CITY COUNCIL CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES

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April 19, 2016 Start: 01:17 p.m. Recess: 06:00 p.m.

HELD AT: Council Chambers - City Hall

BEFORE:

DANIEL DROMM Chairperson

ANDREW COHEN Co-Chairperson

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Victoria Taccolm [sp?] Mother

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 8 SERVICES 2 [gavel] 3 CHAIRPERSON DROMM: Good afternoon. My 4 name is Daniel Dromm and I'm the chair of the 5 Education Committee. It's great to be here with 6 everyone today. I see the former chair of the 7 Education Committee Robert Jackson is here with us 8 today. Thank you Council Member Robert Jackson for 9 joining us. And it's a great pleasure to be able to 10 chair this committee behind all the tremendous work 11 that you did when you were chairperson. And I 12 applaud you and admire you very much for the work 13 that you've done in regards to education. Thank you 14 for joining us here today. I'd also like to thank 15 my staff Asia Schaumburg [sp?] Senior Counsel, Jan 16 Atwell Senior Policy Analyst, Joan Povolny Senior 17 Policy Analyst, and Elizabeth Hoffman Principal 18 Financial Analyst for this committee before we 19 begin for the hard work that they did in terms of 20 preparing for today's hearing on dyslexia. And let 21 me just start off by saying good afternoon and 22 welcome to today's oversight hearing on addressing 23 the needs of students with dyslexia and related 24 language based learning disabilities jointly 25 sponsored by the education and mental health

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 9 SERVICES committees. We will also hear testimony on two 2 3 resolutions today; Resolution 1027 sponsored by Council Members Cabrera and Cohen and Resolution 4 number 375 sponsored by Council Member 5 Constantinides. I'll talk more about these 6 7 resolutions shortly after some opening remarks and then we'll move on to hear from my co-chairs and 8 sponsors of the resolutions. Dyslexia is a language 9 based learning disability which results in 10 11 difficulties with reading and other language 12 processing skills such as spelling, writing, and 13 pronouncing words. Learning disabilities are caused by a difference in brain structure that is usually 14 15 present at birth and is often hereditary. However, 16 learning disabilities are not intellectual 17 disabilities. Generally speaking, people with 18 learning disabilities are of average or above 19 average intelligence. According to most experts 20 approximately 20 percent of the population or one 21 in five people is thought to have dyslexia or 2.2 related language based learning disability. 23 However, only about five percent of our nation's school aged population have been formally 24 25 identified as learning disabled or LD. That means

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 10 that an additional 15 percent or three quarters of 2 all LD students struggle due to unidentified and 3 unaddressed learning and attention issues. Many 4 aren't identified as dyslexic or LD until they are 5 adults and some have never been diagnosed. Often, 6 7 individuals identified as LD suffer from low selfesteem and behavior problems, struggle with 8 underachievement and underemployment, and appear to 9 end up in trouble more frequently than their non-LD 10 11 peers. In fact, some researchers have found a high 12 incidence of dyslexia in prison populations such as 13 48 percent of inmates in one Texas prison. Parents and advocates report that having dyslexia can lead 14 15 to feelings of frustration, inadequacy, and shame in students. As a matter of fact, I recently spoke 16 17 at a conference and mentioned that we were planning 18 to hold a hearing of dyslexia. Afterwards I was approached by an Assistant Principal in the 19 audience who thanked me for holding a hearing on 20 dyslexia and confided in me that he was dyslexic 21 2.2 and was too ashamed to even tell his principal or 23 anyone else of his condition. Early identification and intervention is key to helping individuals with 24 25 dyslexia and related learning disabilities succeed

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 11 in school. Research shows that students who are 2 3 reading proficiently by third grade are less likely 4 to graduate from high school on time and more likely to drop out than their peers. Most students 5 with dyslexia need help from someone specially 6 7 trained in using a multi-sensory structured language approach such as Orton-Gillingham or 8 Wilson that involves hearing, seeing, and touching 9 at the same time. Schools can also provide academic 10 11 accommodations to help students with dyslexia 12 succeed such as extra time to complete tasks, help 13 with taking notes, books on tape, assistive technology, and alternative means of assessment. 14 15 One major obstacle to appropriate identification and intervention of dyslexic students cited by 16 17 advocates is the failure to specify dyslexia as the 18 underlying condition and evaluations and on a student's individualized education program or IEP. 19 That is because the federal Individuals with 20 Disabilities and Education Act or IDEA list a 21 2.2 number of disability classifications including one 23 called specific learning disabilities which includes dyslexia and other related language based 24 disabilities. For that reason, districts across the 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 12 SERVICES 2 nation including the New York City Department of 3 Education use the more general term learning 4 disabled for all students in this category. In 5 response to advocates' concerns the United States Department of Education issued a guidance letter in 6 7 October 2015 which made clear to districts that there is nothing in the IDEA that would prohibit 8 the use of the terms dyslexia, dyscalculia... 9 dyscalculia and dysgraphia in IDEA evaluation, 10 11 eligibility determinations, or IEP documents. In 12 New York City 40 percent of students with IEPs were 13 in the LD category in 2014/15 according to the DOE's recent report on special education. The DOE 14 15 has begun some initiatives that should help this vulnerable population. In September 2015 Mayor de 16 17 Blasio announced key reforms to achieve the quality 18 and excellence across all New York City public schools including an effort to get all second 19 graders reading at grade level. The goal of this 20 21 universal second grade literacy initiative is for 100 percent of 2<sup>nd</sup> grade students to be able to 2.2 23 read with fluency by 2026. The mayor's announcement stated that every elementary school would receive 24 support from a dedicated reading specialist with 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 13 SERVICES approximately 700 reading specialists in place 2 3 across elementary schools by Fall 2018. Further 4 English Language Learners and students with disabilities are supposed to receive additional 5 supports to ensure that they are on track with 6 7 their peers. DOE issued a press release in February 8 2016 announcing progress on the mayor's reforms in which the term dedicated reading specialist was 9 replaced with dedicated reading coach but it is 10 11 unclear what that change means. Regarding progress 12 made the DOE stated that this spring the first 13 cohort of reading coaches would be identified and schools would begin preparatory work. The new 14 15 reading coaches are supposed to receive intensive 16 training this summer. And in September they will be 17 assigned to over 100 elementary schools in four 18 high needs districts; District 9 and 10 in the 19 Bronx and Districts 17 and 32 in Brooklyn. The reading coaches will initially focus their work on 20 21 second grade teachers at these schools to be ... to 2.2 begin closing the literacy gap. We have also seen 23 press reports stating that the DOE is allocating 3.2 million dollars over five years for a new 24 25 partnership with Manhattanville College to train

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 14 teachers how to help dyslexic students. However, 2 advocates say much more must be done including 3 4 development of a comprehensive plan for meeting the literacy needs of all students including students 5 with disabilities and building literacy, expertise 6 in every school from elementary to high schools. In 7 addition to DOE post-secondary teacher training 8 institutions must do more to prepare educators to 9 help identify and support LD students at an early 10 11 age. It is also important to say that many parents 12 and advocates prefer to use the term learning 13 difference rather than disability to describe dyslexic students. They point out that neurological 14 15 differences that making reading difficult might also help dyslexics excel in other areas such as 16 17 big picture thinking, creativity, special 18 relationships, and design which can be ... which can be an advantage in the fields of science, 19 technology, engineering, and mathematics among 20 21 others. Successful dyslexics include scientists and inventors such as Albert Einstein and Thomas 2.2 23 Edison, political leaders such as Woodrow Wilson and Winston Churchill, business leaders such as 24 25 Henry Ford and Richard Branson, writers such as F.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 15 SERVICES Scott Fitzgerald and Agatha Christy, others in the 2 creative arts including Pablo Picasso, Walt Disney, 3 Steven Spielberg, John Lennon, and many others. At 4 today's hearing the committees will examine DOE's 5 current efforts to address the specific needs of 6 7 students with dyslexia and related learning based disabilities. The committees will... the committee 8 will also look forward to hearing testimony from 9 parents, students, educators, advocates, unions, 10 11 and others regarding their recommendations for 12 other measures that the DOE could take to support 13 this vulnerable student population. As I stated earlier we will also hear testimony and Resolution 14 15 1027 and Resolution 375 today. Resolution 1027 16 calls on the New York State Legislature to pass and 17 the governor to sign Assembly 4330 and Senate 5439; 18 legislation regarding the certification or training of teachers, administrators, and instructors in the 19 area of dyslexia and related disorders. Resolution 20 21 375 calls on the New York state Department of 2.2 Education to include lessons on climate change in K 23 to 12 schools' curriculum. I would like to remind everyone who is here today that you must fill out a 24 25 witness slip which is located on the desk of the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 16 Sergeant at Arms near the entrance of this room. If 2 3 you wish to testify on 1027 or 375 please indicate 4 on the witness slip whether you are here to testify in favor or in opposition to the resolutions in 5 question. I also want to point out that we will not 6 7 be voting on Resolution 1027 today but we will be voting on Resolution 375. To allow as many people 8 as possible to testify testimony will be limited to 9 three minutes per person. And also I do swear in 10 11 everybody who comes before this committee so I just 12 want people to be aware of that. And now I'm going 13 to turn the floor over to my colleague Andrew Cohen for his remarks. Council Member Cohen. 14 15 CM COHEN: Thank you Chair Dromm. I have 16 good news for the audience. Council Member Dromm 17 said a lot of the things that I was going to say 18 and I've been cutting away as ... as he was speaking. So first I want to say good afternoon to everybody. 19 I'm Council Member Andrew Cohen, Chair of the 20 21 Committee on Mental Health, Developmental 2.2 Disabilities, Alcoholism, Substance Abuse, and 23 Disability Services. I want to thank everybody for turning out today to this ... substantial audience for 24 this hearing on addressing the needs of students 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 17 SERVICES 2 with dyslexia and related language based 3 disabilities. I want to thank Council Member Dromm and the members of the Education Committee for 4 inviting the Mental Health Committee to co-chair 5 and participate in this very important hearing. 6 7 Dyslexia is the most common and well recognized 8 learning disability. Early identification and intervention is key for a child with dyslexia or 9 other learning disorders. Since most children learn 10 11 to read in school in the early grades K through 2 12 and are expected to reach proficient reading skills 13 by third grade it is more critical than ever to reach them at the beginning of their education 14 15 therefore identifying any reading issues and 16 intervening with one on one health to enable those 17 students who struggle to move forward at their own 18 pace is essential for a child with dyslexia ... 19 education. The problem is not that students with disabilities are incapable of learning to read it 20 21 is that we are failing to teach them effectively. 2.2 To be clear learning disabilities are not 23 intellectual disabilities. In fact, the majority of people with learning disabilities are of average to 24 above average intelligence. The neurological 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 18 differences that make reading difficult may also 2 allow dyslexics to excel in other areas as Council 3 Member Dromm stated in the big picture thinking in 4 the creative... creativity, special relationships, 5 and design. While people with dyslexia may tend to 6 7 miss details in their environment that require an additional focus they are better at noticing things 8 that are distributed more broadly. To put it 9 another way while typical readers may tend to miss 10 11 the forest because its view is blocked by all the 12 trees people with dyslexia may miss the trees but 13 see the forest. In September 2015 Mayor de Blasio laid out a new education reform to achieve equality 14 15 and excellence across all New York City public 16 schools. Among those introduced was an effort to 17 get all second grade readers ... second graders 18 reading at grade level dub universal second grade literacy. Stated goals of this initiative specified 19 that at least two-thirds of students will be able 20 to read with fluency by the end of second grade 21 2.2 within six years with a target of 100 percent 23 literacy by 2026. Every elementary school will be assigned a dedicated reading specialist with 24 approximately 700 reading specialists placed in 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 19 schools across the city by the fall of 2018. School 2 3 district 10 in the Bronx which I represent is one 4 of four high need districts identified and prioritized to receive extra reading support 5 services this September. In February 2016 as a 6 7 result of local law 27 of 2015 we received the DOE's report on special education. It stated that 8 9 more than 40 percent of students with IEPs that is 75,766 out of 187,672 were in the learning 10 11 disability category in 2014/2015. It was 12 disconcerting to learn that among students with 13 IEPs contain recommendations for special education services only 60 percent were fully receiving the 14 15 recommended services. 35 percent were partially 16 receiving the services. And five percent were 17 categories as not receiving services. Another small 18 but important demographic of the ... of students is the 16 percent of school age special education 19 students attending non-public schools in the 20 21 2014/2015 school year. We should discuss ... we should 2.2 still discuss these students with the Department 23 of ... with the Department because the Department is spending more than 200 million annually on private 24 school tuition in cases where judges have found 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 20 SERVICES 2 that public schools had not met the students' 3 needs. We must work together to ensure that all students requiring and entitled to extra assistance 4 are receiving it so that we can help them graduate 5 and become productive adults. I am eager to hear 6 7 from the administration about what is being done to ensure that every child has the best education. I 8 am also looking forward to hearing from advocates 9 and other student experts in the field on what more 10 11 can be done in... to support our students. And I 12 think I'm looking forward to hearing from students 13 today too. Lastly, just a word in support of Reso 1027 sponsored by my colleague Council Member 14 15 Cabrera of which I'm a co-sponsor ... Reso 1027 calls upon the New York state legislature to pass and the 16 17 governor to sign Assembly Bill three... 4330 and 18 senate bill 5439, legislation regarding the certification or training of teachers, 19 administrators, and instructors in the area of 20 21 dyslexia and related disorders. I support this 2.2 resolation [phonetic] ... resolution and the 23 corresponding assembly and senate bills because we must do more to ensure students with dyslexia and 24 25 other learning disabilities have access to

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 21 SERVICES 2 additional support and that their teachers are 3 supported as well through training and 4 certification. I just want to acknowledge that 5 we've been joined by Council Member Crowley, Council Member Vallone, Council Member Grodenchik 6 7 from the Mental Health Committee. And lastly I want to thank the committee staff for all of their 8 assistance in preparing for today's hearing; our 9 Legislative Analyst Nicole Abene, Michael Benjamin ... 10 11 you're a counsel aren't you? Oh next week, next week she'll be admitted so ... then she'll be counsel. 12 13 And I saw our Finance Analyst Jeanette Merrill. And I also want to thank Kate Diabold [sp?], my 14 15 Legislative Director for her assistance today. I'm 16 going to turn it back over to Council Member Dromm. 17 Thank you.

18 CHAIRPERSON DROMM: Thank you very much. And let me acknowledge members of the Education 19 Committee and others who are here with us as well. 20 21 Council Member Inez Barron from Brooklyn is here. 2.2 Council Member Mark Treyger from Brooklyn, Council 23 Member Mark Levine from Manhattan, Council Member Ben Kallos from Manhattan, Council Member and Chair 24 25 of the Committee on Nonpublic Schools Chaim Deutsch

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2	is here from Brooklyn. Council Member Alan Maisel
3	from Brooklyn, Council Member Costa Constantinides,
4	Council Member Barry Grodenchik, Council Member
5	Margaret Chin, Council Member Debbie Rose is also
6	here. And with that I'm going to turn it over to
7	Council Member Constantinides to make some comments
8	on Resolution 375.
9	CM CONSTANTINIDES: Thank you Chairman
10	Dromm for your continued leadership of this
11	Education Committee and thank you Chairman Cohen
12	for your great work as well with Mental Health
13	Committee. I am Council Member Costa Constantinides
14	and here to address Resolution 375. Climate change
15	is one of the most serious issues facing New
16	Yorkers today. 15 of the hottest 16 years on record
17	have occurred after the year 2000. And no one born
18	after February of 1985 has ever known a full month
19	of below average global climate. As the global
20	temperature rises our winters and summer become
21	longer and more extreme. Hurricanes and tornados
22	become more powerful and higher sea levels will
23	quite possibly swallow up coastal homes and towns.
24	The overwhelming consensus of climate scientists
25	tell us that the planet is warming, that this is

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 23 SERVICES 2 higher temperature, will cause extreme and 3 dangerous weather and that climate change is caused by human activity. President Obama has said and 4 I've quoted him before that we are the first 5 generation to feel the effects of climate change 6 7 and we will be the last generation that will be 8 able to do anything about it. That is why education 9 is so critical here. We must ensure that everyone understands that climate change impacts all areas 10 11 of human life. One example can be seen in the recent California drought. A report by the 12 University of California estimates that the cost to 13 the state will be about 2.7 billion dollars 14 15 including to the lucrative almond and wine making 16 industries. That's a serious blow to the ... our 17 largest state's economy. It's also an issue of 18 political stability and even national security. My 19 bill resolution 375 calls on the New York state 20 Department of Education to remedy the issue of 21 education by making climate change K through 12 curriculum available to all students. While I'm 2.2 23 encouraged to see that they're working to adopt new generation science standards which covered climate 24 25 change far more than the previous science

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 24 SERVICES curriculum did it still doesn't address the 2 3 underlying problem of treating issue as a bullet 4 point in a science text book rather than a dynamic problem that has come to ... our existence in the 21<sup>st</sup> 5 century. Knowledge is power. And if we can pass 6 7 onto our children a full understanding ... what happening in their world they'll be that much more 8 9 prepared to fight for a sustainable future for all New Yorkers. And I want to thank all the young 10 11 people who are here today from Global Kids. We're 12 not allowed to clap here but we go like this in New 13 York City Council, kind of a jazz hands. But I want to thank all the young people that are here today 14 15 who brought this to my attention, who are here 16 today to ensure that their voice is heard and that 17 their colleagues in school will get this climate 18 change education. It's your activism that is the 19 genesis of this resolution. It's your activism 20 that's going to have this resolution passed today 21 because you're working so hard. So I want to 2.2 congratulate you. You're making government work. So 23 thank you all. I want to then thank our chairperson of... of the Education Committee Danny Dromm and 24 25 again all one ... everyone at Global Kids, Alliance

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 25 SERVICES for Climate Education and I asked them... I... I you 2 know humbly asked my colleagues in the Education 3 Committee though I'm not a member to support 4 5 resolution 375. Thank you. CHAIRPERSON DROMM: Thank you Council 6 7 Member Constantinides and let me also thank global kids because they came to my Christmas party, they 8 wrote me emails, they call me on the phone, every 9 time they saw me they wanted to get this piece of 10 11 legislation at least to a hearing and hopefully 12 today to passing in this committee as well. So you 13 did it the right way. Thank you Global Kids. And we will be talking a little bit more about that 14 15 resolution as we move along. Right now it's my duty 16 to swear in our witnesses. So I'm going to ask them 17 if they would please raise your right hand. We are 18 joined today by Philip Weinberg the Deputy Chancellor for the New York City Department of 19 Education, Esther Friedman from the New York City 20 Department of Education, and Jason Borges from the 21 2.2 New York City Department of Education as well. Do 23 you solemnly swear to tell the truth, the whole truth, and nothing but the truth and to answer 24

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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 26 council member questions honestly? Okay. Deputy 2 3 Chancellor would you like to begin? DEPUTY CHANCELLOR WEINBERG: good 4 afternoon Chairs Dromm and Cohen and members of the 5 Committees on Education and Mental Health. My name 6 7 is Phil Weinberg and I am the Deputy Chancellor for the Division of Teaching and Learning at the New 8 York City Department of Education. I'm joined by 9 Esther Friedman Executive Director of the Office of 10 11 Literacy and Academic Intervention Services within 12 our division and Jason Borges Senior Director of 13 Literacy and Intervention with the DOE's Division of Specialized Instruction and Student Support. 14 15 Thank you for the opportunity to discuss the DOE's 16 work to support students with dyslexia and related 17 language based disorders. The DOE's committed to ensuring that all students have access to a strong 18 comprehensive core literacy programs and a multi-19 tiered system of interventions designed to meet 20 21 their needs including students who struggle with 2.2 literacy acquisition. While our focus on literacy 23 and literacy interventions addresses Kindergarten through Grade 12 we recognize that there's more 24 25 work to do. That's why Mayor de Blasio and

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 27 SERVICES 2 Chancellor Farina announced the equity and 3 excellence agenda earlier this school year 4 introducing our new universal literacy initiative that will boost literacy in the early grades by 5 ensuring every elementary school receives support 6 7 from a dedicated reading coach. Universe... universal 8 literacy will ensure all students are reading on 9 grade level by the end of grade two. Our goal is that by 2022 at least two-thirds of our students 10 11 will be able to read with fluency by the end of the 12 second grade and ultimately 100 percent will 13 achieve fluency by 2026. We want all city students to have the strongest possible academic foundation 14 15 to prepare them to succeed in college and careers. 16 Currently all students benefit from explicit and systematic instruction in the foundational skills 17 18 of reading acquisition. Students who struggle with print based disabilities experience primary 19 difficulties in phonological awareness including 20 21 phonemic awareness and manipulation, single word reading, reading fluency, and spelling. It is 2.2 23 important that these students receive targeted instruction in these areas in order to prevent 24 25 academic failure and that they gained access to the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 28 curriculum and ultimately learned to enjoy reading. 2 3 This requires professional learning opportunities 4 that continually develop instructional expertise in evidence based methodologies for our teachers. When 5 teachers are provided with professional development 6 7 opportunities it improves their ability to help students with language based disabilities learn to 8 read and write successfully. Structured intensive 9 multi-sensory reading instruction is the most 10 11 wildly recognized evidence based approach to 12 supporting students who present with dyslexia. This 13 model of support occurs within student school where all children regardless of differences have the 14 15 opportunity to learn with and from each other. Removal from one school to a school where every 16 17 child presents with a disability provides limited 18 opportunity for students to engage with and learn 19 within the natural diversity of their school. Students who exhibit difficulties... difficulties 20 with reading should be afforded the opportunity to 21 2.2 remain with their peers and receive additional 23 support when needed to accelerate their development towards reading and writing proficiency. The 24 Division of Teaching and Learning and DSISS 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 29 SERVICES 2 spearhead the DOE's work to support students with 3 language based disabilities with the division of 4 teaching and learning primarily focusing on general education and DSISS on special education. I will 5 now ask esker ... Esther Friedman followed by Jason 6 7 Borges to discuss their work to ensure that schools are providing all students with literacy supports 8 and interventions. We'll be happy to answer your 9 questions after our testimony. 10

