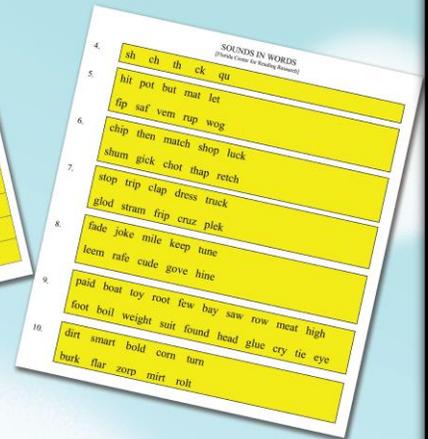
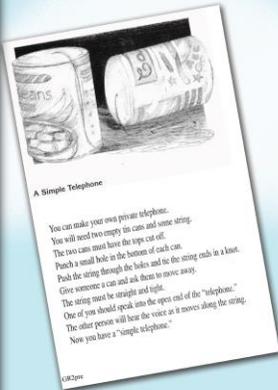


NUTS ABOUT READING™



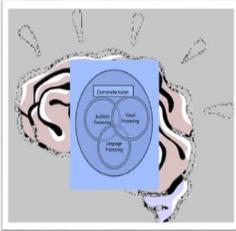
PARENT GUIDE TO INFORMAL READING ASSESSMENT



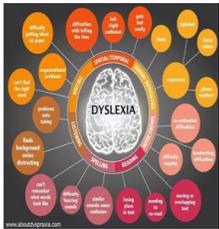
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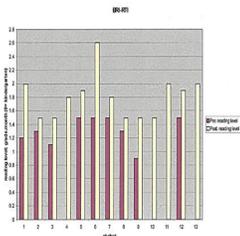
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Who am I?



Kristin L. Cetone

Author, Business Owner, Educator, Reading Specialist

www.buckaroo buckeye.com or KLA Centerprises@aol.com

EDUCATION

***Master of Education**, Early Childhood (with Distinction) –2004
Northern Arizona University, Flagstaff, AZ
***ESL** (English as a Second Language) **endorsement**–2004
University of Phoenix, Phoenix, AZ and Arizona State University, Tempe, AZ

***Reading Specialist endorsement K-12**—2001
***Bachelor of Science, Elementary Education**—1972
The Ohio State University, Columbus, OH

QUALIFICATIONS

- Over seventeen years of result-filled teaching and instructional experience
- Screen and evaluate reading differences in young children through adults, and determine intervention needs
- Establish and maintain effective working relationships with individuals from diverse backgrounds children to adult parent

PROFESSIONAL EXPERIENCE and CONTRIBUTIONS

Founder K.L.A.C. Enterprises LLC

2009-Present

- **creator of the children's book character "Buckaroo Buckeye" with his message of encouragement and belief in yourself and your dreams to rise above the bumps and bullies in your life journey of self-discovery which develops self-esteem and fuels passion and purpose-guided by family and culture, education, and life experiences.**
- Web based informal reading assessments Private-Convenient-Safe for kids Grades 1-3, with the focus on helping parents to guide their children to become successful readers
- provide parents with materials, tips, and activities for building their child's self-esteem and literacy skills through my blogs, Buckaroo Buckeye's Facebook page, and other social media + online conferences and workshops.

Literacy Tutor for At-Risk Juveniles, Maricopa County Juvenile Corrections
Southeast Facility, Mesa, Arizona

June 2008-Present

- Assess reading differences for juvenile detainees
- Provide one-on-one intense reading intervention

Literacy Volunteers of Maricopa County (LVMC)/Phoenix, Arizona
Adult Tutor Trainer/Intake Testing

March, 2007-2009

- Plan and conduct training program for literacy tutors of adult immigrants/corrections/family literacy
- Screen adult immigrant students for placement in services

