisons to how easily other children, or their own children, learned to read. Dyslexia has nothing to do with how a child was raised.
- Read to your grandchild, rather than only asking them to read to you. It keeps stories and connection in the picture without adding pressure.
- Celebrate what your grandchild is good at, especially if it's outside of school. Confidence built elsewhere carries over into the harder work of learning to read.
- If you suspect dyslexia based on your own experience or a family pattern, share it gently with the parents. Family history is one of the strongest predictors, and it may not have occurred to them yet.

A Florida Spotlight

- Florida law (Statute 1008.25) requires every K–3 student to be screened for characteristics of dyslexia, and schools must begin intensive, multisensory reading intervention immediately, without waiting for a student to fail a grading period.
- Under Florida law, a school cannot wait for a formal evaluation to act: if a parent submits a licensed professional's documentation of a dyslexia diagnosis, the school must begin appropriate interventions right away.
- Florida's dyslexia screening results are tracked in the state's Education Data Warehouse and must be shared with a student's teacher and parent in a timely manner.
- Families in Brevard County can request dyslexia screening or intervention support through the school's ESE Department or the regional Florida Diagnostic and Learning Resources System (FDLRS) office.