11 ESTHER FRIEDMAN: Good after... Good 12 afternoon. Oh got you. Good afternoon Chairs Dromm 13 and Cohen and members of the Committees on Special Education and Mental Health. I'm Esther Friedman, 14 15 Executive Director of the Office of Literacy and 16 Academic Intervention Services within the Division 17 of Teaching and Learning. Thank you for the 18 opportunity to testify today. As Deputy Chancellor Weinberg mentioned for New York City students with 19 dyslexia and related learning disorders there are 20 21 practices within our core literacy instruction and 2.2 literacy interventions that are designed to benefit 23 students who struggle in achieving fluent grade level reading. We know from a large body of 24 research and teaching reading to students with 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 30 SERVICES dyslexia that a comprehensive program in literacy 2 3 particularly the foundational skills most high to 4 print specifically phonetic awareness and phonics is critical. We believe this instruction must 5 utilize a specific methodology. One is that is 6 7 influenced by Orton-Gillingham offering a sequential multi-sensory explicit approach and must 8 9 come as early as possible in the child's school life ideally starting in pre-k or even earlier. For 10 11 this reason, we offer a large number of training 12 options and various phonics programs targeting 13 elementary and secondary level students. We offer options so that students have programs that are 14 15 matched to their individual needs and teachers who are appropriately trained. The Office of Literacy 16 17 and Academic Intervention Services provides not 18 only citywide professional development 19 opportunities designed to build the capacity of 20 educators to use innovative and research based 21 instructional practices but also high quality 2.2 resources on these practices. Our aim is to equip 23 educators with tools, training, and skills necessary to provide all students with high quality 24 instruction. This school year alone we have 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 31 SERVICES delivered a total of 188 professional training 2 3 events we will have delivered 188 professional 4 training events in reading and writing supports for all readers; 93 of these in academic intervention 5 and 95 in core literacy serving approximately 10,51 6 7 participants. Educators who attend these events develop their classroom practices in very specific 8 areas including assessment, phonemic awareness, 9 phonics, fluency, vocabulary, and comprehension. 10 11 The latter five referred to as the five pillars of 12 reading as well as writing. We also provide 13 extensive professional development in ways to enhance and enrich the core curriculum. 14 15 Participants also learn methods to support students 16 with executive function challenges which can 17 include difficulty with starting and completing 18 tasks, memory, organization, and time management. Typically, 20 to 30 percent of the participants in 19 our professional development events serve students 20 21 with individualized education plans known as IEPs 2.2 largely representing students with a learning 23 disability. However, the majority of workshop participants serve students who are struggling with 24 various aspects of reading acquisition especially 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 32 SERVICES 2 print challenges with or without an IEP. Our ... our 3 events are offered in three major strands; developing classroom practice, exposing educators 4 5 to key speakers and thinkers in the field of literacy, and introducing teachers and 6 7 administrators to hands on... to hands on tools for both assessment and instruction in the targeted 8 areas mentioned earlier. In addition to these 9 intensive professional development opportunities we 10 11 have developed a popular vocabulary instruction 12 manual Word Work and Word Play and other resource 13 tools for educators. The vocabulary manual addresses a critical issue in literacy. We know 14 15 from research in this area that high poverty 16 students come to school with a significant gap in the number of words heard in the home. This is a 17 18 critical area of need for all students who struggle. Thee vocabulary manual provides research 19 based strategies to address this need and all of 20 our resources are disseminated to all schools. New 21 2.2 York state regulations and practices for delivering 23 support in academic and literacy interventions stress a multi-tiered approach to intervention. 24 25 Referred to as response to intervention or RTI it

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 33 seeks to ensure that all students who struggled 2 3 received targeted research based interventions 4 especially in the early grades. Most researchers and RTIs stress the importance of early 5 intervention and consider it prevention at these 6 7 early stages. We believe that the strongest RTI model is one that ensures all students receive 8 strong instruction in all five pillars in the core 9 literacy program and that the foundational skills 10 11 are robustly addressed. For students who struggle 12 more intensive supports and instruction are 13 offered. For example, a strong core program provides fluency instruction through various 14 15 delivery models including the use of shared reading 16 of big books, readers theatre, and other methods of 17 repeated reading including one to one instruction 18 you... using fluency building programs such as the Great Leaps! reading program. Our office provides 19 ongoing training for this program to ensure that as 20 21 many schools as possible can utilize this 2.2 methodology. Furthermore, our universal literacy 23 initiative is being designed to fit the RTI mandate especially in ensuring that the core program 24 25 contains all components of a comprehensive reading

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 34 SERVICES program. This includes components... the components 2 such as phonemic awareness, explicit instruction 3 4 and phonics, and fluency building which we believe to be critical to all readers, especially those 5 challenged in reading acquisition including 6 7 students with dyslexia. Our focus will be on high quality training for our reading coaches who will 8 9 deliver this content to second grade teachers initially and ultimately to teachers in 10 11 kindergarten and first grade. The Universal 12 Literacy Initiative is rolling this out in three 13 cohorts starting with four high needs districts mentioned a few minutes ago. These districts 14 15 initially and impacting an additional 14 districts 16 in year two and the remaining 14 districts in year 17 three. Our office works to ensure that we address 18 both the provision of the strong core program and 19 strong interventions for all students. In fact, starting with several staff members a few months 20 ago and recently expanding to include my whole team 21 22 my entire office has completed an institute on 23 dyslexia offered to an organization, everyone reading, this organization ... an organization that 24 25 promotes staff development and literacy for

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 35 SERVICES individuals with dyslexia and related learning 2 3 disorders. This will better inform our creation of the training syllabus for the universal literacy 4 three week kickoff institute this summer. In 5 addition to the work of my office other literacy 6 7 initiatives within the Division of Teaching and learning include New York City Reads 365 and the 8 9 Middle School Quality Initiative referred to as MSQI, a program funded by the city council. Last 10 11 November we launched New York City Reads 365 which 12 annually provides age appropriate reading lists of 13 new books from pre-k through 12 as well as supports and trainings for school staff and parents focused 14 15 on strengthening reading skills and encouraging the 16 love of reading. MSQI is a key part of our strategy 17 to support all students in literacy by helping 18 teachers develop their craft and creating robust assessments and tools to improve students' literacy 19 skills. There are currently 108 middle schools that 20 have joined MSQI and are receiving additional 21 22 supports such as literacy based coaching, workshops 23 for school staff, and interschool visits. Over 400 teachers and all MSQI principals receive literacy 24 25 based professional development throughout the year

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 36 SERVICES and all participating MSQI schools receive frequent 2 3 site based literacy coaching support. MSQI students 4 who were identified as dyslexic or in need of foundational skills received the Wilson Reading 5 System. Each school... each school MSQI offers the 6 7 initial Wilson Reading System; Professional Development, materials, and curriculum as well as 8 9 ongoing training and site based coaching to teachers and administrators. In addition to basic 10 11 training MSQI allows returning successful teachers, 12 Wilson teachers, the opportunity to become Wilson 13 Level 1 certified. We are pleased with the results we are seeing from students at these participating 14 15 schools, particularly struggling students. Thank you again for the opportunity to be here today. My 16 17 colleague Jason Borges will now discuss our work to 18 support students with IEPs. JASON BORGES: Good afternoon Chairs 19 20 Dromm and Cohen and members of the Committees on 21 Education and Mental Health. I am Jason Borges, 2.2 Senior Director of Literacy and intervention within 23 the Department of Education's Division of Specialized Instruction and Student Support. 24 25 Aligned to the Division of Teaching and Learning
COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 37 SERVICES our work is rooted in the Chancellor's vision to 2 ensure that all students are reading on grade level 3 4 by the end of second grade. Our division stance on print based disabilities are in alignment with the 5 International Dyslexia Association's definition of 6 7 dyslexia. Dyslexia is a neurologically based 8 disorder which interferes with the acquisition and 9 processing of language varying in degrees of severity it is manifested by difficulties in 10 11 receptive and expressive language including 12 phonological processing in reading, writing, 13 spelling, hand writing, and sometimes in 14 arithmetic. We know that some students require more 15 intensive reading intervention. Some of these readers may live with a print or language based 16 17 disability or a combination of both. Some students 18 struggle in the early grades while others may not struggle until the later grades. The Division of 19 Specialized Instruction has developed partnerships 20 21 with nationally recognized professional 2.2 organizations to offer training to teachers in 23 structural support staff throughout the Department of Education. We partner with three Orton-24 25 Gillingham based organizations that offer

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 38 structured literacy intervention trainings for 2 3 teachers in Kindergarten through High School. We also partner with reading reform and Manhattanville 4 College in the training of grades K through 2 5 teachers in seven schools throughout the five 6 7 boroughs in the Spalding Method. The Spalding Method is a whole-class research based approach to 8 teaching phonics. Each teacher received coursework 9 in the content and methodology of Spalding coupled 10 11 with on-site coaching from a mentor. As the schools 12 reach full capacity in the Spalding Method next 13 year each school will serve as a lab site in a 2016/17 school year to showcase their learning to 14 15 other schools who want to expand their development of this approach to teaching phonics in their own 16 17 schools. We recognize the value that the Wilson 18 Reading System can provide for teachers when students in grades 2 through 12 struggle with word 19 recognition and reading fluency. To parallel our 20 21 colleagues' work in MSQI we have continued to 2.2 sponsor three day Wilson reading systems overview 23 sessions a school year so that special educators can begin implementation of Wilson Reading Systems 24 25 in their classrooms. Because we understand that

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 39 schools may need expertise to implement and deepen 2 3 Wilson reading systems we hired a central staff 4 member to oversee the completion of the district level training requirements for this program which 5 would include supporting teachers in level one 6 7 training in Wilson Reading Systems. So far this school year we have provided 59 Orton-Gillingham 8 9 based trainings with 903 teachers and other school based staff in attendance. There are another 38 10 11 Orton-Gillingham based trainings remaining this 12 school year. We work with super intendents in 13 borough field support centers to communicate with schools and share opportunities. By the end of this 14 15 school year at least 91 percent of schools in Staten Island will have a teacher trained in Orton-16 17 Gillingham. We also offer trainings for 18 paraprofessionals at a research proven fluency intervention at the Great Leaps Reading Program. 19 This intervention is organized, easy to implement, 20 21 and yields immediate data on a student's growth and reading fluency. In collaboration with the Division 2.2 23 of Teaching and Learning we are currently training 50 classroom paraprofessionals who work with 24 teachers who receive training from the Division of 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 40 SERVICES Teaching and Learning. These classrooms will have 2 3 double the capacity to support students in becoming 4 fluent readers. We are currently researching assessment practices for students with print based 5 disabilities and other school districts and are 6 working with an outside expert at assessments of 7 phonological processing and rapid... rapid naming 8 9 skills for the purposes of screening, intervention, planning based on student skills, and progress 10 11 monitoring. These assessments will be used to help schools identify reading deficits and plans 12 13 systematic interventions to support these readers. We know that every K through 2 teacher is a teacher 14 15 of reading. Many teachers are using an informal assessment such as running records as part of 16 17 routine practice. These quick and efficient check-18 ins allow a teacher to observe and record a student's oral reading behaviors and flag any 19 concerns related to word recognition. Sometimes a 20 21 classroom teacher will need more specific 2.2 information to best plan instruction. At this point 23 the classroom teacher should administer a norms reading assessment to provide data to support 24 25 appropriate interventions. An example of a wildly

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 41 SERVICES used Norms assessment is the Gates-MacGinitie 2 3 Reading Test. The results of this assessment in 4 conjunction with teachers' observations should inform more targeted intervention and skill based 5 instruction. If over a period of time the teacher 6 7 has evidence that a student is not making progress the student could be initially referred for special 8 9 education which includes an evaluation by a school psychologist. This evaluation will be used to 10 11 determine if a student presents a print based disability. Then the team can determine what level 12 13 of supports are needed for a student to achieve the targeted annual goals for her/his IEP. Next year we 14 15 will enter our third year of work in the evidence based practice of self-regulated strategy 16 17 development and writing. We will also focus our 18 training on a model that provides each borough field support center with a pilot school and a 19 field based staff member trained in this highly 20 21 effective approach and explicit writing 2.2 instruction. Over a three-year trajectory all 23 teachers in this great three through five pilot will be trained and their classrooms will become 24 25 lab sites to showcase their SRSD practice for other

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 42 SERVICES schools. As part of our collective work to better 2 3 understand print based disabilities District 75 would service its students with a wide range of 4 academic and intellectual abilities has also been 5 engaged in professional development to better 6 7 understand the complexity of print based disabilities in the population they serve. Since a 8 9 reading disability can often be a coexisting condition to other cognitive challenges district 75 10 11 is recognizing the need for better diagnostics based on neuropsychological factors to inform 12 13 appropriate intervention practices that can address all students' learning processing needs. District 14 15 75 has been implementing Structured Methods in 16 Language Education, often referred to as SMILE, a 17 beginning reading program developed specifically 18 for students with the most significant language learning communication and literacy needs including 19 students with intellectual disabilities, autism 20 21 spectrum disorders, hearing impairments, and 2.2 traumatic brain injuries. Any student who is able 23 to attend to instruction who has mastered fewer than 10 phonemes is a candidate for SMILE's 24 25 methodology. SMILE was first piloted with students

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 43 SERVICES with autism and limited verbal skills in 10 2 3 District 75 schools during the 2008/2009 school 4 year. Currently there are over 1,000 District 75 staff members training in... and implementing SMILE 5 with kindergarten through 12<sup>th</sup> grade students and 6 7 across various populations including non-verbal students. It is our goal that staff at all 8 Department of Education schools receive training to 9 deepen their literacy knowledge to better support 10 11 our students in their development. All of our 12 students deserve high quality literacy instruction. 13 While we know we have more work to do we are confident that we are heading in the right 14 15 direction. Thank you again for the opportunity to 16 testify today. We will be happy to answer any 17 questions you may have. 18 CHAIRPERSON DROMM: Thank you very much for your testimony. And we're going to go to 19 council member questions now and let me start off a 20 little bit. We've been aware that most school 21 2.2 districts across the nation including New York City 23 have not historically used the term dyslexia on students' IEPs because it's not listed as a 24 25 separate disability classification in the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 44 individuals with disabilities education act. 2 3 Instead it is included under the classification of 4 specific learning disability. However, the October 23<sup>rd</sup> '15 guidance letter from the US Department of 5 Education's Office of Special Education and 6 Rehabilitative Services or OSERS I think clarified 7 that there is nothing in the IDEA that would 8 9 prohibit the use of the term dyslexia, dyscalculia, and dysgraphia in the IDEA evaluation eligibility 10 11 determinations or IEP documents. So my question is 12 do you track those students? And if so can you tell 13 us how many students there are in city's... in city 14 public schools? 15 JASON BORGES: In terms of students ... CHAIRPERSON DROMM: Classified with a 16 17 dyslexic learning disability. 18 JASON BORGES: We ... we don't ... any ... 19 any student would fall under a learning disability classification. 20 21 CHAIRPERSON DROMM: So one of the ... one 2.2 of the frustrations that I had as a teacher looking at a student's IEP for example I don't believe that 23 dyslexia was listed on an IEP. It would be just 24 25 learning disability. If it was broken down to

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 45 SERVICES include dyslexia I think I would know better how to 2 3 approach the learning disability. Is that still the 4 case? Do we not list it in the IEP? And then how do we work with teachers on ensuring that they know 5 dyslexic ... ways to deal with dyslexia? 6 7 JASON BORGES: So in terms of the... the... the classification of a learning disability versus 8 9 a classification if it were to be dyslexia something to take into account is that ... what's 10 11 really important is that it's ... it ... there's more to 12 the... there's more underlying under the ... under the 13 label in that in the present levels of performance in a student's IEP we can get more a descriptive 14 15 nature of how the child learns and an individual 16 reading profile because we know that every reader 17 it's going to ... every reader's a phenomenon to themselves and that we can actually have a better 18 19 sense of the complexity of their... their reading 20 profile and how... and how to instructionally ... 21 instructional implications and to support them. 2.2 DEPUTY CHANCELLOR WEINBERG: And Jason 23 if I'm correct we record on an IEP but we can't report an aggregate number to you ... 24 25 CHAIRPERSON DROMM: I'm sorry you're ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 46 SERVICES 2 DEPUTY CHANCELLOR WEINBERG: ...record 3 some of this information on an IEP but an aggregate number isn't available to us. 4 5 CHAIRPERSON DROMM: Okay so ... so there's no calculation in terms of number of students who 6 are diagnosed with dyslexia? 7 8 DEPUTY CHANCELLOR WEINBERG: No. 9 CHAIRPERSON DROMM: But a teacher could look at the IEP and see the word dyslexia in there? 10 11 DEPUTY CHANCELLOR WEINBERG: Yes. 12 CHAIRPERSON DROMM: And is that a change 13 from previous policy? DEPUTY CHANCELLOR WEINBERG: It's ... 14 15 CHAIRPERSON DROMM: Because to be honest with you when I would look ... and as a matter of fact 16 17 when I would refer to the Committee on Special 18 Education I was told not to use the term dyslexia. And I was told one because they said that I should ... 19 I should not diagnose in the classroom which I get 20 21 but even to say I suspect that the child might be 2.2 dyslexic was not acceptable and then often times 23 when I would see letter reversal or symptoms of being dyslexic in the classroom I had no way of 24 25 confirming whether my suspicions about the learning

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 47 SERVICES 2 disability were related to dyslexia. So I think 3 really this is at the core of the argument or the 4 disagreement that we have with the ... with the DOE is 5 that we need a way to be able to identify those children so that teachers can work with specific 6 7 methods to address those issues in the classroom. ESTHER FRIEDMAN: So if I may ... so I ... I 8 9 just want to respond to that. So whether we have the word dyslexia attached to the student or not 10 11 what's very very important to know about a student 12 is whether they have challenges with print or 13 what's called challenges at the word level. And so that is much more important than any level. Because 14 15 even if there were a label of dyslexia there is a range of ability within that. And ... and so what's 16 17 very important is the diagnostic information that a teacher would find doing assessments such as those 18 that we train people to do. So you know we're in a ... 19 in continuous process of roll out, of assessment 20 for all teachers and for administrators so that 21 2.2 there is an understanding that we have to get to 23 the bottom of it. And so even if someone were labeled as dyslexic that ... that does not give you 24 25 the whole picture. So for example we first ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 48 2 CHAIRPERSON DROMM: No but it does give 3 you partial picture. 4 ESTHER FRIEDMAN: Pardon me? CHAIRPERSON DROMM: And ... and to be 5 honest with you that would be very useful 6 7 information to me as a teacher if I had some indication as to what the perceived disability is. 8 I... I agree that it doesn't give you the whole 9 picture and ... and there are varying degrees of 10 11 dyslexia but I feel that it would have given me a 12 better feeling for what I could do to help that 13 student. 14 ESTHER FRIEDMAN: What ... what I'm saying 15 is that it's more important to know that this individual has a print based ... challenges with print 16 17 meaning that the issue is print and what those 18 issues are specifically. Because even saying that ... 19 so for example a child making reversals is not a 20 diagnosis of dyslexia. 21 CHAIRPERSON DROMM: Mm-hmm. 2.2 ESTHER FRIEDMAN: It means that he 23 doesn't know those letters. I mean that's really what it means. He doesn't know what the sound is to 24 25 go with the letter that he ... that he is doing. So

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 49 SERVICES you know the reversals are typically with similar 2 3 looking letters but not a diagnosis at all of 4 dyslexia because many students might make reversals. So what I'm saying is that the more 5 critical information is to know that there is print 6 7 based disability and then to look even further to 8 see what else... other implications that are usually 9 comorbid with that ... with that problem, with that challenge. 10 11 CHAIRPERSON DROMM: So the ... the ... the specific methods that you identified for use with 12 13 students with learning disabilities in your testimony today ... are they specific to dyslexia or 14 15 are they specific to learning disabilities in 16 general? 17 JASON BORGES: They're ... they're specific to students who... who could ... on two levels. So one ... 18 19 one is you know earlier ... earlier on in a child's development we know that say in K1 K2 that explicit 20 21 phonics instruction is... is a really good ... good 2.2 approach to use with students. And also it could be 23 used as a preventative measure for ... for students who could later on without that ... without receiving 24 that instruction is being identified with having 25