Scottsdale Unified School District/Scottsdale, Arizona

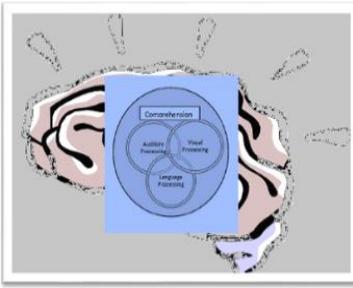
1998-January, 2007

- **Reading Specialist K-6, Title 1:** Navajo Elementary School (2004-2007)
- **Leave of Absence for Graduate Studies** (2003-2004)
- **Reading Specialist K-6, Title 1:** Tonalea Elementary School (2000-2003)
- **Early Childhood Teacher Tutor K-3:** Tonalea Elementary School (1999-2000)
- **Instructional Assistant K-3, Title 1:** Tavan Elementary School (1998-1999)

CONTRIBUTIONS:

- Provided professional development and coaching for teachers, paraprofessionals, administrators
- Served as a resource and liaison for parent literacy and the school community
- Assessed reading differences/supervised staff providing reading intervention services
- Designed and implemented reading instruction/one-to-one; small group; whole class
- Aligned program focus to NCLB and Title 1 legislation and generated compliance reports
- Designed, improved and promoted literacy project; trained/monitored 40 adult volunteer literacy tutors
- Played integral role in student study team; school Site council; and District Title and NCLB committees

ACCOMPLISHMENTS: Designed and implemented the only volunteer literacy corps in my school District, trained volunteers, monitored reading intervention outcomes; Chairperson of Literacy Committee: established the first *Family Night* for parents and students to connect reading and reading intervention with parent involvement by providing free books to all participants; advocated for the adoption of computer based reading intervention programs such as READ 180, Orchard, Soliloquy, Essential Skills; founding member of a District team to pilot RTI (NCLB-Response to Intervention) in the Title 1 schools; professional development workshops for staff, introducing the current brain research and neuroscience of the reading process; trained staff in the U.S. and China; Teacher of the Year 2000-2001 for Tonalea Elementary School.



Chapter 1: What Is A Reading Disorder?

Dyslexia is the inability to process print. Dyslexia is a 'type' of reading disorder. There are three main subsets under the umbrella of Developmental Dyslexia: 1) Specific Learning Disabilities 2) Reading Disorders and 3) Dyslexia subtypes.

There are various types of specific learning disabilities and there is no single academic, cognitive deficit, or characteristic common to all types of specific learning disabilities.

- 1) Specific Learning Disabilities have categories. They include speech/language impairments, intellectual disability, emotional disturbance, autism, and other health impairments. Specific learning disabilities are characterized by *neurologically based deficits in cognitive processes*. These deficits are 'specific' which means they impact particular cognitive processes that interfere with the acquisition of academic skills. Over 80% of children identified as having specific learning disabilities have a disorder in the area of reading!
- 2) Reading Disorders can be categorized into four processes. 1) Auditory Processing 2) Visual Processing 3) Language Processing and 4) Comprehension. What specific skills are included under each category?
 - **Auditory Processing:** is the ability to identify sounds in words. It is the ability to identify the number of sounds in a word, the sequence or order of those sounds, and the ability to identify changes in sounds as to where they change and from what they change to? This process is most commonly called: Phonemic Awareness. Phoneme Awareness is the structural foundation to the building called reading success. Like any building, if the foundation is not strong, the integrity of the building is compromised.
 - **Visual Processing:** is orthographic processing by the brain. Putting letters (graphemes) to sounds to form words and relies upon the ability to image symbols on the screen in our mind. Reading and spelling rely heavily upon this ability. Visual processing is most commonly called: Decoding or Phonics or Cracking the Alphabetic Code. English is not a 'purely' phonological language. One letter may map to as many as five distinct phonemes or sounds. The English language includes over 1,100 ways of representing 44 sounds or phonemes through a series of different letter combinations! Also included in visual processing are sight words. These are words that we just need to know and recognize instantly when we see them. Many do not play fair by our sound rules. Research shows that most of what we read is composed of sight words. Good sight word mastery increases fluency and fluency contributes to good comprehension.
 - **Language Processing:** is the understanding of the structure of language. It includes understanding of the parts of speech, grammar, the mechanics of text such as capitalization and punctuation, and the use of context. Context is the use of picture and surrounding word cues to decode unknown words and to comprehend. Strength in language processing like auditory and visual processing all contribute to better fluency rate. Fluency contributes to good comprehension.
 - **Comprehension:** is gaining knowledge, understanding, and enjoyment. This is the prize to reading. Why do we read? The three previous processes are the key contributors to successful comprehension BUT they alone do not guarantee that we can remember and understand what we read! Concept imagery is a key component to comprehension. Concept imagery is the imaging of words on the screen in our brain. It is the ability to make a movie on the screen from the words we read. Think about it. How many times can a child remember the sequences, characters, and plot of a favorite movie compared to identifying these same things from something they have read? Once we can remember and understand what we read, we can achieve the most desired outcome to reading comprehension which is higher order thinking skills. We can then analyze, summarize, predict, compare and contrast, infer, or reach a conclusion or opinion. *This is the pinnacle to reading success!*

