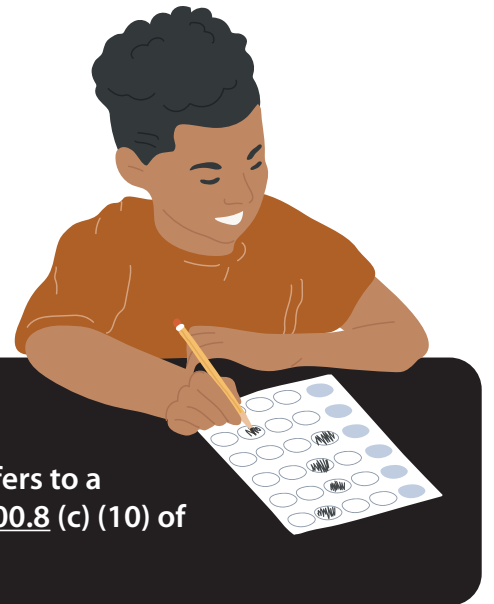


Significant Disproportionality and Learning Disability or Specific Learning Disability: DATA POINTS TO CONSIDER

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What is **LD** or **SLD**?

Learning Disability (LD) or Specific Learning Disability (SLD) refers to a person's disorder in understanding or using language. Section 300.8 (c) (10) of IDEA regulations stipulates the following regarding LD or SLD:

- **(i) General.** Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
- **(ii) Disorders not included.** Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage."

This identification category includes six different types of conditions: dyslexia, executive function disorder, perceptual disabilities, brain injury, minimal brain dysfunction, and developmental aphasia. Given the variation in these conditions, the diagnosis must involve a level of careful attention. The following are various elements of the diagnosis: difficulties with specific functions (e.g., reading, writing, speaking, mathematical concepts or reasoning) for at least six months; academic skills substantially below normed reference group; and difficulties are **not** due to other conditions (e.g., adverse conditions such as economics, lack of instruction, learning new language).¹

What are the policy and practice considerations with LD/SLD? What are the implications for disproportionality patterns?

Various studies highlight key findings that annotate policy and practice dimensions that have implications for who and how school districts are identifying LD/SLD patterns. A particular attention within IDEA is regarding the factors that cannot be included in determination if they are a primary factor.

"The process of diagnosing must consider that students are not referenced as disabled due to an absence of such cultural knowledge."

¹ <https://www.psychiatry.org/patients-families/specific-learning-disorder/what-is-specific-learning-disorder>

1 Economic or adverse childhood research demonstrates a myriad of findings: 1) exposure to low levels of lead may have an effect on academic performance;² 2) brain scan research demonstrates that poverty can impact brain development;³ 3) cortisol and other stress markers are more elevated in students from low-income communities which impacts emotions and regulation.⁴ However it is important to understand that poverty, by itself, is not a qualifier of a learning disability.

2 Language and language acquisition research also demonstrates various findings that point its connection with specific learning disabilities. This information should be viewed with caution especially when considering the removal of the English language designation based on passing qualifications exams. The passing of qualification exams does not automatically mean that language is no longer a concern for learning difficulties.

3 Cultural difference as an exclusionary factor pertains to the way in which students acquire and apply concepts that maintain cultural references. Consider for example, American idioms such as “never look at a gift horse in the mouth” or “break a leg” or “easy as pie” or “bite the bullet” or “right as rain.” These concepts used in curriculum are peppered with cultural meaning. The process of diagnosing students must not reference those students as disabled due to an absence of such cultural knowledge.

Given the nature of these policy and practice findings, closer attention to the policy and practice levers available and their utilization by school and district actors in understanding the patterns of significant disproportionality should be encouraged. Therefore, the tan box provides some suggested data sources to consider when examining these issues more closely.



Data Indicators For Consideration:

Suggested Data Sources (additional sources may be needed or available):

- **Tier 2-3 Intervention Referrals:**
 - Elements in tiers 2 and 3 intervention forms (i.e., reasons for referrals, frequency of difficulties, quantitative and qualitative data on difficulties);
 - Alignment of difficulties and intervention including the research basis of intervention;
 - Rate of referral to tiers 2 and 3 (this includes disaggregation by race/ethnicity, language, and gender); and
 - File review of sample students from various racial/ethnic, linguistic, and gender groups with similar difficulties to examine common and different patterns of practices in files.
- **Special Education Referral Data:**
 - Rate of tier 2 and 3 interventions leading to child study team (CST) initial referral (this includes disaggregation by race/ethnicity, language, and gender) and
 - A close examination of the following across the CST referrals
 - Timeframe of referral (i.e., grade level; fall, winter and/or spring),
 - By whom (i.e., grade level; teacher gender and race/ethnicity), and
 - For what reason (i.e., academic and/or behavioral difficulties).

² Aizer, A., Currie, J., Simon, P., & Vivier, P. (2016). Do low levels of blood lead reduce children's future test scores? *American Economic Journal: Applied Economics*, 10(1), 307–341. doi:10.3386/w22558; Geier, D. A., Kern, J. K., & Geier, M. R. (2017). Blood lead levels and learning disabilities: A cross-sectional study of the 2003–2004 National Health and Nutrition Examination Survey (NHANES). *International Journal of Environmental Research and Public Health*, 14(10), 1202. doi:10.3390/ijerph14101202

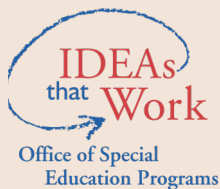
³ Horowitz, S. H., Rawe, J., & Whittaker, M. C. (2017). *The state of learning disabilities: Understanding the 1 in 5*. New York, NY: National Center for Learning Disabilities.

⁴ Blair, C., & Raver, C. C. (2016). Poverty, stress, and brain Development: New directions for prevention and intervention. *Academic Pediatrics*, 16(3 Suppl), S30–S36. doi:10.1016/j.acap.2016.01.010

- **Empathy Interviews and/or Surveys**

- Conduct empathy interviews and/or surveys with the purpose of understanding how stakeholders (i.e., parents, teachers, and students) experience the school and district policies and practices. More specifically, the intention is to ascertain how policies and practices are “landing upon” the various stakeholders in order to determine whether policies and practices are operating in neutral or divergent ways than from how they were developed.
 - Student topics: experiences with tiered supports (i.e., what is it like to go for additional help, is it supportive, are you learning to manage your behaviors and learn improved academic skills) and experiences of adult supports (i.e., how do the adults support your development, how can they improve their support).
 - Teacher topics: experiences with tiered supports (specifically academic interventions with students with LD), pre-referral process, special education eligibility criteria, discipline policies, and discipline practices.
 - Parent topics: experiences with tiered supports, pre-referral process, special education eligibility criteria, discipline policies, and discipline practices.

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