1	COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 50
2	some type of struggle with reading with print. And
3	it's also these methodologies are research proven
4	to support students who live with print based
5	disabilities that includes dyslexia. So they could
6	be used as a whole class level to small group as
7	well as at a one to one level with student.
8	CHAIRPERSON DROMM: But my understanding
9	is that in the classroom today at the Chancellor's
10	insistence… I'm not opposed to it, but that we use
11	the balance literacy approach. These more
12	structured approaches especially to whole classes
13	seems to contradict the balanced literacy approach.
14	Am I right or wrong on that?
15	ESTHER FRIEDMAN: So I'm I'm going to
16	take that. So you know balanced literacy is a very
17	loaded term. And it's interpreted so if we asked
18	you know ten educators that you lock in a room you
19	you would get quite different responses. When the
20	chancellor is talking about balanced literacy using
21	that term it is not the same term that you might
22	have heard 15 years ago or starting in 1988 let's
23	say. She is absolutely very explicitly talking
24	about the inclusion of phonics in an overall
25	comprehensive core program. So what we know in in

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 51 SERVICES a core program, so let's say in the early grades 2 but really in any grade, is that if you include all 3 components including phonics, including phonemic 4 5 awareness as ... as something that you would do to support phonics and teach explicitly that for 6 7 students who still do not respond to a really rock solid truly balanced program ... and I call it a 8 comprehensive literacy program but even that... you 9 know what ... what does that mean, it means it 10 11 includes all the components of reading that have been delineated in the research. So for students 12 13 that do not respond to that instruction New York state has regulations that suggest a multi-tiered ... 14 15 they don't suggest, they demand a multi-tiered 16 approach. So if the child does not respond to core 17 there is a more intensive provision of service 18 still targeting the five pillars in question for that child. That's why it's very important to have 19 the diagnostic information. And if it ... that second 20 21 tier of no response or insufficient response or not 2.2 expected response been more intensive intervention. 23 All... all sort of stemming from rock solid comprehensive truly balanced instruction. So when 24 25 people use that term it's very important to ask

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 52 SERVICES 2 what they mean by it. And ... and I can tell you that 3 the chancellor has very explicitly in writing and public documents said you must include phonics and 4 5 phonemic awareness explicitly and with a program, not just incidentally but... but really 6 7 comprehensively. CHAIRPERSON DROMM: So I appreciate the ... 8 9 the... the chancellor's insistence on phonemic awareness. But the one thing that concerned me was 10 11 when I was teaching was the provision of services 12 to individual students when you're using a balanced 13 literacy approach and when to use it for ... and for students that were labeled as learning disabled who 14 15 were probably in a sense receiving set services how 16 does it actually happen in a classroom where a 17 teacher gets to use some of these other methods 18 when they're doing balanced literacy. ESTHER FRIEDMAN: So again I think we ... 19 you know we may be using the balanced literacy term 20 21 a little bit differently. So in... in a core program 2.2 in K to 3 on the common core learning standards it 23 very explicitly calls out the full balance which

25 it's... it's written very explicitly along with

24

includes phonics and phonemic awareness. So... and

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 53 SERVICES 2 everything else, foundational skills. So that would 3 be included and then you would see that reflected also in the professional development that's offered 4 for both core and for interventions meaning if it 5 doesn't happen ... success does not happen in the 6 7 developmentally expected way meaning K, 1, 2, or 3 at that point it becomes intervention. And if fact 8 there were interventions even in those early grades 9 but they're typically referred to as... as a 10 11 prevention model. So when you say balanced literacy 12 you'll be including everything that you're talking 13 about not only because we do include that but because that is mandated through ... we are a common 14 15 core state and city and it's... it's spelled out very 16 very clearly there. 17 CHAIRPERSON DROMM: So can you just also 18 walk me through a little bit what does a ... a writing program look like for a dyslexic student? 19 20 ESTHER FRIEDMAN: So a writing program for dyslexics and all students who struggle with 21 2.2 that is going to include some multi-sensory 23 features that are sort of connected, not sort of, they are connected to things in the reading 24 25 program, specifically the phonics... specifically the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 54 SERVICES phonics but the writing program would be explicit. 2 3 There would be a sequence to it. So typically when 4 you think in terms of students with learning differences, learning disorders typically they do 5 respond to explicit instruction. The research says 6 7 that's the direct way to go, direct instruction it's referred to... it's referred to in that way at 8 9 times and sequential format, corrective feedback ... So it would look that way. I mean it would have all 10 of the elements. You still have to have all of the 11 elements that are described in the common core. So 12 13 exposure to genre of writing ... you know all of the high level but is ... but also the skills that would 14 15 support that sort of work. 16 CHAIRPERSON DROMM: Do we correct 17 spelling? 18 ESTHER FRIEDMAN: Absolutely. We even 19 teach spelling. Because if you have phonics ... 20 [cross-talk] 21 CHAIRPERSON DROMM: We teach spelling 2.2 now? 23 ESTHER FRIEDMAN: We teach spelling in the ... if you ... 24 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 55 SERVICES 2 CHAIRPERSON DROMM: Because for a while 3 I know we weren't supposed to teach spelling. 4 ESTHER FRIEDMAN: We... we must teach 5 spelling. And absolutely I'm hiring people and I... I usually don't like to hire people that don't spell 6 7 well so yes. The way that we teach spelling 8 ideally ... so if you think of maybe the spelling 9 program that you might have had as a child, spelling is toward... [cross-talk] 10 11 CHAIRPERSON DROMM: No but look I only 12 left the system in 2009 and I know what the DOE was 13 saying at that time. This does seem to be somewhat different from when I left the system and I'm 14 15 appreciative of that fact. So I'm asking genuinely. 16 I'm not trying to ... to ... 17 ESTHER FRIEDMAN: Yeah. So ... so I just 18 want to make clear that spelling is taught ... good 19 spelling is taught in patterns, ideally in a multi-20 sensory way. So suddenly it's starting to sound 21 like the phonics program. And good phonics programs 2.2 teach phonics including spelling meaning there's a 23 decoding and encoding involved. So in fact your phonics program is your spelling program. So if 24 25 there is a phonics program there is a spelling

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 56 SERVICES 2 program. And it's absolutely expected that ... that 3 that will be taught. Again on ... on the common core 4 but also in our practice. 5 CHAIRPERSON DROMM: So we're getting into real education stuff here but I want to give 6 7 my colleagues a chance to ask some questions too but do we use closed technique or do we use content 8 9 clues for example to work with dyslexic students? ESTHER FRIEDMAN: So we would use ... well 10 11 you're asking about two separate things. So closed 12 fill in the blank, we use it ... it's the ... the 13 original close with the degrees of reading power which started out as a readability formula and 14 15 extended into actually the New York state assessment for a while. It's still a strategy 16 17 that's used. MSQY uses that assessment, the DRP 18 now. 19 CHAIRPERSON DROMM: Is ... is that part of 20 Wilson. 21 ESTHER FRIEDMAN: No. 2.2 CHAIRPERSON DROMM: No, okay. 23 ESTHER FRIEDMAN: It is not. It's ... it's ... it's an assessment tool right now and it's also a 24 25 strategy... it's a format, it's not a strategy. For

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 57 SERVICES students who are dyslexic and have other reading 2 3 challenges certainly for comprehension the use of context clues would be one little piece of ... of a 4 5 very broad range of skills and strategies in comprehension and vocabulary instruction. They 6 7 would not be about the phonics but instruction. CHAIRPERSON DROMM: Okay Council Member 8 9 Cohen. CM COHEN: Thank you Chair. I like 10 11 showing off all that I don't know in front of a 12 large crowd and on TV. So ... and I ... and I ... do not 13 claim to be an expert in this area. But I... one, I 14 just wanted to follow-up on a question that Council 15 Member Dromm asked about the terminology. You think it's better it sounded like sort of ... to describe it 16 17 more broader terms about word learning issues as 18 opposed to using ... but I mean is there any reason why we wouldn't use both? I mean it sort of a 19 general term and a specific term where there ... I 20 21 mean do you think there's no value in the term at 2.2 all in terms of diagnosing or giving guidance to 23 teachers about what the status is of the student? ESTHER FRIEDMAN: You're talking about 24 25 the term dyslexia?

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 58 SERVICES 2 CM COHEN: Yes. 3 [background comments] ESTHER FRIEDMAN: So my feeling is that 4 5 what is very critical is to know what it is that the problem is. That is much more critical than to 6 7 say somebody has a ... You know everybody now is grappling is it a learning difference, is it a 8 9 learning disorder, is it a learning disability. I ... I've been asking many ... you know NCLD ... many 10 11 different people... folks have very different takes 12 on it. It doesn't matter if you use that term, 13 dyslexia, but you don't know what to do about it. 14 You don't know how to look at the specific kinds of 15 diagnostic targets that you ... you have to know in 16 order to do the treatment protocols that the child 17 is likely to respond to. So to me it's more 18 important to know well what does that really mean 19 and what does it mean for that individual student because it's not going to be just one thing ... one 20 21 you know monolithic thing. 2.2 CM COHEN: I... I understand your answer 23 but I'm... like in some ... you ... you might do both, sort of belt and suspenders. Do you think that there's 24 25

1	COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 59
2	sort of a counterproductive element to maybe the
3	label? I just…
4	ESTHER FRIEDMAN: I I think that when
5	you say learning disability should set off a lot of
6	bells and whistles to say let me look much more
7	diagnostically although we encourage everyone to
8	look diagnostically teachers to look
9	diagnostically at every child who… who shows
10	struggle. But to me that is the key is that if you
11	have a term learning disorder, learning disability
12	it sets off… it should set off some kind of a
13	little alarm to say let's let's dig a little bit
14	deeper in terms of diagnosing.
15	DEPUTY CHANCELLOR WEINBERG: It's it's
16	not a problem with having the term on an IEP. What
17	we want to get to is as clear a understanding of
18	what we need to do next as we possibly can. We
19	don't want to limit ourselves to a series of terms
20	that will actually drive us to less understanding.
21	We want to describe as clearly as we possibly can
22	what we can do to make sure students can learn
23	best.
24	CM COHEN: And again I'm totally asking
25	out of ignorance but I… I guess it's driving sort
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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 60 of a more individualized approach so that we'e not ... 2 3 we're not just sticking a label on the problem and sort of you get services ... you want to be ... [cross-4 5 talk] DEPUTY CHANCELLOR WEINBERG: Exactly. 6 7 CM COHEN: Okay I understand. I'm curious about self contained classes versus ICTs. 8 What... what drive ... what drives that? When is ... when 9 appropriate and when the other appropriate and how 10 11 are those determinations made? JASON BORGES: I... in terms of ... you know 12 13 I... when a... when a student is referred for an ICT class which could be 60 percent students without an 14 15 IEP and say 40 percent of students with an IEP you 16 know usually those are learning differences that 17 could be addressed within that setting. And we want 18 to be more inclusive as... as possible to have ... to have these kind of ... you know learning environments 19 so to speak. But in ... in relation to students who 20 are given you know self contained classes those 21 2.2 are ... those are you know very complex learning 23 challenges that need to be addressed in that ... in that environment. 24

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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 61 2 CM COHEN: I... I'm just curious ... in ... in 3 terms of like ... I mean obviously we all want the 4 best outcome .... 5 JASON BORGES: Mm-hmm. CM COHEN: And I quess you're trying to 6 7 strike a balance between sort of the... the social element of being in school. I mean is a ... can ... is 8 there a circumstance where self ... in terms of 9 getting kids to read better or to deal ... and take on 10 11 the challenges is... is a self... are there benefits to 12 a self-contained class or ... that might you know get 13 the results in terms of reading on grade level that you're looking for or is ... or being in ICT is that 14 15 better in terms of achieving the goal of ... of getting reading level? 16 17 DEPUTY CHANCELLOR WEINBERG: And I think 18 the intensity report has to be based on the 19 intensity of need. And so we have different settings for students so we can provide more 20 21 targeted, more intense service when needed but we want our students to be in the least restrictive 2.2 23 environment possible whenever possible. CHAIRPERSON DROMM: And ... and just to 24 25 clarify there's federal law that says that students

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 62 are supposed to be placed in the least restrictive 2 3 environment so that's the decision that DOE makes when they make these decisions whether to place a 4 5 child in a regular classroom or to segregate them 6 out. 7 CM COHEN: Yeah I'm just curious ... that's exactly I think what I'm trying to get to the heart 8 9 of is how is that balance struck or what are the criteria you know in terms of learning disability 10 11 when... when someone would be in a... in a group 12 setting or versus an ICD setting? 13 JASON BORGES: The higher reading levels ... the ... we want students to be educated where 14 15 they can be challenged the most and be successful. And so the intensity of support, the focus of the 16 17 classroom, the smaller setting where ... can help us where we need to provide a more intense support 18 area. But our goal is to have everyone in as 19 diverse and has language rich environment as 20 possible in every setting, in every opportunity 21 2.2 that we can. 23 CHAIRPERSON DROMM: Okay thank you. And now questions from Council Member Mark Treyger. 24 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 63 2 CM TREYGER: Thank you to Chair Dromm 3 and thank you Council Member Cohen for holding this very important ... critically important hearing. I 4 5 just have a quick question about the ... the personnel that are actually charged with the responsibility 6 7 to make sure that the needs are being met and addressed and making sure that the people who are 8 9 conducting this... this diagnostic work are actually trained and skilled in conducting the diagnostic 10 11 work. Can you speak to that? Can anyone speak to that? 12 13 ESTHER FRIEDMAN: Alright so... so... so what we do is we have ... so hopefully some of that 14 15 happens in preservice for designated teachers 16 because there are many different kinds of teachers 17 that serve the needs of students with learning 18 disabilities but we do have a very broad ... very broad base of topic including diagnostic ... 19 diagnostic prescriptive set of assessment 20 protocols, plural protocols, as well as ... because 21 2.2 you can't just assess and then know and then of 23 course you ... you want to know what to do. So to go with that treatment protocols, instructional 24 25 treatment. And so... so we have across many offices ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 64 2 many offices including the ones represented here 3 today and mentioned in the testimony a huge amount 4 of professional development, very specifically 5 building teacher capacity in ... in exactly what you're asking about. Because assessment is a very 6 7 complex process and treatment for what you find in the assessment meaning the diagnostic prescriptive 8 approach that would be the approach I would say 9 that we are using whether we use those terms all 10 11 the time or not that is for ... for kids who struggle 12 that is the approach that we use. 13 CM COHEN: Now there was a report recently that the education department continued 14 15 to... is continuing to basically outsource or hire 16 private companies to provide special education 17 intervention services. And my concern... and I'll 18 tell you my issue with this is that you know I went 19 to school to get my educator license. I went to school to Brooklyn College to get my license to be 20 21 an administrator. And there are people who have to 2.2 follow government mandates to get credentialed to 23 work in the school system. And also it's your licensing and years of experience that help dictate 24 25 you know your next steps and ... and your rise in the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 65 DOE. How do we know what credentials or what 2 3 expertise, what licenses these people have in these 4 private companies when they work with our children? 5 And rather than outsource those types of positions why can't we do more in the DOE to hire additional 6 7 paraprofessionals, guidance counsellors, social workers, support staff within the schools rather 8 9 than contract out with private companies? DEPUTY CHANCELLOR WEINBERG: So the goal 10 11 isn't to outsource. We ensuring that providers 12 when... when we don't have providers within our own 13 capacity but we do not want to ... we do not outsource 14 where we do have the capacity. 15 CM COHEN: So the DOE is not hiring 16 outside companies to provide special education 17 intervention services? 18 DEPUTY CHANCELLOR WEINBERG: In... in shortage areas where we don't have providers on 19 20 staff. 21 CM COHEN: And why don't you have 2.2 providers on staff? 23 DEPUTY CHANCELLOR WEINBERG: For every potential need that would arise. 24 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 66 CM COHEN: Well see my response is that 2 3 you know the chancellor lifted the freeze on hiring staff I think over a year or two years ago. I think 4 5 that there are many capable people who have gone through the diligent work of obtaining licensing 6 7 credentials which the state mandates. And I think that we should be hiring within the DOE within our 8 schools to provide additional support staff to meet 9 the needs of ... of kids. The last point I ... I want 10 11 to raise is that I think in extraordinary ... in 12 extraordinary amount of time goes into trying to 13 diagnose you know student weaknesses. What do we do to make sure that we diagnose student strength and 14 15 build a... you know really build an education plan or 16 an IEP around that? Because you know a child might 17 have an issue in one area but might be incredibly 18 talented and gifted in another area. And this I saw from my own experience being a teacher. But too 19 many times we just focus so much on ... on one issue 20 when we started the bigger picture. And so how are 21 22 schools and educators encouraged to also identify 23 student strengths and build curriculums and build lessons around that. 24

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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 67 SERVICES 2 DEPUTY CHANCELLOR WEINBERG: And I think 3 you ... you're identifying as a teacher what ... what we ask the bulk of our talented educators to do 4 through the city which is to make sure we meet the 5 students where they are, build on their strengths, 6 7 identify the areas where they could use our support, make sure we provide that to them, and 8 9 move along as quickly as we can. You want to add to that? 10 11 ESTHER FRIEDMAN: Yeah. I'll... I'll just 12 add that you know part of the ... so ... the least 13 restrictive environment was mentioned before. And so children have the greatest opportunity to show 14 15 their strengths when they are exposed to the complete curriculum. And so absolutely they need a 16 17 focus on their weaknesses because we want to build 18 those up. You know if you go to the doctor you're just looking at something specific. On the other 19 hand, in the... in the total comprehensive core 20 21 curriculum, I'm talking about the whole thing, not 2.2 just literacy there are many opportunities for 23 students to shine including in areas in which they struggle because hopefully they're making progress 24 and that they are seeing it. But certainly in the 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 68 2 overall program there's an assumption, and it's a strong assumption and it ... it absolutely is ... we have 3 4 evidence of it every day that even children who 5 struggle let's say with print might have excellent comprehension as long as there are accommodations 6 7 made for the print... for the print challenges. CM COHEN: I would just close ... and this 8 is my last point chair and I thank you for your 9 time is that I... I did teach ICT. But one of my 10 11 concerns was that ... and ... and fortunately I worked in 12 a school where I was on my school's staff 13 development team where we actually ... we ... through an SBO we actually made common time for common 14 15 planning which is a responsible thing to do. But I 16 hear from some educators that when you pair a 17 general ed teacher with a special education teacher sometimes they don't have common time to plan 18 because you have two teachers in the classroom and 19 they need to have time to modify that instruction 20 21 to meet the needs of all kids and time is of ... time 2.2 is... is a critical... is a... is a big issue. So I think 23 that when we visit schools I think we need to do more than just ask about test scores and ask about 24 25 assessments how... how are schools structuring their

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 69 2 day to make sure that educators have time to work together to collaborate and plan together as well. 3 4 DEPUTY CHANCELLOR WEINBERG: And we ... we 5 couldn't agree more which is why the first contract we created built in more time for teachers to 6 7 collaborate with each other. We think it's essential way for us to move our school system 8 9 forward. CM COHEN: Alright thank you. Thank you 10 11 Chair. 12 CHAIRPERSON DROMM: Thank you. And now 13 we have questions from Council Member Mark Levine. CM LEVINE: Thank you to both our 14 15 chairs, panels ... wonderful to see you. Often it's the parents who identify learning differences in 16 17 their children and parents can be amazingly 18 effective advocates for their children. But there's a wide variation of just how involved and capable 19 parents are based on socioeconomic levels. A parent 20 21 is juggling multiple jobs, might not have the time 2.2 to vote ... to advocating for their child. Sometimes 23 it's a full time job just to get an IEP for your child and get them the appropriate services. I'm 24 25 wondering whether therefore you see a variation in

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 70 SERVICES how frequently dyslexia is diagnosed in middle and 2 3 upper income neighborhoods in the city versus some 4 of the more low income areas. If you were to pair ... 5 compare district two to district five for example 6 are they both at about seven percent, which is the 7 citywide average, or do you see a variation in 8 diagnosis? 9 JASON BORGES: I think we'll have to get back to you with that. We don't have that 10 11 information. 12 CM LEVINE: I think it's a question 13 worth... worth exploring and... it... it'll be a measure of the extent to which our in-school diagnosis 14 15 systems are working. Ideally it would equalize 16 those. Certainly you see with other conditions like 17 autism, surprising variation in the rate of diagnosis. It's unlikely that there is a medical 18 19 explanation for that so something worth exploring. 20 There are cases that ... in which a child's dyslexia 21 is so severe that we conclude the schools can't 2.2 adequately serve them. Is that correct? And in such 23 cases the child will be directed to a nonpublic setting? Or does dyslexia not rise to that level in 24 25 any case?