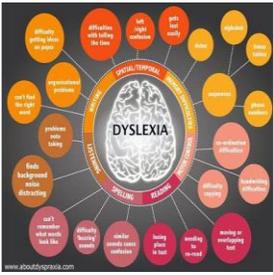
3) Dyslexia subtypes of reading disorders. There are four subtypes of Dyslexia.

- Dysphonetic Dyslexia is difficulty sounding out words in a phonological manner. These readers do not rely on letter to sound conversions, but over-rely on visual cues to determine meaning from print.
- Surface dyslexia is difficulty with the rapid and automatic recognition of words in print. These readers have an over-reliance on sound symbol relationships and the process of reading never becomes automatic. This is your “spit and grunt” reader where they break every word down to its phonetic base, and read slowly due to poor sound/symbol processing. These readers have extreme difficulty with the irregularities of the sound/symbol basis of the English language.
- Mixed Dyslexia is multiple reading deficits characterized by impaired phonological and orthographic processing skills. This is the most severe form of dyslexia. These readers have severely impaired deficits with both phonological and orthographical processing. These readers have no usable key to the alphabetic code. They often have bizarre error patterns. For example: the word /correct/ is read as /corex/. There are multiple breakdowns along the many pathways of the reading process.
- Comprehension Deficits are when the mechanical side of reading is fine but difficulty persists deriving meaning from print. There are four components of reading comprehension. First is content affinity which is the attitude and interest a reader has toward the reading material. The stronger the affinity a reader has toward the reading material the more attention they will pay to it and the deeper they will connect and engage with the material through prediction and reflection. The more they can identify with the reading materials, the better their retention. A second component of reading comprehension is working memory. This is the ability to hold onto prior information while processing new information. The third component of reading comprehension is executive function. This the ability of the reader to self-monitor thoughts, actions, and emotions, and organize information. The reader needs to be able to read with purpose in mind or seek specific information. They must organize information such as characters, setting, main idea, and main problems and solutions in a cohesive manner.

Dyslexia is intertwined with the four reading processes presented under 2) reading disorders. Sometimes deficits are isolated to one disorder of the reading process, but more than likely there will be weaknesses in more than one of the disorders of the reading process. To construct a sturdy building of reading success, all areas of weakness and deficit need to be identified. Then an individualized intervention plan can be implemented. Strategies for this plan must be used frequently and consistently. Sometimes a little help can resolve the issues and with complex dyslexias, implementation can last a lifetime. There is no magic pill for cure.

Key to prevention and treatment relies upon early diagnosis. The longer the deficit goes undetected, the bigger the challenge. That’s why based on scientific research, the longer the deficit goes untreated past third grade, the bigger the game of catch up. It is never too late, however. Reading intervention can be successful even through adulthood.

Kindergarten through third grade is the ideal time to identify reading discrepancies and put an intervention plan in place. Parents are the essential team player for intervention. A classroom teacher does not have enough hours in a school day nor enough hands to provide the individualized attention many struggling readers need. I have found that whole group and small group instruction alone, is not enough for some students. One-on-one, direct, systematic instruction is required.



Chapter 2: How Do I Identify A Reading Disorder as a Parent?

Here are some general guidelines for identifying deficits. Occasional identification of any one of these discrepancies does not indicate concern necessarily. Multiple discrepancies, consistently seen over a period of time however should be pursued.

- *Watch your child read.* Do their eyes read to the end of the line of text and make a return sweep to the next line?
- *Listen to your child read.*

Do they stop at periods?

Do they pause at commas?

Do they understand the use of quotation marks and question marks?