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 71 SERVICES 2 ESTHER FRIEDMAN: Yeah. So ... so we ... we 3 feel that if the print based disabilities are 4 addressed there's no reason why they cannot be addressed in the standard school setting where the 5 child is also going to get the full benefit of the 6 7 curriculum because that's a very very important thing. So when you think in terms of print based 8 disability it's not just something that you fix, 9 it's fixable, and absolutely must be you know ... 10 11 child must be put on track as far as print. But 12 then there's all the other aspects of reading 13 including the information that you build from content area from... from doing reading but also from 14 15 learning the things that are in the standard curriculum which for us is driven by the common 16 core although it varies, you know little ... looks a 17 18 little different school to school. So the ... the risk when you remove a child from a standard school 19 setting is that that is going to be a piece that's 20 21 lacking and ... and so that the ... what you start to accumulate is a deficit of information in that 2.2 23 child. CM LEVINE: No I'm... I'm not advocating 24

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for removing more kids. I understand that if we can

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 72 SERVICES serve them with their peers in ... in their local 2 3 school or another public school setting that's 4 great for a number of reasons also financially it's preferable. But the ... but there are thousands of 5 kids from... it's been determined that the schools 6 can't adequately serve them. Maybe not specifically 7 for dyslexia but for other learning differences. 8 9 And in that case the DOE pays for them to receive services in a private school or other non-public 10 11 setting. And I'm wondering whether in any case is it's dyslexia which is the condition that ... that 12 leads to a determination that the kid... the child 13 can't be served in the schools or whether dyslexia 14 15 just never rises to that level of severity. 16 DEPUTY CHANCELLOR WEINBERG: I'm not 17 sure we have that specific information available. 18 Certainly any level ... any disability that rises to 19 the level where we can't serve the student we do 20 find a provider. 21 CM LEVINE: Right. And ... and I'll just 2.2 conclude by noting that here again I had a 23 suspension that there is differential rates between upper income and lower income families because 24 25 it's... it is really tough often to advocate for your
COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 73 SERVICES child to get approval for service outside of the 2 3 public schools can be a fight often parents hire 4 lawyers, etcetera. And it would be unfortunate if the result of that was that kids from lower income 5 backgrounds just weren't as likely to get those 6 7 kind of services outside of the public school system. I'll conclude there. Thank you very much. 8 9 DEPUTY CHANCELLOR WEINBERG: Thank you. CHAIRPERSON DROMM: Thank you Council 10 11 Member Levine. I'm going to ask a few more 12 questions. So what type of assistive technology is available for LD students? And I think that I saw 13 recently something and in the newspapers that I 14 15 think an extra million or so was allocated to 16 provide iPads or cellphones. Is that part of the 17 technology that's needed for students with 18 dyslexia? Can it be used to work with them? 19 DEPUTY CHANCELLOR WEINBERG: Those 20 technologies can be used to assist students with 21 print based disabilities or dyslexia particularly 2.2 text to speech software where students have access 23 to... to the text allowed to them. 24

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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 74 SERVICES 2 CHAIRPERSON DROMM: So do you... are you 3 spending expense dollars on providing schools with 4 assistive technology devices? 5 DEPUTY CHANCELLOR WEINBERG: I don't... I don't have that information readily available right 6 7 now. 8 CHAIRPERSON DROMM: Okay because there's 9 been an issue with using capital dollars for that purpose. And you know I've spoken to the controller 10 11 about that. But it's my understanding that some smart schools bond act money could be used for that 12 13 purpose and I would really encourage you to look into that and to see what might be available to 14 15 students because I think those assistive learning 16 devices are really important to students with 17 dyslexia. I think that ... some of the cases that I've 18 seen it ... it's really worked well with them. How are 19 the social emotional needs of students with 20 dyslexia met? Sometimes students are bullied 21 because they can't read or other students pick up 2.2 on the fact that you know they're not quite getting 23 what they read right. DEPUTY CHANCELLOR WEINBERG: We Are ... you 24 25 raise a point that is applicable to every single

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 75 SERVICES 2 student in our school system. We want to make sure 3 that we... all of our students where they are and 4 support them however best they can be. We have 1.1 5 million individual young people each of whom we want to honor them as who they are and make sure 6 7 they are in a safe learning environment where they feel comfortable enough to learn. And Danny it's ... 8 9 it's... doesn't matter what the ... what the issue is. It's... that... this applies for all 1.1 million of our 10 11 students. 12 CHAIRPERSON DROMM: How are we doing 13 with speech teachers and reading specialists in 14 terms of support for students and also in terms of 15 the numbers? When I was teaching it was always very difficult to get speech teachers or speech 16 17 pathologists into the schools. Does that still remain an issue? 18 19 DEPUTY CHANCELLOR WEINBERG: So we've launched a pilot to improve collaboration on 20 21 phonics with classroom teachers. 2.2 CHAIRPERSON DROMM: I'm sorry? 23 DEPUTY CHANCELLOR WEINBERG: There's a pilot... do you guys know this more deeply than I? 24 25 ESTHER FRIEDMAN: Yeah.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 76 SERVICES DEPUTY CHANCELLOR WEINBERG: Please? 2 3 JASON BORGES: In terms of the ... the 4 speech language pathologists? DEPUTY CHANCELLOR WEINBERG: Yes. 5 ESTHER FRIEDMAN: Did you want me to ... 6 7 JASON BORGES: Yeah ... ESTHER FRIEDMAN: Alright so... so I'll 8 9 just talk a little bit about it. So the Chancellor historically has felt that the speech person is a 10 11 very critical person especially in early reading 12 acquisition and particularly with the linguistic 13 elements... you know the ... the language and specifically what that means is phonemic awareness 14 15 and phonics. So there is ... so we ... we do have a ... a 16 launch. It's not new. It's ... this has been going on 17 for I think about two ... two years right? Two years 18 where speech teachers are trained in a very 19 specific Orton-Gillingham derived phonics program 20 including phonemic awareness elements. And then 21 they in turn support the early grades in their 2.2 respective schools. And this is an ongoing rollout. 23 So those speech teachers might go to a... a wills ... a foundations training, they come to recipe for 24 25 reading trainings. They... they kind of opt for the ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 77 SERVICES the approach that they like but they're all Orton-2 Gillingham derived approaches and there are a 3 4 limited number of them. And that ... that's working 5 very very positively and we are becoming an even greater resource in their schools. 6 7 CHAIRPERSON DROMM: Just to go back to my question which was that it was difficult to 8 9 recruit speech teachers. There were periods of time throughout my 25-year career where we couldn't get 10 11 a speech pathologist or a speech teacher into the 12 school just because they weren't out there or 13 whatever reason they might exist. Are we doing better with that now? Do we have more teachers? Are 14 15 we meeting the needs of those students? You know my 16 colleague Council Member Cohen referred to the ... the 17 report that recently came out, the reporting that 18 we required in legislation, about 60 percent versus 35 percent versus five percent of students getting 19 or not getting services. So I'm... I'm... I'm trying 20 21 to... to zoom in on how we're doing with speech 2.2 teachers particularly because of it's important as 23 you stated to get that disability looked at ... at an early age and ... and it's part of the dyslexic 24 discussion as well. 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 78 SERVICES ESTHER FRIEDMAN: Yeah. So we still have 2 3 shortages in speech teachers but are taking steps 4 to address that so for example hiring fairs, various incentives, and so on. So it's still a... a 5 shortage area but progressing. 6 7 CHAIRPERSON DROMM: Still a shortage. And with this new program that the mayor's 8 9 instituting, universal second grade literacy. I notice the terminology changed a little bit from 10 11 dedicated reading specialist to reading coach I believe. 12 13 ESTHER FRIEDMAN: Yeah. CHAIRPERSON DROMM: When I was teaching 14 15 the coach basically was responsible for professional development of other teachers. Is that 16 17 how this position is being viewed now rather than a 18 specialist that would go into the classroom they're going to be responsible to train the staff in any 19 20 given school? 21 ESTHER FRIEDMAN: So we are calling them 2.2 reading coaches. They're going to focus primarily 23 on the early grades K to 2 starting with a heavy focus on grade 2 and then segwaying [phonetic] into 24 25 supportive K and 1 they're going to be supported

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 79 SERVICES very intensively by training from central from my 2 3 office ... broader offices and you know when you think 4 in terms of a reading specialist going into a school over the course of the day they're taking 5 small groups the impact on the number of children 6 7 is more limited. When you think in terms of a reading coach who's going to be trained to be a 8 9 real reading person specifically focusing on early reading acquisition which is its own area and then 10 11 going in and training the teachers and building 12 their capacity ... the numbers of kids that are 13 impacted is much greater obviously. CHAIRPERSON DROMM: Will those reading 14 15 coaches be trained in Orton-Gillingham and Wilson? 16 ESTHER FRIEDMAN: They will be trained 17 in... in Orton-Gillingham Methodology. Here... here's 18 the thing they... they may not all be trained in the same program because many schools have selected a 19 program and it's working well. And there are 20 21 probably scores maybe about between 45 and 50 2.2 perfectly good Orton-Gillingham derived programs. 23 So if schools have selected one and have history with one that's the one that we want that coach to 24 25 know. Otherwise we have some that we will teach

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 80 2 that you know one or two that we would train them 3 in so that they have that option. CHAIRPERSON DROMM: And this is going to 4 be in four districts? Am I right about that? 5 ESTHER FRIEDMAN: Just Cohort one which 6 7 starts July 1 is four districts. And in two in the Bronx, two in Brooklyn, second year another 14 and 8 9 by the third year everybody, the last ... CHAIRPERSON DROMM: And... and by 2026 10 11 we're expecting all students to be at level? Is 12 that the goal? 13 ESTHER FRIEDMAN: At the end of grade 2 at benchmark for the end of grade 2 yeah. 14 15 CHAIRPERSON DROMM: Can you describe to 16 me the work that you're doing with Manhattanville 17 College to train teachers about how to help 18 dyslexic students? JASON BORGES: Sure. So currently we 19 have Cohort 1, 25 teachers. There are seven 20 21 schools. So there is at least one... one school 22 present for each borough field support center. And 23 right now we have ... depending on the school it could be kindergarten and first grade teachers currently 24 25 being trained. And then in some cases first and

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 81 2 second grade teachers. And they've been receiving 3 not only course work once a week where they 4 actually come together, all 25 teachers from the ... the pilot. But they also receive twice a week 5 mentoring, on site coaching so to speak on the 6 7 methodology and implementation of it. And Then next year we're going to be building that out. So each 8 9 school will have a Kindergarten through second grade in the Spalding approach. And then they will 10 11 serve as lab sites in the following year ... following 12 years. 13 CHAIRPERSON DROMM: Well I'm ... I'm going to end here and just ... I know Council Member Cohen 14 15 has a follow-up question. And I know that Deputy 16 Chancellor has to leave shortly so we want to 17 respect that as well. CM COHEN: I'll be brief. I just ... in 18 terms... when it is determined that DOE cannot 19 provide the... the services that a student needs do 20 21 we do we track what happens to those kids? Where 2.2 they go... if... if ... 23 JASON BORGES: Yes. 24 CM COHEN: But I guess ... 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 82 SERVICES 2 JASON BORGES: Do you want to know how ... 3 how their attainment relates to students who aren't in the outside services? Is that ... 4 CM COHEN: Well I... I'm curious as to 5 what kind of programs they go to. You know do we 6 7 know like ... from ... where they ... in the ... in the school, the public school that they're currently in are 8 9 they generally in ICT programs or are they selfcontained classroom? Is there... is there any way to 10 11 determine where they come from and where they go to so that we know what the barriers are to providing 12 13 the services that they need? JASON BORGES: So we ... I think there's an 14 15 evaluation process where I don't think we aggregate 16 the information you're talking about but we do have 17 every single student where they came from where ... 18 what services they receive, why they would need to receive the services out of a school and then their 19 progress over time. 20 21 CM COHEN: I... I guess what I'm really 2.2 just interested in ... in knowing is what the best 23 model is to serve these children. And maybe there is no best model. Maybe it really is on a case by 24 25 case basis but like you know I ... you know I know

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 83 from my ... my own family's experience you know I had 2 3 a relative who went to a ... you know a school that 4 was for children with learning disabilities and 5 they thrived there but they were in a ... you know in 6 a setting where everybody else ... you know all the 7 students there have ... and so I ... I'm just kind of curious about how ... 8 DEPUTY CHANCELLOR WEINBERG: And I think 9 you're asking a smart question. I... I think if ... if 10 11 we had a certain answer for you we would get it. I 12 do think it isn't that we know what the exact best 13 model is if ... if we can serve people in a public school we do believe that's the best model. But if 14 15 not we want to make sure that whatever that student 16 needs based on the individual needs is met as best 17 as we possibly can. It isn't something we want to 18 do to have people outside the public school system. We think that our schools are wonderful places, we 19 want to make sure we serve every student. 20 CM COHEN: I mean frankly I think we all 21 2.2 believe... ideally there would be a home for every 23 student in New York City who wanted it in the public schools. 24

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DEPUTY CHANCELLOR WEINBERG: Correct.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 84 2 CM COHEN: And so I'm just kind of 3 curious as to you know if we knew where they were 4 going and what was working there maybe we could replicate it. Thank you very much. 5 DEPUTY CHANCELLOR WEINBERG: Thank you. 6 7 CHAIRPERSON DROMM: So thank you. Just 8 before we let you go I don't know if I asked 9 specifically but do we have a number of LD... the number of LD students in the system? 10 11 JASON BORGES: Yes we do. Students 12 currently classified as learning disabled is 13 76,389. 14 CHAIRPERSON DROMM: But we do not know 15 how many of those have dyslexia? 16 JASON BORGES: No. 17 CHAIRPERSON DROMM: No, okay. Okay. 18 Alright well I want to thank you for coming in. And 19 we appreciate your time and we look forward to 20 continuing this discussion with you as we move down 21 the road. Thank you very much. 2.2 DEPUTY CHANCELLOR WEINBERG: Thank you. 23 CHAIRPERSON DROMM: So we're going to switch gears a little bit here now folks because we 24 25 have students who I do want to hear from so that ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 85 SERVICES that they can give testimony on Reso 375. So our 2 next panel... Our next panel is Kazi Altaha from 3 4 Global Kids, Sampson Balligan from Global Kids, Ises Bialo I think ... I'm sorry if I'm mispronouncing 5 your names. And Maria Simchuck from Global Kids. 6 7 And we're going to use the clock on this; two minutes each. Yeah. I want to say we've been joined 8 by Assembly Woman Jo Anne Simon from Brooklyn. 9 Thank you for being here. And since Mark Treyger 10 11 got a plug in for his Alma Mater I want to get a 12 plug in for mine. We've also been joined by Dean 13 Driscoll from the City College ... Dean of the City College Department of Education. Thank you for 14 15 joining us also. Alright. And would you guys raise 16 your hands please. I need swear you in or affirm 17 you in. Do you solemnly swear or affirm to tell the 18 truth, the whole truth, and nothing but the truth 19 so help you ... and ... and to answer council member 20 questions honestly? 21 [combined affirmations] 22 CHAIRPERSON DROMM: Okay very good. So 23 let's start over here with this... with this woman over here. 24 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 86 KAZI ALTAHA: My name is Kazi Altaha. 2 3 I'm a Senior at the High School for Medical 4 Professions in Canarsie. So I just want to say that if the life of the earth was condensed into a 5 simple 24 hours people have only been around for a 6 7 mere three seconds. In these three seconds look at all the damage that has been done. The earth is 8 9 changing rapidly due to humans. Not only is everyone affected by it but those who are least 10 11 responsible for these rapid climate changes are the 12 ones that ... to be most affected by them. Human ... 13 human induced climate change disproportionately affects low-lying coastal and minority communities 14 15 all over the world. While the group of people who 16 will face the worse affects are the ... they are also 17 the population of what is happening in the 18 atmosphere around them. We, the youth, are the most 19 susceptible to the effects of climate change but 20 many of us do not know what is in store for us. The 21 education youth receive in their schools does not 2.2 fulfill the necessities to survive as they are not 23 learning about climate change. There is no possible way to get a job done if you don't know anything 24 about it. In order to affect change one must be 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 87 SERVICES 2 educated on the topic. We, the Human Rights 3 Activist Project of Global Kids are fighting for 4 our right to climate change education. Our earth is 5 our right and our responsibility. Because we are the future leaders and caretakers we must learn 6 about the mistakes of past generations to ensure 7 the same does not continue to happen. We need the 8 leaders of today to make decisions with caution and 9 make sure to take the lives of the youth into 10 11 consideration. We are here today to fight for our 12 right that we should not ask for. We stand here 13 today representing the youth of New York City and state when we say that we need, we want, and we 14 15 deserve climate change education. 16 CHAIRPERSON DROMM: Just finish up. 17 KAZI ALTAHA: This is only attainable if 18 you know ... if you show your support and help to pass 19 resolution 375 to mandate climate change education in New York state schools. 20 21 CHAIRPERSON DROMM: Thank you. Next 22 please. 23 SAMPSON BALLIGAN: My name is Sampson Balligan. I'm 18 years old and I'm a youth 24 25 activist. I'm a senior at Curtis High School on

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 88 Staten Island and a Global Kids Leader. For the 2 past few years we have been working to mandate 3 4 climate education from grades K through 12. Before I joined campaign I didn't know much about climate 5 change or how it affected me directly. It wasn't 6 7 until a close friend explained to me its importance in... it's importance that I actually started 8 thinking about ... about it through a different lens. 9 When I joined this campaign I realized how many 10 11 people are affected by climate change and the 12 people being affected aren't the people who caused 13 it. I haven't learned much about climate change in school and I know that the same goes for thousands 14 15 of other kids in New York City and the rest of New 16 York state. Kids are not being taught about 17 something that is affecting and will continue to 18 affect them for the rest of their lives. This is why we need climate change edu ... climate change 19 education in all New York City public schools 20 21 grades K through 12. Please pass ... please pass 2.2 resolution 0375 and help us bring climate education 23 to New York students. 24 CHAIRPERSON DROMM: Thank you very much.

25 Next, please.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 89 2 ISES BIALO: My name is Ises Bialo I'm 3 from the ... I'm a senior at the James Boulder School. I think people should care about climate change 4 5 because they impact the whole world. Climate change hurts human, animals, and everything we love. Human 6 7 are causing climate change. We can see climate change is happening now because we have more and 8 9 worse flooding, higher temperature, and the sea level are rising ... sea levels are rising. Climate 10 11 change education will help citizen and future 12 generation be more aware and learn how to take care 13 of our planet properly. I'm satisfied with the climate change education I'm getting in my career 14 15 and at school. Last semester my class and I had done a climate change research and others will find 16 17 out how urban community like New York City can be 18 climate resilient. Because of this class we have learn ... We ... we have learned certain solution we 19 might try and teach our future generation on how to 20 reduce climate change. Other schools should be 21 2.2 doing the same. So I ask you please pass Resolution 23 375. Thank you. 24 CHAIRPERSON DROMM: Thank you very much.

25 Next please.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 90 SERVICES 2 [background comments] 3 CHAIRPERSON DROMM: Is that mic on? 4 Yeah. 5 MARIA SIMCHUCK: Yeah, okay. My name is Maria Simchuck and I am part of Global Kids ... and 6 7 I'm a Freshman at Notre Dame. Everywhere around us we see climate disasters such as ... hurricanes, 8 9 tsunami, and rising sea levels. And what do we do about it? We blame nature for everything because 10 11 that's what we think is the truth. But the truth is 12 we're the only ones responsible for this. Every day 13 we destroy more and more things such as forests and grasslands which helps to preserve the ozone layer. 14 15 The ozone layer protects us from radiation and if 16 it weren't there we would extinct ourselves from 17 existence. 2014 was the hottest year ever recorded 18 globally and now 2015 is on track to break that 19 record. In 2016 we'll most likely brake that record as well. Still think it's just a coincidence? Well 20 21 accordant to NOA globally the ten warmest years on record all occurred since 1998. You have to 2.2 23 understand that if we let it go too far our days may be numbered. Maybe some of you say that it 24 25 won't happen anytime soon so you will not be

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 91 SERVICES 2 affected but think about your future generations 3 that will have to face the consequence of this issue. And this is the reason why we have to fight 4 5 against climate change. Global warming is like a parasite and we are the only ones who can get rid 6 7 of it and who can protect and heal this world. Yet before we can do anything we must educate ourselves 8 and our peers on this dilemma. Therefore, my fellow 9 colleagues are trying to mandate resolution 375 in 10 11 support of climate education. Climate education 12 will help students to increase their knowledge of 13 what is happening globally around them into a working passion to become future leaders and take 14 15 action against global warming. 16 CHAIRPERSON DROMM: Well thank you very much and I want to thank this panel for coming in.

17 18 I think it's so silly that some people try to deny climate change. And your testimony here today 19 proves the need for it. And your advocacy on behalf 20 21 of the resolution is very much appreciated and will 2.2 be very valuable to the earth moving forward. Happy 23 Earth Day on Friday and thank you for coming in. Okay our next panel Annie Willis from Global Kids. 24 25 Is it Lucmama [phonetic] ... I can't read it I'm

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 92 SERVICES sorry ... Maslam [phonetic]? Oh thank you, okay I'm 2 3 sorry... I really... I... I'm so... I don't like to do 4 that. Digna Rozalaz, okay, and Briana Johnson from Global Kids. Okay I need to swear you all in. So if 5 you would raise your right hand. Do you solemnly 6 7 swear or affirm to tell the truth, the whole truth, and nothing but the truth and to answer council 8 9 member questions honestly? Okay. We want to start over here this time okay? Yep. 10 11 ANNIE WILLIS: Hello, my name is Annie Willis. I'm... 12 13 CHAIRPERSON DROMM: Pull it a little 14 closer to you. 15 ANNIE WILLIS: Oh, sorry. 16 CHAIRPERSON DROMM: There you ... 17 ANNIE WILLIS: Okay. Can you hear me? 18 Can you hear me? Okay. 19 CHAIRPERSON DROMM: No the red light 20 should be on. 21 ANNIE WILLIS: Yeah it is. 22 CHAIRPERSON DROMM: Okay good, now I 23 can. ANNIE WILLIS: I'm currently a student 24 25 at Bernard Baruch College. Go CUNY! I am a native

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 93 SERVICES New Yorker but not only that I'm native FarRockian 2 3 [phonetic], so I'm from Far Rockaway. As you're all aware of Sandy happened in 2012. I lost my house 4 due to Hurricane Sandy. I lived in that house for 5 16 years ... so my whole life. So climate change has a 6 7 very important impact in my life, personally. We might ... we might not all agree about the factors of 8 9 climate change but we could all agree that it is in fact happening and it is real. It is important to 10 11 know why storms are getting stronger and stronger 12 each year. You have the responsibility to the next 13 generation to take a positive step and be role models and teach our children the effects of 14 15 climate change and what is going to happen in the 16 future so they could also be prepared. Climate 17 change impacts minorities and low income families 18 mostly. And we have a responsibility to acknowledge that and ... also. I'm proud to say that I am a alum 19 from New York City public school and ... So for my 20 21 whole high school career I devoted my time and 2.2 along with all the other global kids for resolution 23 375. I fear that our students won't have the important tools to make a change in this world. We 24 25 are too focused on test scores and not on

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 94 SERVICES humanitarian rights and natural rights. Let us be 2 an example of a progressive city and let us start 3 with our curriculum and teach the youth the tools 4 5 they need to pass on. I aspire to be in your shoes one day and by then I hope that young people don't 6 7 have to worry about our mistakes. Let us be an example and start with our curriculum and pass 8 9 Resolution 375. Thank you. CHAIRPERSON DROMM: Thank you very much. 10 11 Next, please. UMAMI MASUME: Good afternoon my name's 12 13 Umama Masume and I'm a Junior at Curtis High School on Staten Island. The public school system is an 14 15 establishment in which students are taught the 16 skills needed to advance themselves for the future. 17 However, we are not given a curriculum for climate 18 change education. With the sea levels rising and 99.5 percent of scientists confirming that rapid 19 change in the climate is due to human activity 20 21 there is enough evidence that tells us this global 2.2 phenomenon needs intervention. Climate change will 23 inevitably destroy human livelihood. Our generation is a... disproportionately at risk and yet many of 24 25 the youth are unaware of the consequences of our

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 95 SERVICES ancestors' mistakes. Unless you are equipped with 2 the knowledge needed to defend our earth we will 3 be ... we will be hit helplessly with the ... with the ... 4 with a... with a deteriorating earth. As a student of 5 the New York City public school system my entire 6 7 life I urge this council of New York City to pass resolution 0375 which mandates climate change 8 education in New York City public schools because 9 it will pave the way for our generation to take 10 11 charge of our future. We will be able to understand 12 the dynamics of climate change and use the tools 13 provided by the schools to fight for a better earth 14 for us and generations to come. Thank you. 15 CHAIRPERSON DROMM: Thank you. Next, 16 please. 17 DIGNA ROZALAZ: Good afternoon. My name 18 is Digna Rozalaz. I am a current student at the High School for Medical Professions. I stand before 19 you today to express a sincere concern for the 20 21 planet we live on. It is undeniable that climate 2.2 change has a direct impact on the people that are 23 in this room. The severe disasters that have been caused by climate change will only produce more 24 danger for our neighbors, our peers, our friends, 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 96 SERVICES and our family. It is our responsibility as human 2 3 beings who are conscious of our actions to allow 4 and support students to be knowledgeable of their detrimental effects that the ... that will leave our 5 planet lifeless. It is our responsibility to 6 7 protect our home efficiently ... Do ... so it is important ... To do so it is important to understand 8 the root of the problem to educate ourselves and 9 our peers not only outside of the classroom but 10 11 within it. Three years ago my peers embarked on a 12 journey that has brought us all here. We are here 13 because we understand an endeavor of this caliber would demand commitment and consistency. We have 14 15 demonstrated that and much more allowing for 16 climate education in classrooms will provide 17 students the resources within their schools to 18 understand a very pressing issue in their 19 communities and abroad. It is essential to 20 understand climate change and its affects, the 21 extreme weather patterns are responsible for the 2.2 economic downfall in many countries. As a first 23 generation citizen of the united states I have the privilege of not having to question where my next 24 25 meal will come from. As native Hondurans my parents

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 97 SERVICES and several other impoverished families depend on 2 3 crops that will grant them nutrition and stable 4 income. These families are left to live in poverty 5 as a result of climate change due to the uncertainty of crop growth. As a developed nation 6 7 producing the most carbon emissions per capita is inexcusable. As the citizens of the United States, 8 as New Yorkers we must set an example and educate 9 students. Then... we be closer in achieving a green 10 11 and sustainable future for ourselves and following 12 generations. 13 CHAIRPERSON DROMM: Thank you very much. 14 Next please. BRIANA JOHNSON: Hi, my name's Briana 15 16 Johnson. Reduce, Reuse, Recycle passes through my 17 head as I as I toss the next piece of plastic to 18 the ground. Just a passing thought that had no 19 significant meaning to me as I held the hand of my ninth grade peers who lost their homes, who were 20 stranded, who had no power, who had no voice. My 21 2.2 eyes cried tears as I experienced what they 23 experienced vividly yet I still tossed the next plastic wrapper to the ground. The irony right? I 24 25 mean here I was consoling my friends for what they

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 98 SERVICES lost due to Superstorm Sandy yet here I was 2 contributing to its cause. It's not like my wrapper 3 would do any harm right? Wrong. That little wrapper 4 5 was a little footprint that added up to a huge footprint yet of course I was blind to this because 6 7 in my little bubble my actions didn't matter, my actions didn't have an effect. Now fast forward two 8 years to when I joined Global Kids Human Rights 9 Activist Project and was introduced to what climate 10 11 change is can you imagine my shock and the guilt 12 that I felt in the pit in my stomach. For two years 13 that one little wrapper contributed to something that is bigger than me, something that is bigger 14 15 than us as we all sit here today. Had I known back 16 then the catastrophic effect of my... of my actions 17 don't you think I would have been more cautious, 18 more attentive to our one and only earth. As youth we deserve the right to use our voice and advocate 19 for what we believe in. But as human beings we 20 21 deserve the right to a home and a right to feel 2.2 safe and secure. That right backed by the Universal 23 Declaration of Human Rights is threatened daily due to the... due to the destruction climate change 24 25 brings. It's time we begin educating one another on

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 99 SERVICES what's really going on and what we can do. Millions 2 3 of people like myself have no clue the damage and the destruction their actions can cause. However 4 now that I have received proper climate education 5 through Global Kids I now know the importance of my 6 7 actions thus I advocate. However, I cannot flip the switch by myself. In order to have a massive effect 8 9 on climate change people must first be well educated. Once educated we can then and only then 10 11 fight to save what's been destroyed. That's why I'm 12 here today, to ask you to do your part, help us 13 bring climate education to all New York students. CHAIRPERSON DROMM: Thank you very much. 14 15 Council Member Rosenthal has a question. CM ROSENTHAL: Thank you so much for 16 17 testifying today. Annie Willis you said something ... 18 I just want to make sure I heard you right. Did you say that you were talking to us now but that you 19 hope ... that you planned someday to be sitting here? 20 21 ANNIE WILLIS: I do. 22 CM ROSENTHAL: Could you repeat that 23 again? 24 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 100 ANNIE WILLIS: So right now I'm Baruch 2 3 and I'm studying public affairs because one day I'm 4 going to run for office. CM ROSENTHAL: Mm-hmm. 5 ANNIE WILLIS: And I always believe that 6 7 it's like important to give back to your community. I love New York and I want to see what's best for 8 New York so it just makes sense for me to run for 9 office. 10 11 CM ROSENTHAL: Mm-hmm. So I just wanted to validate that for you. It does make sense for 12 13 you to run for office. And I would urge you to reach out to my office anytime. You can find me at 14 15 Helen Rosenthal dot com and we can then talk 16 offline about your interest in running. I'd like to 17 help you. [cross-talk] For sure. And that goes for 18 any of the young women who testified today who really like ... had I been as good as what you just 19 did I might have had this job 20 years ago. So 20 21 thank you very much for your testimony. 2.2 ANNIE WILLIS: Thank you. Wow. 23 CHAIRPERSON DROMM: Thank you very much Council Member Rosenthal. And I would not want to 24 25 be the council member in the district in which you

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 101 live. So I'm so ... I think you said Far Rockaway 2 3 right? Uh-oh. We'll figure that out later. But also 4 thank you all for your personal stories and for the 5 impact that climate change has had on your own lives. That's very important for us to hear. Thank 6 7 you very much for coming in. Okay and I'm going to call this which I think it may be the last panel on 8 this topic. But if ... if you ... if I don't call you and 9 you're going to speak on 375 let me know so that I 10 11 can be sure to call you. This panel will be Kate 12 Share, Yasmine Hussain, Carolyn Pilanco, and 13 Victoria Barrett. Now is there anybody else who wants to speak on Intro ... on Reso 375? Seeing none 14 15 this will be our last panel but of course if 16 anybody comes in later and they still want to speak 17 they can just by signing up at the Sergeant at 18 Arms. So I'm going to ask this panel to raise your right hand. And do you solemnly swear or affirm to 19 tell the truth, the whole truth, and nothing but 20 21 the truth and to answer council member questions 2.2 honestly? Okay let's start over here this time. 23 VICTORIA BARRETT: My name is Victoria Barrett. I attend the Notre Dame School of 24 25 Manhattan in the Meat Packing District. I'm a 17-

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 102 year-old social activist, climate activist, and a 2 3 proponent for human rights. Before I jump in on my 4 testimony I just want you to know I've been working 5 on this campaign since my Freshman year of high school and I got to sit in a room in Global Kids 6 7 with my peers and decide that we want more education. So I've been thinking about the future 8 of my generation and... of my... of this earth since my 9 freshman year of high school. I've been fighting at 10 11 the forefront of this movement against the global climate crisis and it's been one of the best 12 13 experiences of my entire life. So right now in my climate work I'm suing the US Government for 14 15 failing to protect my right to life, liberty, and 16 property by perpetuating the global climate crisis. 17 I went to Paris in COP21 and I got to see my future 18 being negotiated for by the world leaders. I've been Iceland Energy ... renewable energy haven and I 19 got to give a key note on youth engagement. The 20 21 things I've seen on this trip have given me ... on 2.2 these trips and experiences have given me a new 23 outlook for a New York City. My experiences and any success that I've had come back to this moment 24 25 testifying before you. It all starts with campaign

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 103 to... climate education and it all starts with the 2 3 organization of global kids. It's matured me and 4 it's given me a view for the world that will always 5 prove vital. I want to know how long youth will have to ask adults what to do about our future. We 6 7 need more students at the forefront of this movement because our generation is the one that'll 8 be most impacted. We need more youth to force the 9 change we need but how can students lead a movement 10 11 that they don't ... when they don't understand what 12 they're fighting against. I'm asking you to please 13 take into consideration not only your constituents but also the future of New York City and the future 14 15 of my generation. I ask you today to pass 16 resolution 0375 and advocate for climate change 17 education so that every New Yorker is ready to face 18 and fight for a more sustainable future. 19 CHAIRPERSON DROMM: Thank you very much. Next please. 20 21 YASMINE HUSSAIN: My name is Yasmine 2.2 Hussain and I'm a New York City public high school 23 senior and a young leader in Global Kids. I personally care about climate change due to the 24 25 fact that I go to a school in a minority and low

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 104 2 income neighborhood. And these have been prove ... 3 these neighborhoods have been proven to be more 4 affected by climate change than other 5 neighborhoods. Due to many reasons but specifically to the lack of green areas and to the packing of 6 7 buildings upon one another which creates insulating layer which traps heat. I also care about climate 8 9 change because I have witnessed many of my friends being affected greatly by Sandy. Some lost their 10 11 homes, their jobs. And I watched as individuals 12 lost their family members due to heat strokes in 13 the summer. The fact that my children may not ... may only know about polar books through books is truly 14 15 devastating and the fact that we're doing nothing 16 to stop it is even more disappointing. The only 17 reason I know that climate change exists is through 18 Global Kids which is an organization that has helped many countless students to know about 19 climate change and to know about their environment. 20 21 And throughout my many years of education in 2.2 elementary, middle school, and high school I have 23 never been taught about climate change in depth. It's always been a sub-topic to talk about in a 24 25 period or two during the whole year. Sadly, many

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 105 SERVICES 2 students don't even know that climate change 3 exists. They believe it's an irrelevant topic. And 4 they're ignorant to the fact that New York City is one of the cities that is predicted to be under 5 water in the future due to rising sea levels. 6 7 Students must understand what climate change is and how it affects their lives. Because injustices do 8 not only occur on social and economic levels but 9 they occur most gravely on environmental levels. We 10 11 could only fight an injustice when we know it's 12 happening to begin with. And that is what we must 13 give the students of New York; knowledge, the knowledge they need to protect their environments. 14 15 This is why climate education must be implemented 16 in schools from grade K to 12. 17 CHAIRPERSON DROMM: Thank you very much. 18 Next please. CAROLYN PILANCO: Hello, I'm Carolyn 19 Pilanco, a freshman at... at the Bronx High School 20 21 for the Visual Arts, a New York City resident and a committed Global Kid student activist. As a student 2.2 23 at the New York City Department of Education I believe that I have a say in what we learn in our 24 25 schools. As somewhat unfortunately not all of you

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 106 SERVICES know climate change is real. It is a very powerful 2 3 and important reality that despite people falsely 4 claiming its nonexistence can make or break our future. Schools should teach about climate change 5 because it is all about our future, the future of 6 7 youth. Schools are for educating children and young people. The point of giving a child an education 8 9 and knowledge is so that they know what is coming for them in the future. The people in charge of 10 11 giving us this knowledge are educators. As it 12 stands now climate change is a huge threat to all 13 of our futures. So how come these educators are doing little to nothing to make us, their future, 14 15 to see that climate change destroys lives. I 16 understand that there are things that teachers must 17 prioritize but climate change should be one of the 18 things that is prioritized. Climate change may seem boring and like a waste of time to some young 19 people but this is because they're not taught how 20 21 much it impacts their lives. If they could see what 2.2 climate change can do to the world they live in 23 addressing it would be their top priority. So the least that you, the New York City Council, can do 24 25 is make learning about climate change a priority in

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 107 SERVICES 2 New York City schools. The absolute least that 3 should be done about this very very serious problem is make it an elective for schools to offer to 4 5 students. Climate change causes devastating issues worldwide such as rising water levels and droughts. 6 7 Eventually rising water levels will emerge small islands that are homes to thousands of people. This 8 is just one of the many repercussions that climate 9 change can have on the world ... on the whole world if 10 11 left unattended. More than 70 percent of the earth 12 is covered in water already and if we add to that 13 melting ice caps due to global warming it could cause many small but well-loved countries to 14 15 disappear. This would displace their people and 16 cause great cities like ours to flood. For these 17 reasons I implore you to help us by mandating 18 climate change education in New York schools by passing resolution 375 and eventually help spread 19 20 this movement worldwide. 21 CHAIRPERSON DROMM: Thank you again. And 2.2 next please. 23 KATE SHARE: Hello, my name is Kate Share, I'm 16 years old and I live in Sunnyside 24 25 Queens. I attend the Notre Dame School of Manhattan

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 108 and today I'm honored and excited to discuss the 2 3 importance of mandating climate education in New 4 York City public schools. You might ask why students would spend this much time on an issue 5 like climate change. We are driven by the fact that 6 7 our generation will be disproportionally affected by climate change. Over one million New York City 8 9 public school students will witness rising sea levels and extreme weather events in their 10 11 lifetimes. We will be the ones to see the world 12 change for the worse. If we're the ones to face 13 these things should we be informed. New York City 14 is already facing these issues as seen in the 15 destructive effects of superstorm Sandy. It has 16 been scientifically proven that climate change has 17 worsened storms such as Sandy. Aside from extreme 18 weather events climate change is bringing rising sea levels as well. It easy to forget that 19 20 Manhattan is an Island but islands all over the 21 world such as the Maldives will be underwater by 2.2 2100. Manhattan may not be as grave an example but 23 is projected that in the next 75 years surrounding waters will rise six feet. This may not sound like 24 25 much but it puts all of New York City at risk. My
COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 109 SERVICES 2 school is less than a mile away from the Hudson River and where I live in Queens is only two miles 3 away from the East River. I do not want to see my 4 5 city damaged beyond repair. Climate change will only worsen if we do not take action. To its credit 6 7 New York City has been working on these issues. Mayor de Blasio's 80 by 50 is a great step forward 8 9 but it is not enough for our city. These initiatives cannot be sustained if New York City 10 11 children do not know what climate change is. 12 According to statistic found by the New York Times 13 the average teacher only spends two hours out of 14 the entire school year talking about climate 15 change. I believe education will be key to 16 preventing the worsening of climate change. It will 17 open a dialogue up between students and inspire 18 them to take action and develop solutions. If we are the ones that have to face climate change then 19 20 we must be the ones to find solutions. 21 CHAIRPERSON DROMM: Thank you very much. 2.2 We don't have a slip from you but you ... you can 23 testify. Just say your name and what I'd like you to ask you and what I'd like to ask you to do is 24 25 to fill out a slip after you give your testimony.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 110 2 CHIN-A PANACOMMITTEE CLERKIONE: Okay 3 thank you very much. So I am a Social Studies Teacher at Humanities Prepatory academy. I'm also 4 the Sustainability Coordinator there... [cross-talk] 5 CHAIRPERSON DROMM: And your name? 6 7 CHIN-A PANACOMMITTEE CLERKIONE: Sorry, Chin-A Panaccione. And before that I worked 8 actually for Assemblywoman Jo Anne Simon's 9 predecessor Joan Millman. So while I... one of the 10 11 reasons I decided to be a teacher is because I was 12 really really concerned about what was going on in 13 the world and the environment. And I want to say that I've been teaching for nine years and I teach 14 15 a class called big history and we cover 13.7 16 billion years of history in an interdisciplinary 17 way from like the beginning of the universe to the 18 future. And there's a crisis going on. And I feel it's super important that the students and their 19 parents understand what's going on in the world, 20 21 why there's lead in the drinking water which has to 2.2 do with climate change, why ... every California has a 23 severe drought, why we have these erratic weather patterns that are causing terrible terrible human 24 25 made disasters like Superstorm Sandy and once again

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 111 2 I stress is a human made disaster as well as Katrina. So I feel that our kids in this room, most 3 4 amazing people that I've ever worked with, the best 5 job I've ever had in my life. The deserve to have a 6 very very bright and sustainable future. And one of 7 the other things that's important is that kids have to understand you do have a future. If you learn 8 about alternative energy, about the fact that we 9 don't need to depend on fossil fuels, that we can 10 11 do lots of innovative things to stop and also start 12 a new paradigm where we have zero carbon emissions 13 in the way we live and our transportation that would be the best thing not only for our children 14 15 but also for our planet. I mean let's not forget we're going through massive extension of different 16 17 plant and animal species through the world as well 18 as all the terrible human events that these children have talked about. So Shawn Dewey said 19 that education is a preparation for living. And I 20 feel this is the perfect education that students 21 2.2 need in New York City and around the world. 23 CHAIRPERSON DROMM: Okay. Thank you very much. I'm very impressed by the level of dialogue 24 25 that went on here. Everybody was truly prepared and