Do they read in a monotone with no inflection?

Can they figure out unknown words correctly?

Can they remember what they read?

Do they lose their place in text?

Do they constantly need to re-read?

Can they use visual cues or context clues from the other words to figure out unknown words?

Do similar sounds cause confusion?

Do they have left/right confusion?

Can they identify letters and letter sounds?

Can they retell the sequence of events in a story in the correct order from beginning to middle to end?

- *Talk with your child.*

Do they struggle to find the right word?

Do they struggle to get organized?

Can they remember dates and phone numbers?

Are they easily distracted by background noise?

IMPORTANT NOTE: there are many, many more brain functions that impact reading success. I am not providing an exhaustive list here. Consult your child's physician, or school psychologist, teacher, or other professional if concerns.



Chapter 3: What Can A Parent Do?

Intelligence, or IQ, is NOT a predictor of reading success. It is more of a predictor of school success.

Parents know their child best! Observe and monitor your child's reading progress early and frequently. Research shows that informal assessment 3 times per year is of greatest benefit. A PRE-screen at the beginning of the academic year, a MID-year screen, and a POST screen at the end of the academic year. At minimum, a pre-screen and a post-screen each academic year is suggested.

Assessment gathers information to guide intervention.

***Nuts About Reading**™, my online informal reading assessment offers parents supplemental data to guide reading intervention for a struggling reader. My reading assessment, as importantly, helps successful readers to identify and monitor their grade level reading ability. **Informal Reading Assessment is not a clinical diagnosis.** My informal reading assessment can identify weaknesses in the reading process, shape an intervention plan when needed, and monitor reading growth. Frequency of intervention is important. 4-5 days per week. Sporadic intervention of 2 days per week has shown much less effective. One-to-one provides a more sustainable result versus small group. Who doesn't thrive under individual attention? Intervention must be customized for the individual. Reading success is not one size fits all.*

Standardized testing is very important. These tests are norm referenced and provide a comparison to a similar group across the nation or world. However, the percentile results by category for standardized test scores are not the best identifiers for *specific* disorders in the reading process. An informal reading assessment can better pinpoint specific discrepancies and guide intervention more specifically.

Informal assessment can allow for earlier intervention, is great for monitoring progress, and offers a more systematic deployment of interventions.

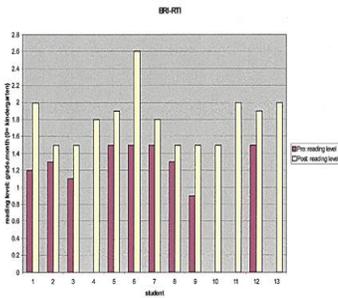
Research supports that intervention during grade levels 1-3, optimizes a child's prognosis for reading success as the curriculum expectations increase dramatically after third grade.

A more comprehensive clinical assessment can be indicated earlier for a child, if multiple interventions based upon informal reading assessment with intervention, shows little progress, no progress, or loss of progress. An earlier route to a clinical diagnosis can provide a student earlier eligibility for services. Again, the goal is to act early and informal reading assessment can begin by end of Kindergarten.

Keep in mind that reading success relies upon many brain functions. Brain development begins at birth.

- Read to your baby.
- Talk to your baby.
- Play games with your baby. These all will contribute to the strength of your child's reading foundation later.
- Develop your baby's sensory processing of sight, smell, touch, taste, and hearing. Yes, these five senses will play a role in your child's reading process as they enter formal reading instruction.

There are additional factors that impact the reading process. Attention or behavior concerns, low socioeconomic status, memory, and poor verbal skills to name a few.



Chapter 4: Q&A on Informal Reading Assessment

Q: What is the purpose of an informal reading assessment?

A: Informal reading assessments offer early detection of reading difficulties, more pinpointed identification of the specific areas of weakness in the reading process, and guide implementation of, and more frequent adjustments to, early reading intervention.

Q: Why should I monitor my child's reading process and growth with an informal reading assessment?

A: As parents, you are the first responders and line of defense for your child's reading success. Informal reading assessment is a supplemental tool used for this purpose. Just like parents keep a watchful eye on their child while they are playing, eating, sleeping, riding a bike, participating in sports...so too, should parents keep a watchful eye on their child's reading success. Data from informal reading assessments can allow a plan of intervention to be put in place early and adjusted more frequently. Standardized testing alone only provides a more general insight once a year.