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 112 2 your written statements as well as your testimony 3 has been very positive and significant. So thank you for coming in. What we're going to now is call 4 the vote on this resolution. And just to explain to 5 all the young people who are here the vote will be 6 7 taken here in this committee today and then it will go the floor of the city council tomorrow to be 8 voted on by the whole council. So we'll pass it ... I 9 think we'll pass it here out of committee today. 10 11 And then we'll have to wait until tomorrow for the 12 whole council to pass the resolution. So thank you 13 to the panel and we're going to say you know you 14 can leave your seats now. And then I'm going to ask 15 Billy to call the vote. 16 COMMITTEE CLERK MARTIN: William Martin, Committee Clerk. Role call vote Committee on 17 18 Education; Resolution 375. Chair Dromm. 19 CHAIRPERSON DROMM: I vote aye. COMMITTEE CLERK MARTIN: Chin. 20 CM CHIN: I just want to thank all the 21 2.2 student leaders for being here today to testify and 23 I proudly vote aye. 24 COMMITTEE CLERK MARTIN: Levin. 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 113 2 CM LEVIN: I too want to congratulate 3 all of the students that came out to testify. I was very inspired by your testimony and inspired by 4 your activism in coming out here and being leaders 5 of your generation. We greatly appreciate that and 6 7 with that I proudly vote aye. Thanks. 8 COMMITTEE CLERK MARTIN: Rose. 9 CM ROSE: While I missed your presentation I know a lot about Global Kids. And 10 11 Global Kids rock and I vote yes. Thank you. 12 COMMITTEE CLERK MARTIN: Barron. 13 CM BARRON: Just want to say having been 14 a former teacher and former assistant principal and 15 former principal my hopes and aspirations for our 16 young people are reaffirmed by what I've seen and 17 heard here today and I vote aye. 18 COMMITTEE CLERK MARTIN: Deutsch. 19 CM DEUTSCH: Yes. Thank you all for 20 coming out. 21 COMMITTEE CLERK MARTIN: Kallos. 22 CM KALLOS: Thank you to the students 23 for coming out today. As you can see you can change the world provided you have a council member like 24 25

	COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY
1	SERVICES 114
2	Costa Constantinides to carry your resolution. He
3	is great. You are all great. I vote aye.
4	COMMITTEE CLERK MARTIN: Levine.
5	CM LEVINE: And I too proudly vote aye.
6	COMMITTEE CLERK MARTIN: Maisel.
7	CM MAISEL: [off mic] Yes.
8	COMMITTEE CLERK MARTIN: Rosenthal.
9	CM ROSENTHAL: I and if can explain my
10	vote?
11	CHAIRPERSON DROMM: Yes you may.
12	CM ROSENTHAL: I already tweeted about
13	you Annie so you might want to retweet. Aye.
14	COMMITTEE CLERK MARTIN: Treyger.
15	CM TREYGER: Aye.
16	COMMITTEE CLERK MARTIN: A vote of 11 in
17	the affirmative, zero in the negative, and no
18	abstentions resolution has been adopted by the
19	commission.
20	CHAIRPERSON DROMM: Okay.
21	Congratulations to Global Kids for moving this
22	resolution. We hope to see you again tomorrow. Let
23	me remind everybody that today is presidential
24	primary day and I hope that if you are old enough
25	you are registered to vote. I want to thank Council

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 115 Member Kallos and Council Member Rosenthal as well 2 3 as the other members of the city council for the 4 work that they have done in terms of helping to register our young people to vote. It's been a 5 tremendous success. And with that let me call up 6 7 our next panel. Our next panelist that is Assemblywoman Joann Simon from the 52<sup>nd</sup> AD in 8 9 Brooklyn. Congratulations also to Council Member Constantinides. Council Member Simon we do swear 10 11 everybody in in this committee so I just wanted you 12 to be aware of that. Can I ask you to raise your 13 right hand. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the 14 15 truth and to answer council member questions 16 honestly. 17 ASSEMBLYMEMBER SIMON: I do. 18 CHAIRPERSON DROMM: Thank you. And would 19 you proceed? 20 ASSEMBLYMEMBER SIMON: Thank you very much. Thank you for this opportunity to testify 21 2.2 before you today and for the committee's interest 23 in passing resolution 1027. The council's interest in dyslexia is greatly appreciated. As I often say 24 we are not just teaching enough of our students to 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 116 read accurately and fluently and our persistent 2 dropout rates reflect that. So it's critically 3 4 important that the council focuses on this issue because if we're going to move forward we need to 5 move forward together. I will begin my testimony 6 7 where my journey in truly understanding dyslexia began with the case of Bartlett versus the New York 8 State Board of Law Examiners, a lawsuit I filed in 9 1993 and which finally resolved in 2002 so that was 10 11 nine years of litigation including a trip to the 12 Supreme Court all about dyslexia. And I'm going to 13 start by reading a little bit from the New York Times article that was done in 2009 to give you the 14 15 flavor of the real life experience of what we were 16 dealing with. The woman sitting in the witness box was presented with a printed page and asked to read 17 18 it aloud. She used two hands and her lips ... one index finger tracked the words left to right across 19 the page and the other moved down the lines from 20 21 top to bottom. She mouthed the words to herself 2.2 before speaking them. She read the word indicted as 23 indicated. The judge Sonia Sotomayor glanced at the clock. It was 11:13. At the end she had a question 24 25 for the witness Marilyn Bartlett. "What did you

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 117 just read?" "I haven't got a clue." Doctor Bartlett 2 3 replied. "Neither have I." The judge said. Although 4 the passage was just 426 words it had taken Doctor 5 Bartlett, then a professor of New York at New York Institute of Technology with a doctorate in 6 7 education, a law degree, and a verbal IQ in the superior range 11 minutes to read it. The sentences 8 so excruciatingly drawn out that nobody could 9 remember their meaning. That says so much about 10 11 what is going on for our kids. Fortunately, 12 although the experience was truly excruciating and 13 mortifying for ... for Doctor Bartlett because of that demonstration and truly expert testimony Judge 14 15 Sotomayor wrote in her opinion two statements that I believe capture the essence of the dyslexia 16 17 experience and why we are here today to ensure that 18 the law's protections are met. First she noted that 19 the board ... this is the Board of Law Examiners, wants the comfort of a test score to measure this 20 21 complex process but as she said a learning 2.2 disability is not measurable in the same was as a 23 blood disease can be measured in a serum test. Our schools need to be better able to identify children 24 25 with dyslexia by their challenges as well as by

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 118 test scores, certainly not only by test scores. A 2 child who hides at reading time is hiding for a 3 4 reason. In a recent national survey 92.5 percent of respondents indicated that their child's LD and 5 dyslexia was identified by an outside professional, 6 7 not by the school system. And as you know that's only going to cost a lot of money and so many 8 9 parents don't have the resources to do that. They should be identified within the school. Second, the 10 11 other thing that Justice Sotomayor wrote, and 12 particularly this is addresses how a woman with a 13 master's, a PHD, and a law degree be disabled in reading when she wrote from those of us for whom 14 15 words sing sentences paint pictures and paragraphs 16 create panoramic views of the world the inability 17 to identify and process words with ease would be 18 crippling. I believe that we need to understand that dyslexia is real. It's not poor intellect, 19 it's not laziness, it's not a crutch, and it can be 20 very painful. My bill 4<sup>th</sup> A, 4330A has been is now 21 before the Education Committee in the State 2.2 23 Assembly and also before the state Senate. And the reason for this bill is two-fold. First, for too 24 25 long school districts throughout the state have

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 119 instructed schools that they should not use the 2 3 word dyslexia in an IEP but to only use the federal classification of learning disability. This of 4 course makes little sense when you consider the 5 fact that for the other 12 classifications under 6 7 the IDEA there is no prohibition about using the actual etiology. That would say that somebody who 8 9 has a blindness ... who is blind for one reason you couldn't say what the type of blindness was. So a 10 11 child with retrolental fibroplasia is going to have 12 a particular need, somebody with tunnel vision will 13 have a different need than somebody with macular degeneration. It makes no sense not to acknowledge 14 15 what actually the disability is. Because the whole 16 point of an IEP is to provide appropriate 17 instruction. And in fact the US Department of 18 Education has recently confirmed this as you know. This bill would require the certification or 19 training of teachers, administrators, and 20 21 instructors in the area of dyslexia and related 2.2 learning disorders and the use of the word 23 dyslexia. With a clear focus on dyslexia we will be able to affect ... effectively diagnose and treat this 24 25 disability that affects so many. Too often dyslexia

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 120 SERVICES 2 in children is misdiagnosed as bad vision, poor 3 reading skills, low intelligence, and even laziness. But when diagnosed early children with 4 dyslexia can excel in the classroom and achieve 5 great success in future endeavors. 4330 aims to 6 7 ensure that every teacher knows what dyslexia looks like and how to provide targeted instruction so 8 that they do not have to experience years of 9 underachievement and low self-esteem before getting 10 11 help. So why does it really matter? Listen to Doctor Friedman earlier when she talked about 12 13 whether or not the word dyslexia matters and at some level she's right. If you understand what is 14 15 going on for a child it doesn't matter what you 16 call it. The problem is that not enough teachers 17 and administrators understand what's going on. And 18 so using the word dyslexia helps you identify who needs to be on that IEP team. My bill would require 19 that appropriately trained people be on the IEP 20 21 team so that the IEP reflects what it is a child's 2.2 needs are and provides appropriate interventions. 23 Using that language will not just ... will not cure the problems but it will make a big difference in 24 25 making sure that students are appropriately

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 121 SERVICES addressed. And of course you know our students with 2 3 dyslexia aren't always just have dyslexia. They 4 might have attention deficit, very highly comorbid, many of them have anxiety. They have anxiety by 5 being overlooked. They have anxiety from the fact 6 7 that they're smart and they know they're struggling 8 with the things that they don't need to be 9 struggling with. When you're in first grade and everybody else is learning to read and you're not 10 11 you know that. Our kids are starting to drop out 12 then. We need to make sure that we do this, that we 13 do it right and we do it early. By mandating 14 teacher preparation programs, require their 15 students to take at least six credit in approaches 16 to teaching reading. Now the bill requires that 17 they must use ... they must be instructed in methods 18 that are recommended by the national reading panel including systemic, explicit multi-sensory phonemic 19 awareness, and phonics instruction. It doesn't 20 21 require any particular program. It doesn't say you 2.2 need to use Wilson or you need to use some other 23 program. In fact, the DOE has schools that are using various programs and that's good, that's 24 25 fine. As long as it is Orton-Gillingham based and

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 122 is a structured multi-sensory program of explicit 2 3 instruction in reading that will make a huge 4 difference. I believe it will make a huge difference to our ELL population as well. It's 5 obviously critically important for dyslexic 6 7 children. But as I listen to the data again and again and again ... and I've been doing this for many 8 years. I was originally trained as a teacher of the 9 deaf so I get the morpheme thing you know which 10 11 unfortunately a lot of teachers are not instructed 12 in, is that we are consistently not graduating half 13 of our kids. We are not ... our kids are not on grade level. And a lot of children, probably 50 percent 14 15 of children will learn to read no matter what 16 approach you use. It's the ones that aren't 17 learning through osmosis, through general ed 18 instruction that need the most help. And those are our kids from disadvantaged backgrounds, our kids 19 who are ELL kids, and our kids who are dyslexic. 20 21 Using a language based structured explicit system is going to make a difference for all of those 2.2 23 children. And we can start getting out from this hole that we've been in with regard to educating 24 25 our children. Let's see. I'm going to cut to this ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 123 SERVICES okay. So simply put the reading is so critically 2 3 important in today's world. Once upon a time that 4 wasn't necessarily the case as David Boyce as the noted attorney has often said when he was a kid 5 growing up in a farming community it didn't matter 6 7 whether or not he could read so well and if ... he was a boy so it didn't... it mattered even less. But the 8 9 fact is now he's one of the top lawyers in the country and he doesn't actually read as much as 10 11 people read to him and he remembers everything. But 12 it is so critically important in the... in the era of 13 standardized tests you know throughout the trials of Bartlett even though she had an MA, a PHD, and a 14 15 law degree the fact that she was successful in her 16 life was counted against her. She was continually 17 accused of being a fraud. And when it comes to 18 standardized testing companies that is still the 19 pervasive sentiment even though we won that case that ... the trial court judge is now under the US 20 21 supreme court, it doesn't matter. Our students are 2.2 still... they are made to feel like they are frauds. 23 And we need... by having our teachers appropriately trained we will make a huge difference in 24 25 addressing that problem. I just want to point out a

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 124 SERVICES couple things. As I mentioned before there's a 2 3 recent Dear Colleague Letter restating the fact 4 that there's no reason not to use the word dyslexia 5 in an IEP. There's recent Department of Education guidance with regard to the need for assistive 6 7 technology as well as accessible technology and they're not necessarily the same things. The US 8 Department of Justice has issued extensive updated 9 quidance on how to interpret the ADA, particularly 10 11 in the context of standardized testing. And 12 President Obama just signed the research excellence 13 and advancements for dyslexia act or the READ act into law. That provides five million dollars for 14 15 the National Science Foundation to support multi-16 directorate, multi-reviewed, and competitively 17 awarded research on the Science of Specific 18 Learning Disability including dyslexia. Professional development for teachers and 19 administrators and the implementation and scaling 20 of successful models. You know when No Child Left 21 2.2 Behind was passed one of the things they tried to 23 do was to take the data ... small well-staffed research studies and scale it up to the entire 24 25 general education system. That has been an abysmal

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 125 failure and that's because you can't take a well-2 3 controlled study and decide to scale it up overnight. And we need to make sure that we 4 understand that better so that when we're looking 5 at applying these findings more broadly that we 6 7 look into scaling. So I'm very pleased with that federal statute and I'm looking forward to working 8 with others with regard to that. So I thank you for 9 your testimony. I'm happy to answer your questions. 10 11 CHAIRPERSON DROMM: Thank you very much 12 Assemblywoman Simon. I took away a couple of things 13 from the testimony by the administration which was one, the resistance to using the dyslexia. 14 15 ASSEMBLYMEMBER SIMON: Mm-hmm. 16 CHAIRPERSON DROMM: I just don't get it. 17 I don't think Council Member Cohen understood quite... quite why there's that resistance. I tend to 18 believe that it has to do with something around 19 funding and ... and around diagnosis with students 20 with learning disabilities. In fact, there are 21 76,000 learning disabled students that the DOE has 2.2 23 classified as learning disabled. ASSEMBLYMEMBER SIMON: Mm-hmm. 24 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 126 SERVICES 2 CHAIRPERSON DROMM: Yet we have one in 3 five students that are learning disabled or have dyslexia. That leaves a wide gap. I would estimate 4 the number to be somewhere around 300,000 students. 5 And if we're only servicing 76,000 of them that 6 means the other 230 so thousand whatever is not 7 getting the services that they need because they 8 9 have not been identified. And I don't know if there's an emphasis on ... on identifying them. 10 11 The other thing was that it's... it was ... it's 12 shocking that in New York City we are still not 13 allowed to provide students out of capital dollars at least assistive technology. This has been a ... a 14 15 problem. We really need to address that. And perhaps at the state level you could help us with 16 17 that. The passage of the Smarts Bond School Act did 18 allow for money to be spent on that but I think that the city's spending very little part of that 19 Smart School Bond Act on actually getting assistive 20 21 devices. It would be great if we could open that up 2.2 and we could ensure that we could use capital 23 dollars. And so I'm going to ask you for some assistance on that as well when we leave here 24 25 today. And regarding the six credits I think the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 127 2 teachers are required to get six credits of reading methods instruction and not special education. 3 4 ASSEMBLYMEMBER SIMON: Literacy, which 5 could be anything. CHAIRPERSON DROMM: I'm sorry. 6 7 ASSEMBLYMEMBER SIMON: Literacy. [crosstalkl 8 9 CHAIRPERSON DROMM: Of literacy? ASSEMBLYMEMBER SIMON: ...methods. 10 11 CHAIRPERSON DROMM: So ... so explain to me the difference then. 12 13 ASSEMBLYMEMBER SIMON: Okay. This is not 14 to say that every institution has this challenge. 15 There are a number of excellent teacher preparation 16 programs that do teach teachers how to teach 17 reading. The problem is most of our teachers are ... 18 are taught about reading but not how to teach it. And that's explicit instruction on how to actually 19 teach. When I was in graduate school we had methods 20 of teaching reading, methods of teaching math. And 21 of course I wasn't using multi-sensory in the same 2.2 23 way because I was teaching deaf children right? But we were taught how to go about it. So the teachers 24 25 know that there's a problem. And I've never met a

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 128 2 teacher yet who doesn't want to address it. But 3 they don't know how to go about it. And when the 4 school for example may have a program that they purchase or use ... the teachers don't know what to do 5 when it's not working. We also have schools ... and 6 7 some of the best schools in our city that where we know a child is dyslexic. And I'll tell you a 8 story. One of my neighbors who is from a family 9 where there's quite a bit of dyslexia. Family's 10 11 very well-known in the field. Both her children 12 were diagnosed early. Both had different needs. So 13 dyslexia is like a fingerprint. It's not exactly the same for every child and that's an important 14 15 part of that comprehensive evaluation to really 16 find out what's going on. And her... she lived a 17 block and a half away from one of the best schools 18 in the city and they wouldn't provide Orton-Gillingham based tutoring to her child because they 19 used a different program for first grade and second 20 21 grade. They could get Wilson in third grade. Now 2.2 that makes no sense when we know what the child's 23 diagnosis is. Fortunately, she was able to provide independent tutoring. Her child was accepted to one 24 25 of the specialized schools for kids with dyslexia

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 129 2 but it's so far away that she chose to have the 3 child go to the local public school with the supplement that she was able to provide. So we 4 5 sometimes have you know purchasing decisions that kind of guide what it is that we provide instead of 6 7 what it is we need guiding what it is our purchasing decisions are. That's true in assistive 8 technology. So for example I think it's important 9 to understand there's assistive technology meant 10 11 for kids with disabilities in particular to help 12 them learn that's instructionally based. And then 13 there's also accessible technology. So for example right now we've been looking at the contract for 14 15 tablets. Those tablets really need to be accessible 16 to kids with disabilities and that's the reason why 17 that contract was put on hold a while back. There's been some ... some movement on that but it's very 18 important that a child with disability does not 19 then have a barrier of a tablet they can't use 20 21 because it's not accessible to them. So we need to 2.2 make sure that in all of our purchasing decisions 23 accessibility is part of that and that the accessibility works and not just believe the ... the ... 24 25 you know the fine print on the bottom of the box

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 130 SERVICES 2 that says it's... it's you know research validated. A lot of these are not research validated. And so we 3 need to exercise a great deal of care and ... and 4 focus on those decisions. 5 CHAIRPERSON DROMM: We don't ... we don't 6 7 take questions from the floor so ... we don't take questions from the floor, I'm sorry. Thank you 8 Assemblywoman Simon for coming in. I'm going to 9 move along but I want to continue to work with you 10 11 on this issue. It's one of major importance to me. And I as a teacher would have loved to have had 12 13 some support, some method, some way to work with dyslexic students, students who I thought were 14 15 dyslexic in my classroom. I have to tell you I made 16 the claim earlier and I saw some of the folks shake 17 their head but I was told never to put dyslexia on ... 18 on a referral to the Committee on Special Education, you know suspected dyslexia, and I... and 19 I tend to believe that that's still the case. I'm 20 going to talk to some teachers about that because I 21 2.2 got to get to the bottom of that one as well. 23 ASSEMBLYMEMBER SIMON: Well... and I think that in all fairness to the... the DOE I think 24 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 131 the Chancellor understands this in a different way 2 3 than perhaps prior chancellors did. CHAIRPERSON DROMM: Mm-hmm. 4 5 ASSEMBLYMEMBER SIMON: And of course now 6 we have the guidance from the Department of 7 Education. I do want to say that in my experience that when teachers are actually taught these 8 methods they are very grateful to have them and 9 they are very concerned that they didn't have 10 11 access to it before. And when it works ... you know teachers are reinforced by children learning. And I 12 13 think that you know my bill does not actually address professional development. Once a teacher is 14 15 working that's really a different area. This goes 16 to teacher preparation programs themselves so it 17 might be a teacher who's teaching but pursuing a 18 master's degree. But I think that professional development is also critically important. 19 CHAIRPERSON DROMM: I think we're going 20 to have some people address that professional 21 2.2 piece... [cross-talk] 23 ASSEMBLYMEMBER SIMON: Sure. CHAIRPERSON DROMM: ...a little bit later 24 25 on in the hearing. So thank you very much for ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 132 SERVICES 2 ASSEMBLYMEMBER SIMON: Thank you. 3 CHAIRPERSON DROMM: ...coming in. Thank 4 you for your patience. And thank you for also 5 allowing me to ... to have the students testify before and ... and for staying with us. 6 7 ASSEMBLYMEMBER SIMON: They were wonderful and I was very impressed. I was kind of a 8 9 little embarrassed coming up here because I hadn't written out all of my testimony so ... But I will be 10 11 submitting something by email. 12 CHAIRPERSON DROMM: Thank you. Thank you 13 very much Assemblywoman. Okay our next panel. Doctor Randi Herman from the Council's School 14 15 Supervisors and Administrators and Carmen Alvarez from... Vice President from the United Federation of 16 17 Teachers. 18 [background comments] 19 CHAIRPERSON DROMM: Okay thank you. And 20 I need to ask you to raise your right hands. Do you 21 solemnly swear or affirm to tell the truth, the 2.2 whole truth, and to answer council member questions 23 honestly? Thank you. Randy would you like to start? DOCTOR HERMAN: Good afternoon I'm Randy 24 Herman. I'm the First Vice President of the Council 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 133 of School Supervisors and Administrators. And I 2 have to say those kids blew me away. Our public 3 schools must be doing something right, yeah? Yeah. 4 5 Okay. Onto talk about dyslexia. First you heard a little bit about it. It's a very complex thing as 6 7 you know and I'm not going to do it justice in a minute and a half. But I will touch on just a 8 couple of things. First children who have learning 9 disabilities do not need to be fixed. They are not 10 11 broken. They shouldn't be fixed. What we need to do 12 as the adults in the room is find out what they're 13 good at, use those strengths to help them reach a 14 little higher to get the things that they can't 15 reach easily. And we can do that. Let's just think 16 a minute. Everybody in this room I want to say has 17 learned to drive a car, yeah? Just about everybody. 18 Think about that experience. Somebody put you in the car, you put your hands on the steering wheel, 19 you put your foot on the gas, you put your foot on 20 the brake, you were directed to look out the 21 2.2 window. It was a full body experience, a body mind 23 experience. So maybe you didn't get all the verbal instruction but you got the kinesthetic piece. You 24 25 were feeling it. You felt your foot on the pedal,