Q: Do I need a clinical diagnosis of dyslexia before reading remediation can begin?

A: NO. Early Informal reading assessments can highlight discrepancies in your child's reading processes and an intervention plan can be implemented as early as end of Kindergarten.

Q: What is the difference between a clinical evaluation for dyslexia and an informal reading assessment?

A: A clinical evaluation for dyslexia is a more comprehensive assessment to determine if other disorders may be related to a child's learning problems. There are many brain functions that impact the reading process. Attention deficit hyperactivity disorder (ADHD), affective disorders (anxiety, depression), central auditory processing dysfunction, widespread developmental disorders, and physical or sensory impairments are among these other brain functions that can contribute to learning problems. [The International Dyslexia Association]

Q: Can informal reading assessments indicate the need for a comprehensive clinical evaluation for dyslexia diagnosis?

A: YES. Reading specialists like myself, focus on early reading intervention. It starts with assessment. Early intervention that includes systematic and direct instruction, provided consistently over an intensive period of time, is the focus. This is a proven approach for sustained gains. Reading intervention at this earliest level, may be all that is needed for those who might just need some strengthening of the weak areas of their reading processes. If little progress, no progress, or even digression in reading ability is identified after intense intervention, then referral for a more comprehensive clinical evaluation may be indicated. Again, the goal being to identify factors for your child's reading problems early so as parents, you can seek subsidized services for your child if necessary.

Q: How often should my child have an informal reading assessment?

A: Research shows that three times per academic year is suggested should a parent suspect reading difficulties.

Q: Should children with no apparent signs of reading difficulty have an informal reading assessment?

A: YES. As parents, keeping an eye on your child's current reading ability level throughout the year, over the academic year, is a best option for prevention and early treatment of reading disorders. A pre-year and post year assessment is suggested.

Q: Is an independent informal reading assessment cost effective?

A: The longer a condition progresses before identification can mean more costly clinical evaluation and intervention services, in the way of therapy and tutoring, in the future. **DISCLAIMER:** Parents, I strongly implore that if directed by a child's teacher, psychologist, speech-language therapist, physician, or other clinical professional that your child is in need of thorough evaluation, go directly to clinical evaluation. I am not a clinical diagnostician. Informal reading assessment is not designed to replace clinical evaluation but rather supplement a determination that clinical evaluation may be suggested.

Payment of fees for informal reading assessment or referral for more comprehensive evaluation and fees incurred, is the sole decision, and responsibility of the parents.-Kristin Cetone, Reading Specialist

Resources:

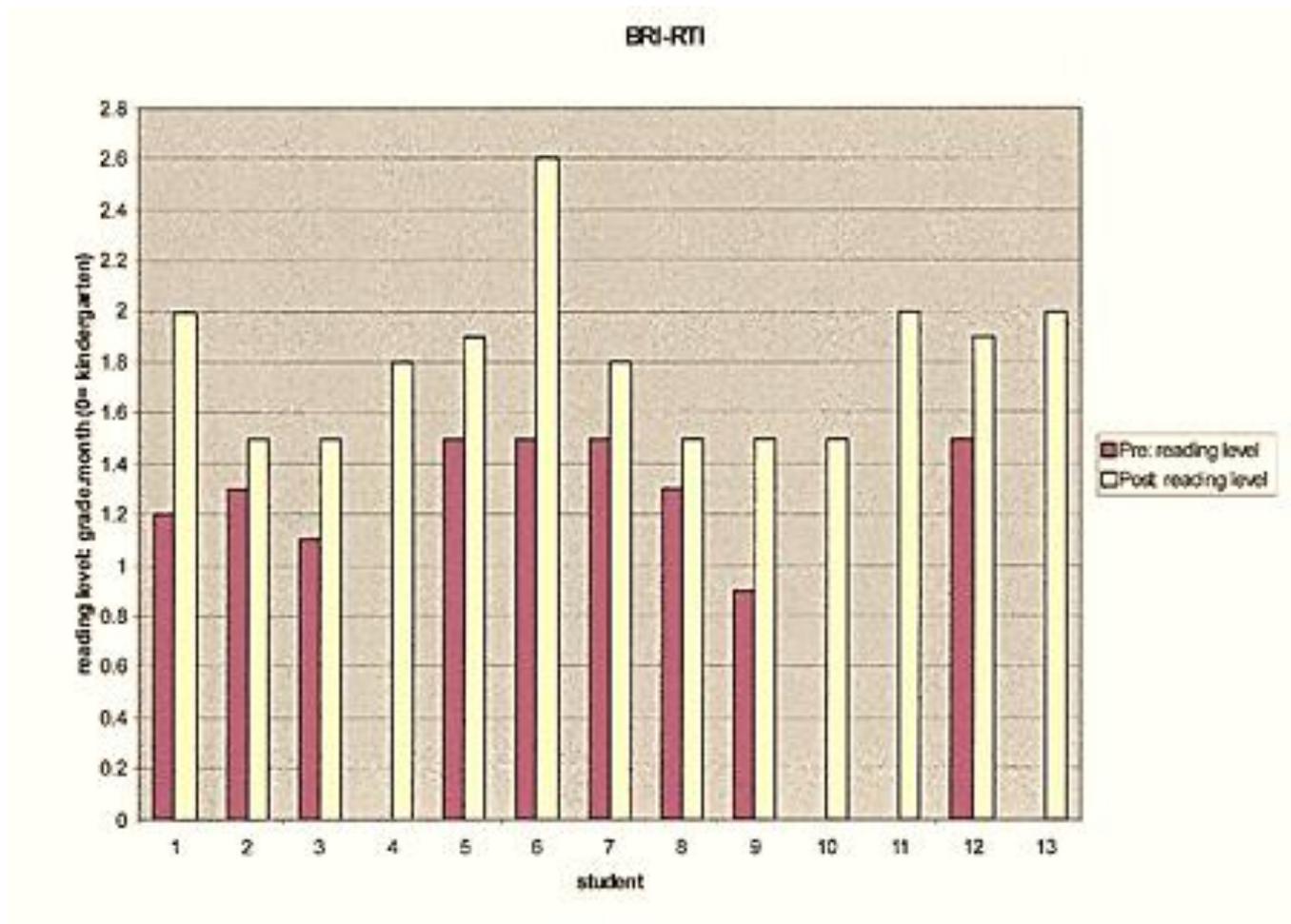
The International Dyslexia Association: www.interdys.org

Steven G. Feifer, D.Ed., ABSNP: www.schoolneuropsychpress.com

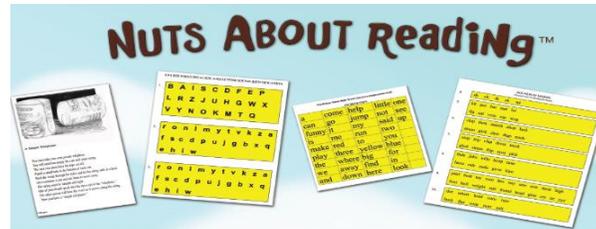
Lindamood-Bell Learning Processes: www.lindamoodbell.com

Kristin Cetone, Reading Specialist: www.buckaroobuckeye.com

- This Chart Indicates Reading Ability Growth that was achieved, based on Informal Reading Assessment



Parents,
go online at <http://buckarobuckeye.com>
to purchase your child's online informal reading assessment
with Mrs. C.



Invest in Your Child's quest for reading success
Any time is a perfect time for an informal reading assessment.

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Nuts About Reading™
Identifying your child's reading ability level or
reading difficulties JUST GOT EASIER

ANNOUNCING a new online reading assessment service

- conducted by a certified Reading Specialist for children Grades 1 through 3
- face-to-face...confidential...convenient...safe
- via video conference from your home computer!

PARENTS: You are your child's first responder! Research shows that closing the gap in your child's reading ability level after third grade creates a challenging game of catch up.
DON'T LET THEM FALL BEHIND

- Do you know your child's grade level reading ability?
- Do they struggle with the words?
- Do they remember what they read?

buckarobuckeye.com
Questions? Contact Mrs. C by email: klacenterprises@aol.com

SIGN UP NOW!