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 134 SERVICES 2 you knew how hard to push. You knew how many turns to the right how many turns to the left because the 3 4 car moved when you did that. So it was giving you 5 feedback as you go. That's the best way for a child with learning disabilities to acquire information. 6 7 Multi-sensory approach. You heard that several times today. Now do we assess for a learning 8 disability? Well if it's a multi-sensory experience 9 that they need you need a multi-sensory and a 10 11 multi-disciplinary evaluation. Those are expenses. 12 You very often need a neurologist. Those are 13 expenses. So the DOE doesn't do that right now. Maybe they need to start looking at the multi-14 15 disciplinary evaluation that we had I don't know 16 about 30 years ago. Those teams really did a good 17 diagnostic. We used a medical model. And probably 18 if we go back to that, a differentiated medical model we'll see a better result. Now onto the 19 preservice and the in-service. Teachers can't work 20 21 with the child unless they have the methodology. So 2.2 if they're going into preservice training they're 23 not teachers yet. Hopefully our universities will pick that up. Well the teachers who are there now 24 25 with the children in front of them, they need help

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 135 2 now. And the DOE's got the ... the ir heart in the 3 right place by putting reading coaches in but 4 they're not licensed reading teachers. They may learn about Orton-Gillingham. They may learn Wilson 5 and Spalding. Anybody else get the sports reference 6 7 to that, Wilson ... Spalding. Anyway it ... it ... it's a taste. It's not in depth. To assess a child 8 properly you need the right tools. And that's what 9 this resolution will put us on the road to. The 10 11 right tools for teachers to do what they have to do 12 to help children. And again you heard no two 13 children with a learning disability are the same. Like fingerprints, like the fingers on your hands. 14 15 They're all yours but no two are the same. So thank 16 you for picking up on the need for this and for 17 what I hope will be a passing of a resolution 18 today. 19 CHAIRPERSON DROMM: Thank you. And you know I... as you're saying things I didn't get to ask 20 21 all my questions to the DOE. But in regard to a 2.2 reading specialist versus the reading coach ... when I 23 first came into the system there was a special license I think to teach reading right? The kids 24 25 that needed extra instruction in reading. Those are

	COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY
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2	the reading specialists to me. The reading coaches
3	as I think you've correctly pointed out are people
4	who have been successful in the field and have had
5	the minimum number of requirement courses that you
6	took back… guess when you're going for your masters
7	or your undergraduate degree but not necessarily
8	the same as those who had reading licenses.
9	DOCTOR HERMAN: You're absolutely
10	correct and I'm probably one of the few people left
11	who has a masters degree in learning disabilities.
12	Oh you too? Oh that's because you're as old as me.
13	CHAIRPERSON DROMM: I I just think
14	there's a big difference. I wish the… I hope that
15	this is successful obviously. We all wish for that.
16	But I do wonder if it… if it shouldn't have been
17	reading specialist but we'll see. Vice President…
18	DOCTOR HERMAN: There probably aren't
19	enough of them.
20	CHAIRPERSON DROMM: Yes.
21	DOCTOR HERMAN:all [cross-talk]
22	CHAIRPERSON DROMM:more.
23	DOCTOR HERMAN: They are. I'll speak to
24	that… [cross-talk]
25	CHAIRPERSON DROMM: Yes.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 137 SERVICES 2 CARMEN ALVAREZ: Hi, good afternoon. My 3 name is Carmen Alvarez and I am the United Federation of Teachers' Vice President for Special 4 Education. On behalf of the union's 200,000 members 5 including over 50,000 special education teachers, 6 7 paraprofessionals, and therapists who serve our children with special needs I would like to thank 8 9 the Committee of Education and the Committee on Health and Developmental Disability, Alcoholism, 10 11 Substance Abuse, Disability Services and Chairs Danny Dromm and Andy Cohen for holding this 12 13 hearing. Your oversight over the scrutiny of the services and resources applied to students with 14 15 learning disabilities are critical. Further we 16 appreciate the opportunity to share our views on 17 both addressing the needs of students with dyslexia 18 and related ... related language based learning disability. And on council resolution number 12 ... 19 1027 regarding the certification of training of 20 21 teachers, administrators, or instructions in the 2.2 area of dyslexic ... dyslexia and related disorders. 23 The UFT, the United ... can't follow me because I'm going everywhere so don't follow the yellow brick 24 25 road. The UFT together with parents and advocates

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 138 SERVICES 2 firmly believe that the core of many students 3 learning problems fall within the realm of literacy and language based disabilities. We are pleased the 4 5 Department of Education made a greater priority of addressing literacy centered issues and please in 6 7 particular there's a plan to strengthen literacy for early learners. We wholeheartedly support this 8 focus. In testimony before this body on a number of 9 occasions and across a range of issues our union 10 11 has emphasized that cognitive and social emotional 12 development in the early years are critical. We 13 seek the city council support to implement the following. We are going to make some 14 15 recommendations to fast track what the Department 16 of Ed has said. 2026 is too long, too far away to 17 make the difference. So I got it ... I got it. So ... so 18 just bear with me. Align the city's ... so here are our five issues; align the city's categorization of 19 dyslexia and language based disabilities on its 20 21 IEPs with that of the US Education Department's 2.2 Office of Special Education and Rehabilitative 23 Services. The issue's not just putting dyslexia on the IEP or language based disabilities. The issue 24 25 is if you put it on there who is going to teach

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 139 them. Who are the skilled people who could really 2 3 really address it? So we have to deal with these 4 things simultaneously. So it's critical that we deliver the explicit, sequential, intensive, 5 sustained interventions that students with dyslexia 6 need. They need to provide training in evidence 7 based foundation literacy skills, instruction, and 8 dyslexia intervention to special education teachers 9 and others in the system. What that means is just 10 11 don't focus on the specialty programs of Orton-12 Gillingham and the myriad ... You have to teach them 13 how to read first. You've got to get that ... that's your ... that's your levelling playing field. And once 14 15 you have your staff understanding how to teach 16 reading then you understand here's an outlier case 17 and this is the skill set I'm going to use to do 18 that. So we want you to pass 1027 specifically in the area of ... of professional training. We stand 19 ready to work in partnership with the DOE in New 20 21 York City Council as both entities place a greater 2.2 emphasis on improving outcomes for children 23 struggling with dyslexia and related language based disabilities. I'm going to skip to the section that 24 25 says... because it's... it's blacked out... injecting

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 140 2 urgency in our efforts to serve dyslexic students. 3 And I just want to emphasize the time is to act 4 now. With New York City poised to implement sound evidence based literacy instruction and supporting 5 early grades it's time to take the next step and 6 7 provide interventions and support for students for the... for these students. So we ... we define it as 8 9 appropriate instruction. And what we mean by appropriate instruction and this is why I'm going 10 11 over it means scientific research based reading 12 programs that include explicit instruction and 13 phonemic awareness, phonics, vocabulary development, reading fluency, reading comprehension 14 15 strategies, as well as writing known as the five pillars. And again I could tell you I look at the 16 17 ATR pool and you know who was put on them? The 18 reading specialists. Why? Because administrators don't understand the value of having somebody who 19 understands how to teach reading. And so that's 20 21 something we would go back with the Department of 2.2 Ed to say let's pull those experts out there and 23 really build from that. The other thing I want to just highlight is the DOE will need to provide 24 25 extensive professional development and support the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 141 teachers in evidence based instruction. And this is 2 3 what I mean. No three-hour three-day workshops or 4 turn-key trainings or webinars. Like the reading for all coaches, special educators who provide 5 interventions and services for students with 6 7 dyslexia should receive direct training over the summer and regularly scheduled training every month 8 during the school year. The curriculum should be 9 designed and delivered by central staff under the 10 11 quidance of experts, not somebody who was trained 12 20 minutes ago and then has to implement it. And 13 only because we ... we've lived through that with the 14 parents. And I agree with you very often people 15 have been told you cannot put dyslexia but when the 16 parents come to me I give the guidance letter from 17 the letter say you can put whatever you want. And 18 when we give it to the parent ... to the ... and we say there's a portion in the IEP that says 19 support to staff that's where it needs to be 20 21 written. The professional development that needs to 2.2 have staff prepared. So let me just take a little 23 sip of water because I'm so excited. So what we suggest to the Department of Ed is we believe you 24 25 need to use staff members already in the building.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 142 SERVICES 2 You need to put people who are already centrally based in the... and we're in negotiations with them 3 right now. So we're really looking to ... to really 4 5 connect the dots. And the positions I'm talking about are IEP teachers. There's a thousand of them, 6 7 all used badly. So we're going to negotiate that because they should be trained in exactly what I 8 9 outlined. That means there's a thousand schools that could get that over the period of the year 10 11 because you have to stagger the professional 12 development. Once you start with them then you get 13 the... teachers, then you could get speech teachers. You need to build capacity building by building. 14 15 You can't have a coach fly in and fly out. You have to build capacity. And what we are urging at this 16 17 point it ... and I think was mentioned before by the 18 Assemblywoman. I do not ... do I want the professional development for them? It has to be mandated. You 19 don't have a choice. You have to ... I like that 20 group. You have to really create the vehicle for 21 22 our staff to do it well. They're ... it's not going to 23 happen overnight but I would say if we make that commitment to create three or four people in a 24 25 building staggered training in how to teach reading

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 143 first and then you could take your specialty Orton-2 3 Gillingham foundations etcetera and then one of 4 each could be certified in it, not trained in it, certified in it. And that takes about two years. In 5 three to five to seven years you could have at 6 7 least a thousand schools with experts in the building. So I really urge you to read the rest of 8 my testimony because I'm not going to read it. But 9 that's the goal. And the one thing I want to add 10 11 and we could use your support in the audience as 12 well as yourself. 21 years ago we had a nasty thing 13 called mandate relief. And what they did was only in New York City they made the group size for 14 15 resource room eight. As well as the related 16 services. Now at least the related services were 17 smart enough to say I'm not going to do speech with 18 a... no I'm not going to do counselling with eight. So they never went to eight. But unfortunately the ... 19 the... the maximum became the rule. So we are putting 20 21 legislation together and we want co-sponsors to 2.2 push it that let's bring back the group size to 23 five. Response to intervention, the second level of response to intervention is a group size of five. 24 And then level three is a group size of eight? 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 144 SERVICES Let's give our students the best chance possible by 2 having specially designed instruction in those 3 positions that can provide it in that way. I was a ... 4 teacher and I was a damn good one. And I could tell 5 you each one of my kids and what was different 6 7 about them and what they needed. And I really instructed them as they needed according to their 8 needs. None of my IPs look the same. All I'm saying 9 to you is we can get there. My niece was in 10 11 district three last century and she started out in 12 the resource room but she needed help because she 13 was dyslexic. But god bless that school, PS87. You had a self-contained classroom teacher who said 14 15 we're going to tell you how to address your 16 disability, demystify it so you can have the 17 skillset to succeed back in general ed. And she 18 went back into general ... she graduated from Pratt and she is now in the school system. She won't 19 teach but she is in the ... she's in the classroom as 20 a paraprofessional and she is damn good. So special 21 2.2 ed is special if you use it that way. And I'm just 23 going to say one point of information about preservice. When I got my degree it was ... my 24 25 certification of the state it was for students of
COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 145 SERVICES 2 emotional disturbances and I got that at city 3 college. At least 60 credits all dedicated to that. 4 Then I went to Bank Street College and got my certification in reading. You know that a lot of 5 our young people in that school to prison pipeline 6 7 is either the behavior that caused them to not read or it's either the... not being able to read the 8 cause of the behavior. So we have to address those 9 components. And I believe we have a terrific 10 11 opportunity. And I really urge us not only to 12 support us but to really follow through ... can we 13 make those connections and create a critical mass of... of... of people in the school trained, really 14 15 professionally developed over the next three to 16 five years to create that expertise in a minimum of 17 a thousand buildings. Okay I'm done. 18 CHAIRPERSON DROMM: Thank you. It also hits me... you know I had 34 kids in my class every 19 year. And some years I had 38 kids in my class. And 20 you know I thought I was a well-intended teacher 21 2.2 and I wanted to do the right thing by my students 23 but I was never really trained in... in how to deal with dyslexic students. Told I wasn't really 24

allowed to use the word. And ... and really I ... I

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1	COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY
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2	probably I think I know that I never really got to
3	those kids you know. And it's a shame. I tried to
4	press the… the DOE on that a little bit today
5	especially in regard to balanced literacy and how
6	you know you can do the whole class and still do
7	the other piece of it. What are your feelings on
8	that?
9	CARMEN ALVAREZ: Well I think many of us
10	who… a lot of us talk to each other. When you have
11	either balanced literacy, pacing calendars, all
12	these types of things that have nothing to do with
13	the individualized need of of a young person
14	whether they're… an IEP or not. There's just not
15	enough information and and support not only for
16	the teachers but for the principals. Because the
17	principals need to understand that because they
18	make these demands on teachers that are impossible.
19	And they say well you got to fix it, well how, show
20	me how. They… they don't know. So it… yes it's an
21	issue but we have to also have mandated
22	professional development for principals. They
23	can't… it cannot be optional anymore. And so I
24	don't know if I answered the question, I think it
25	was a little wordy but I just think it's… it's

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 147 SERVICES 2 never that simple but it really means you are ... this 3 system must dedicate time and effort for people to 4 get that skill set so they really own it and 5 understand it's about all the young people in their building and that you're helping them all. And when 6 7 those kids ... and I think some of the people said it already, who need more, you pick the right child 8 9 who needs that support versus okay take everybody in in that corner and teach them... give them Wilson 10 11 with no fidelity. And ... and that's one of the things 12 we ... we should monitor over the next couple of years 13 in terms of the professional development. CHAIRPERSON DROMM: Well thank you for 14 15 coming in. Thank you for your ... your great testimony 16 both of you. I really appreciate it. We have a lot 17 of people behind you yet to speak. 18 CARMEN ALVAREZ: Yes. 19 CHAIRPERSON DROMM: So I'm going to move 20 it along. 21 CARMEN ALVAREZ: Absolutely. 2.2 CHAIRPERSON DROMM: But definitely we 23 want to continue looking at this. 24 DOCTOR HERMAN: Thank you very much. 25 CARMEN ALVAREZ: Thank you so much and ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 148 2 DOCTOR HERMAN: And ... 3 CARMEN ALVAREZ: ...for what you do. DOCTOR HERMAN: ... the support for each of 4 5 the resolutions before you today you know you have it from CSA. 6 7 CHAIRPERSON DROMM: Thank you. CARMEN ALVAREZ: And for ... UFT. 8 9 CHAIRPERSON DROMM: Thank you. Thank you very much to both of you. Alright our next panel, 10 11 the former chairman of this committee Robert 12 Jackson, come on down, Joanna Garcia from City 13 College, Debby Meyer from Dyslexia Plus Taskforce, Paula Heitman from Parent of a Child with Dyslexia, 14 15 and Laura Cavalleri from Dyslexic Friendly School Public Environment. Oh I'm sorry, okay Laura 16 17 Cavalleri, yep come on up. Yes. Dean Driscoll do 18 you want to come up with us? Yeah. Alright I do swear everybody in in this committee. It was a 19 habit that Council Member Jackson got us into a 20 21 long time ago. So please if you would raise your 2.2 right hand. I'm going to ask do you solemnly swear 23 or affirm to tell the truth, the whole truth, and nothing but the truth and to answer council member 24 25 questions honestly? Okay Council Member Jackson.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 149 SERVICES 2 ROBERT JACKSON: Thank you Chairman 3 Dromm and to the staff and all the other members 4 that were here. And I'm glad that the New York City 5 Council is videotaping this so that you can go on the city council channel to actually view the 6 7 hearings. I've done that on other hearings. But let me say this is my first time outside of office 8 9 since I was term limited in December 2013 that I'm testifying at the city council of New York. Because 10 11 this is a very very very special issue for over 12 200,000 students that are being impacted as a 13 result of the Department of Education not recognizing their issues and concerns. So when I 14 15 walked 150 miles to Albany to build support for the 16 campaign for fiscal equity lawsuit to fix this 17 broken system that the New York state funding formula cheated our children. I did... I did it on 18 behalf of all of the students so that every student 19 had the opportunity to learn and reach their full 20 21 potential and however Chairman Dromm there are too 2.2 many children... children affected by dyslexia that 23 by no fault of their own do not have a chance to reach this important goal. They work twice as hard 24 25 as their peers that read more naturally but

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 150 accomplish only half as much. Their frustration 2 3 mounts and it affects all parts of their lives and 4 their family's lives. And we have seen great 5 progress in many areas in our educational system and also advances around the country and 6 7 identification and support for dyslexic children. And that said not nearly enough is being done for 8 these children in the New York City public school 9 system. And as the Yale Center for Dyslexia and 10 11 Creativity said quote in dyslexia there's not a 12 knowledge gap but rather an action gap. And from 13 listening to the testimony here today especially from the two unions that represent the educators 14 15 and administrators and others clearly there's an 16 action gap. And despite the fact that one in five 17 children in our school system are dyslexic our 18 school system lacks a coherent plan or commitment to support dyslexic students and schools aren't 19 providing access to early intervention of dyslexia 20 21 and related language based learnings. And in fact 2.2 the question was asked by one of the council 23 members, how many children in the New York City public school system have been identified with 24 25 dyslexic... that are dyslexic. And that could not be

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 151 answered. And in fact there's no way that they have 2 put in place to determine that. And in fact ... so the 3 4 children suffer again and again. And their parents, and I'm part of a task force with Joanna Garcia and 5 Debbie Meyer and ... and Silby [phonetic] who's 6 7 sitting there, these are three parents that have children with dyslexia and in fact they've come 8 together and bonded together in order to try to 9 find a way to help not only their children but the 10 11 hundreds of thousands of children in the New York 12 City for dyslexia. And I know that we're running 13 late and I'm just going to go to the conclusion. So 14 my last paragraph. We need to create a new culture 15 for dyslexia or what leading New York City 16 advocates call dyslexia plus. And more specifically 17 this means first increasing dyslexia awareness and 18 training of dyslexia is warning signs and appropriate intervention strategies, second, 19 providing students access to proven teaching 20 21 methodologies and help dyslexia, dyslexics learn to use their learning differentiate, differentiations 2.2 23 to their advantage for success. Third, providing social emotional support in public schools. Fourth, 24 25 providing support for all parents in the form of

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 152 SERVICES 2 advocacy, resources and knowledge. Fifth, 3 developing partnership between the Department of 4 Education and the City's Public Higher Education 5 University System, CUNY, to prepare teachers going into the public schools. And six, supporting 6 7 legislation that Joans Jo Anne Simon talked about in which she's a sponsor in Assembly and Marty 8 9 Golden is a sponsor in the senate. And finally, let's teach every child to read and make sure each 10 11 have the opportunity to reach their full potential. 12 I text my daughter who is an educator in Virginia 13 and I asked her if she had any comments. And she said it is absolutely necessary in order to train 14 15 educators and administrators so that they can 16 recognize children with dyslexia so that they'll be 17 able to teach them appropriately. I thank you 18 Chairman Dromm and staff for coming here and hopefully all of the members of the city council 19 will review this and support the resolution. Thank 20 21 you very much. 2.2 CHAIRPERSON DROMM: Thank you. It was 23 very shocking to me to hear that they didn't know

25 know how you begin to conquer a problem unless you

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the number of students with dyslexia. And I don't

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 153 2 know the number that you're talking about. And we've had other hearings here since you've 3 4 departured [phonetic] ... since your departure and we often find that they don't know the number of 5 quidance counsellors or gym teachers or whatever it 6 7 is. And I think that a first step in this is to use the word dyslexia and to find out the number of 8 students in the system with dyslexia. I don't ... I ... 9 I... I just don't see how you can begin to tackle the 10 11 problem unless you know those things. 12 ROBERT JACKSON: Well we ... clearly 13 there's ways to tackle the problem and there's experts in the field and schools that are doing it 14 15 and so let's start with training our educators and 16 administrators and the ones ... to recognize it so we 17 can get the job done. Thank you. 18 CHAIRPERSON DROMM: Thank you. 19 ROBERT JACKSON: Thank you. 20 CHAIRPERSON DROMM: Next please. 21 DEBBIE MEYER: Thank you Mr. Chairman. 2.2 My name is Debbie Meyer and of course I'm not the 23 famous education reformer Debbie Meyer but I am the founding member of the Dyslexia Plus Taskforce. And 24 25 this is why. I am the mother, wife, sister-in-law,

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 154 2 and aunt to dyslexic people. Yes, it runs in the 3 family. My 10-year-old son began public school here in New York City. Before second grade the school 4 5 noticed that he seemed be struggling with reading and placed him in an ICT class with an IEP. The 6 7 second grade cycle education evaluation noted his cognitive abilities far above the norm, his reading 8 9 slightly above norm despite not being able to sound out a single word and writing far below the norm. 10 11 We explained how dyslexia runs in our family. But when we discovered the school wouldn't test for it 12 13 we took our son to private neuropsychological exam. Dyslexia was confirmed and an Orton-Gillingham 14 15 based literacy curriculum was recommended. However, 16 at school he continued to be taught language arts with a method that does not address dyslexia. His 17 18 teachers and school staff had not received the 19 proper preparation to support his learning needs. He continued to struggle and frustration impacted 20 21 his self-esteem. Exhausted each day he couldn't 2.2 even deal with the tutoring we tried to arrange for 23 him. And his anxiety escalated and he began to write on his arms and legs and tell us how he 24 25 wanted to die. He really needed help. He was you

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 155 2 know nine years old saying this. He started therapy and for fifth grade we pulled our son from public 3 4 education. We put him into the Windward School. 5 He's doing well now but he has not regained the full degree of empathy for kids that struggle that 6 he used to have. But this story's rather typical. 7 But I'll skip a little. But you know while ... while 8 that typical our family's story of finding the 9 right resources is not. When I realized what an 10 11 effort it was from being an older educated mother of one with a flexible schedule and a supportive 12 13 husband I couldn't really imagine how a parent of four kids with no spousal support and two jobs 14 15 might do the same. The amount of misinformation 16 that takes time to sift through simply astounds me. 17 The number of phone calls and appointments that 18 need to be made during working hours, it practically requires an administrative assistant. 19 And I thought isn't this the job of our schools and 20 21 our pediatricians to help in a really substantive 2.2 way. I'm also involved in reentry from 23 incarceration and education. As you mentioned in your report the dyslexia rate in the prison system 24 25 is more than twice as high despite the rate

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 156 reported you know in the rate ... in juvenile justice 2 3 is like 60 percent. And that's about the same rate 4 as... is among NASA scientists. So the list of 5 successful of dyslexics spans career spectrums from lawyers, to doctors, to artists to entrepreneurs. 6 7 And clearly dyslexia does not have to be a prison sentence if students are properly supported. I 8 first considered founding a new public possibly 9 charter school for dyslexia but I realized how 10 11 little this would help. And then I thought about 12 another teacher training program and realized how 13 little that would help. I did a survey to find out why and found out that teachers who were trained 14 15 didn't have support from their principals. And 16 there was so little knowledge they couldn't build 17 support among their staff peers. So our task force 18 wants to take the components of treating dyslexia students, dyslexic students out of silos and create 19 a schoolwide culture where students will thrive in 20 21 their neighborhood schools. 2.2 CHAIRPERSON DROMM: When you're talking 23 it's hitting there ... I'm thinking there were years, years, and years when we were told we were not 24

allowed to do phonemic awareness in ... in this ... in

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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 157 teaching reading. I mean I just ... you know so we're 2 3 only beginning to catch up with ourselves in that. 4 So thank you. Next please. PAULA HEITMAN: Good afternoon. My name 5 is Paula Heitman. I am the Executive Director of 6 7 Families First in Early Childhood Nonprofit Center in Brooklyn. But I'm here today as the mother of a 8 dyslexic child. My daughter attended public school 9 for Kindergarten and first grade in one of the best 10 11 public schools in Brooklyn. A school which has a PTA which raises hundreds of thousands of dollars 12 13 every year to provide enrichment classes assisting teachers in all kindergarten classes, supplement 14 15 supplies for all classrooms. Despite this my 16 daughter was failing first grade. Despite the fact that she had been evaluated, designated as learning 17 18 disabled, she had an IEP, she was placed in ICT classroom with two wonderful seasoned committee 19 teachers she was failing. Her teachers did not know 20 21 how to teach her. And their only option when it 2.2 came time toward the end of the year when she was 23 clear she was not going to be promoted to second grade was to retain her in first grade in the same 24 25 program, same instructional method that was failing

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 158 her the first time. I'm an educator. I'm a former 2 3 DOE high school English teacher. I have worked in education nonprofits for the past 20 years. My 4 5 daughter is one of the lucky ones. She has a mom as an educator and a dad as an attorney. This... she's 6 7 lucky. I knew of a nonpublic school that served students like my daughter. We were lucky enough to 8 be accepted at this school, had the means to hire 9 an attorney to file a petition to secure the 10 11 funding for my daughter to attend this school. This 12 is not fair. She is now in her fourth year at her 13 school. She's reading, she's writing, she loves her school and her teachers. She feels supported, 14 15 understood, and successful. However, she loved her public school too. She did not want to leave. I did 16 17 not want her to leave. I was deeply involved in her 18 public school. I was a class parent. I was an elected member of the school leadership team but it 19 was not working. What is it that prevents teachers 20 from receiving the training to teach the students 21 2.2 with dyslexia? Had the DOE had a program that met 23 my daughter's needs we would still be there and I would still be the involved parent that I was. The 24 25 DOE has other programs that serve students with

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 159 2 special needs. There's a wonderful program that 3 serves students on the autistic spectrum called the nest program. In the nest program students with ASD 4 5 are educated along with their typically developing 6 peers taught by teachers who are specifically 7 trained to work with those students. Can we design a similar program to serve dyslexic students so 8 that those students may continue to attend their 9 local public school? Thank you. 10 11 CHAIRPERSON DROMM: Thank you. Next 12 please. 13 JOHANNA GARCIA: It's like I'm hearing 14 my own story. Thank you Chairs Dromm and I also 15 thank Cohen, I know he had to leave, and other 16 members for holding this very important hearing. My 17 name is Joanna Garcia. And I sit before you today 18 wearing several hats. I'm the Executive Director of City College Partnership at City College of New 19 York and as such serve as a founding member of the 20 21 Dyslexia Plus Taskforce. I am also the mother of a 2.2 second grader with dyslexia enrolled in his 23 neighborhood public school as well as a parent leader in School District 6. The time is right for 24 25 New York City to lead in making a systemic change

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 160 2 in our schools. Actually it's long overdue. With 3 legislation pending on the federal, state, and 4 local level and together with an administration 5 keen on improving literacy rates among our youngest we are in a strong position to change the tide for 6 7 dyslexic students in our public schools. I proudly share that the City College of New York through 8 working collaboratively with DOE is excited to take 9 the lead in ensuring New York City public schools 10 11 become a place where students with dyslexia and 12 other language based learning difficulties can 13 learn and thrive in their neighborhood schools. Fortunately, the work in supporting students with 14 15 dyslexia has been started by many other advocates 16 before us; petitioners, educators, and 17 psychologists. We plan and have already begun 18 conversations to work with individuals and institutions who have long standing experience in 19 this field. We hope to count on the city council as 20 21 one of our partners. As a result of a positive 2.2 meaning between the Dyslexia (Plus) Task Force and 23 Chair Danny Dromm late last fall and later with the DOE City Council submitted a discretionary funding 24 25 expense application for a new city council

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 161 initiative titled Dyslexia Plus in public schools. 2 The initiative basically is to build capacity in 3 4 our public schools. It would address four key factors that through our research fines dyslexic 5 students will be successful with one and we've 6 7 heard it over and over today. Parent advocacy and understanding of available services, what's out 8 there. Two, affordable and accessible evaluations 9 in early diagnosis. You have to be able to get the 10 11 diagnosis before triggering services. Three, 12 academic support provided by highly skilled 13 teachers and staff, not just the teachers but the staff in the schools trained in understanding and 14 15 addressing dyslexia. And four mental health support 16 with difficulties often associated with learning 17 differences. The more we wait for those kinds of 18 interventions the worse the problem gets. In essence this is building capacity and creating a 19 culture supporting dyslexia. Getting the right 20 education and services should not be limited to 21 2.2 students whose families can afford it, are educated 23 about options, or have the resources and time necessary to navigate to get their child the proper 24 25 services and settings. In essence it shouldn't be

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 162 2 based on luck. Even for parents who are savvy the process is incredibly difficult and emotionally 3 taxing and frustrating. Take me for example. I have 4 been involved in education advocacy for a while and 5 in fat sat on the other side of this table when I 6 7 worked for then Chair Robert Jackson. Yes, there isn't a day that goes by that I don't worry about 8 getting my son Aries [sp?] the help he needs before 9 it's too late. When he was kindergarten I suspected 10 11 Aries had dyslexia much like his father and my 12 brother. But instead I was dismissed by his well-13 meaning teachers and it was recommended he repeat 14 the grade, same instruction. When he finally 15 entered first grade he was still reading below 16 grade level. After DOE evaluations didn't bear out 17 what I suspected I was lucky enough to find 18 affordable private evaluations. I still have to advocate to make sure he didn't repeat the first 19 grade. Frustrated by his teachers and therapists 20 21 who didn't understand dyslexia or had the training 2.2 to help him I sought specialized ... tutoring that is 23 far too expensive for a single mother of three. He is making progress but so are his peers. Today my 24 25 son is in second grade faced with another promotion

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 163 SERVICES in doubt. His school is finally admitting that 2 3 repeating the grade is not the answer and that they 4 lack the resources to adequately teach my child. 5 Sadly, I hear my story echoed over and over when I talk to other parents and children struggling to 6 7 get by in school. By the way my child's IEP still doesn't dyslexia and at the last parent and teacher 8 9 conference even though the evaluation is two years old they still would not say the word dyslexia. I 10 11 kept saying can you say dyslexia. This hearing is 12 the beginning of bring this issue into the public 13 discourse. I hope the city council will continue to support legislation, efforts, and initiatives that 14 15 will address the crisis affecting thousands of dyslexic students who wish they could thrive in 16 17 their neighborhood schools. I'm proud the COMMITTEE 18 CLERKNY is taking the important step in preparing teachers and joining with other CUNY institutions 19 to build a consortium. Together we can turn this ... 20 21 we could take this even further. Let's help New 2.2 York City be a national leader at making room in 23 our public schools for students with dyslexia. Please support the Dyslexia (Plus) in Public 24 Schools initiative. Thank you. 25

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1	ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 164
2	CHAIRPERSON DROMM: Thank you very much
3	Dean Driscoll.
4	DEAN DRISCOLL: Good afternoon. My name
5	is Mary Erina Driscoll and I'm the Dean and Herald
6	Kobliner Chair in Education at the School of
7	Education at City College of New York. And we're
8	very proud of our alumni. Several in this room,
9	actually, thank you. I've I've submitted written
10	testimony so I'm going to sort of move quickly. I
11	mean one of the things the first point I make is
12	the long history and mission of city college in
13	supporting all of the children of New York. And so
14	understanding and improving the life chances of
15	children is very much at the core of the work of
16	city college and very much at the core of what we
17	do in the school of education. And this hearing
18	today has really demonstrated the importance of
19	meeting the needs of dyslexic children who wish to
20	be served in the New York City public school system
21	which again is very much what what we are about. I
22	think CUNY is an important partner in this work
23	because CUNY as an institution trains and prepares
24	many of the teachers in the New York City public
25	schools and many of our students come from the New

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 165 2 York City public schools. They want to be urban educators and they want to remain in the city. At 3 4 present within the ... the preparation program 5 specifically in terms of dyslexia and not just generalized reading students do have to demonstrate 6 7 that they understand the needs of all learners. And so some of that work is included in course work on 8 inclusive education that was mandated by the state 9 within the last five years as well as their 10 11 performance on the more recently mandated certification exams for educating all students. I 12 13 want to sort of cut to the chase. I think the urgency here in terms of workforce development 14 15 mandates that we work with the state immediately to 16 develop an extension to certification and dyslexia 17 and that this is one of the ways that a 15 to 24 18 credit program can be developed that is focused and intense. This... this state is recently ... and the city 19 has supported and subsidized teachers with 20 21 extensions in bilingual education because the need 2.2 is so great. And part 154 in Albany legislation at 23 the state now is saying that you have to have for English language learners somebody ... more teachers 24 with that extension and specialized training. So 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 166 SERVICES we're certainly willing to do that in partnership 2 3 with other CUNY institutions and other partners in the room. I want to join with Joanna in reiterating 4 our commitment at COMMITTEE CLERKNY to bring 5 together resources from across CUNY in a taskforce 6 7 to study, recommend, and develop the kinds of professional development experiences and coursework 8 needed to address the knowledge gap in our 9 profession. As I said we'd be happy to partner with 10 other CUNY institutions. There's interest at 11 Lehman. I know there's interest at Hunter as well. 12 13 It is our hope that such a project potentially could lead to something along the lines of a CUNY 14 15 dyslexia institute. This could become a center for applied research, professional development, and 16 17 direct services. For example, a multi-disciplinary 18 clinic that offers consultation, diagnostic, and instructional after school and summer offerings 19 that would be available and affordable to public 20 school parents. We see the Department of Ed and the 21 2.2 state as critical partners and we look forward to 23 the continued interest and support of the city council. Thanks. 24

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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 167 2 CHAIRPERSON DROMM: Thank you. Next 3 please. LAURA: Hello, my name is Laura 4 Cavalleri. I am dyslexic so I'm not going to read 5 from my statement. I'll ad lib as best as I can. My 6 family represents 60 years of dyslexia in the New 7 York City Board of Ed. My mother was tested back in 8 9 1950 and screened. She went to a screening center on... Street. The building's still there. I am a drop 10 11 out through the 70s, socially promoted but both my 12 mother and I and my aunt we have the gift of art. I 13 now have two sons. One is 15, one is 13, one is dyslexic... classic dyslexic, the other one is 14 15 dysgraphia dyslexic. I had them both tested last 16 year. My son Lawz [sp?], the oldest one in High 17 School, McKee High School now is an honor student. 18 He had Lindamood-Bell in the second grade. As a dyslexic myself looking for services for my child 19 20 what would I sit through I said because dyslexics 21 are smart, Lindamood-Bell did it. He is now an honor student in the 10<sup>th</sup> grade in McKee High 22 23 School and cannot get him back on his IEP because I showed them, I says look at his certification, it 24 25 still says he's dyslexic even though he's an honor

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 168 student. So I want to make point now. Google ... 2 3 google everybody, Starbucks U.K. dyslexia because 4 there was just a lawsuit right and the woman won against Starbucks and she told them that she was 5 dyslexic and you know the star ... so think of it this 6 7 way when my son now graduates with his honors and goes to his job and he's going to have to stand 8 there with his certification too and say I'm 9 dyslexic, I'm going to need accommodations but you 10 11 want me for my honors, you want me for my 12 strengths, you hired me for my strengths. Now I got 13 voted off my SLT team at McKee High School recently this past March 7<sup>th</sup> because I publically asked for 14 15 help at a Town Hall meeting from Carmen Farina to 16 target McKee High School 640 kids. We did a PD 17 train ... the school did a PD training done by the 18 teacher because it was on the CEP ... wonderful. Dyslexics have to be bright. They're above average 19 in IQ. They need a different font size to read. The 20 21 whole PD itself given by just a teacher to teachers 2.2 was to show them how easy it was to make simple 23 accommodations in the classroom for dyslexics. What I'm asking for is to make a dyslexic friendly 24 25 schools environments because also too in my son's

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 169 SERVICES middle school book share, audio books. I didn't 2 know that the library could give him an audio book 3 4 and the librarian says well there's only three kids in the school so far on it. Two of them have it 5 privately. Your son's the first one to get it 6 through the librarian. I says goodness gracious I 7 want an embracing feeling. I want all the dyslexic 8 students to know and their teachers ... because the 9 teachers didn't know that they could recommend 10 11 students to audio books, make my schools friendly environments and because we don't have enough 12 13 teachers right now to teach this you have to make it friendly so that the kids can start helping each 14 15 other. And we will help each other learn. Thank 16 you. 17 CHAIRPERSON DROMM: Well thank you 18 everybody for coming in. I really appreciate it and

19 I look forward to continuing to work with all of 20 you, specifically with the city college program, 21 has moved down the budget path. Thank you very 22 much. Maggie Moroff Advocates for Children, Ximena 23 Atbara, Fotera Jeffa, Vetara... Vetara, I'm sorry how 24 do you say it? Patara Japay thank you. Wendy Ramos, 25 Noel Tortore, and Kristen Berger. Alright let me

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 170 SERVICES ask everybody to raise their right hand please. Do 2 3 you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth and to 4 answer council member questions honestly? Would you 5 like to start Patara? Yeah just hit that so the red 6 7 light's on. 8 PATARA JAPAY: Good afternoon. My name is Patara Japay. According to current studies in a 9 classroom of 35 students at least five of them have 10 11 deficits in reading associated with dyslexia. 12 Whether anyone knows it or not. The problem is that 13 many people may not be diagnosed or a lot of people do not disclose that they have which is why I felt 14 15 so alone as a child and every step of life feeling 16 like I'm reinventing the wheel. I am now very open 17 about my disability because I believe that it is 18 part of who I am. I was diagnosed in the third grade with dyslexia. Well, let me correct that, a 19 learning disability because I was never allowed to 20 21 put the word on my IEP. I was recently retested and I now read on about a fourth or a fifth grade 2.2 23 reading level which does not include fluency or decoding. If those things were factored in I would 24 25 read significantly lower. I'm sharing this with you

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 171 because as an African American female from Bedford-2 3 Stuyvesant Brooklyn I was told I was a student that 4 was not going to be able to graduate high school let alone be a productive member of society. My 5 family and I didn't give up. I experienced almost 6 7 every academic environment that the DOE offered. However, I had to go to schools outside of my 8 neighborhood. In fact, the DOE did not have the 9 ability to properly handle my dyslexia at all. And 10 in the 7<sup>th</sup> grade they paid for me to attend 11 12 Churchill, one of the few 12 to 1 to 1 private 13 schools for children with language based learning disabilities. It was there that I began receiving 14 15 methods of teaching reading that actually helped students with dyslexia. This is an opportunity that 16 17 many students do not get. The tuition alone is 18 approximately \$50,000 which is crazy because if all teachers were trained in their teacher preparation 19 courses in methods of teaching reading it would 20 have saved the city so much money. I am often 21 2.2 shocked when new and seasoned teachers share with 23 me they don't really know what dyslexia is which may be why I was not tested until the third grade 24 25 even though I cannot physically read any of the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 172 2 words on the page, or they don't know what can help students that have it. Thanks to my families, 3 accommodations, multi-sensory techniques, and 4 assistive technology I defied the odds. I not only 5 graduated high school but I received a New York 6 7 state regions diploma. I then went on to attend Adelphi University where I graduated magna cum 8 laude along with other honors. I became the program 9 director at Everyone Reading. And at the age of 24 10 11 I was asked to come on board as Chief of Staff to 12 New York state Assembly Member Simon where I served 13 until I resigned to attend law school. My journey is true that with the right amount of opportunity, 14 15 resources, and support students with dyslexia can become successful. That is why we need early 16 17 identification, to use the term dyslexia on a 18 student's IEP, and adequate teacher training in methods that help students with dyslexia and 19 related learning disabilities, not just a literacy 20 whole language approach. To ensure that students no 21 2.2 longer linger in the back of the classroom without 23 the help they need it is our duty as New Yorkers to make sure that all children are given the 24

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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 173 2 opportunities and tools to become successful, even 3 those with dyslexia. 4 CHAIRPERSON DROMM: Very powerful. Who ... 5 how did you get into the private school? How did that all happen? 6 7 PATARA JAPAY: I'm one of the rare few that the DOE did not fight back because I had tried 8 9 every single program that they had; from OT to speech, to 12:1, to 12:1:1, to collaborative teen 10 11 teaching, to ... I mean you name it I received it. And 12 it was unfortunate but allowed my family to not 13 have a fight. But it also ... [cross-talk] CHAIRPERSON DROMM: Did your ... did your 14 15 parents advocate for you? Or did you advocate for 16 yourself or ... 17 PATARA JAPAY: I was taught by my 18 parents to advocate for myself but obviously when I 19 was a young child I didn't know how to express what was going on. I didn't even know that you hear 20 21 yourself read when you read. So often times if you 2.2 don't know what you don't know and it's hard to 23 advocate. CHAIRPERSON DROMM: Well you're very 24 25 forceful now so congratulations.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 174 SERVICES 2 PATARA JAPAY: Thank you. 3 CHAIRPERSON DROMM: That's great. Thank 4 you. Next please. 5 XIMENA ATBARA: My name is Ximena Atbara and I live in Queens New York. I ... I knew my 6 7 daughter Melonie had an issue early on but I didn't know what it was. My husband and I are so dedicated 8 9 to our children we didn't know what to do and we felt alone. Because we didn't have any ... any other 10 11 family or any experience with anybody. We ... we tried to tell Melonie's public school teachers that there 12 13 was something wrong. Year after year they kept telling me that Melonie was okay. But even when she 14 15 was younger I knew that having a four year grader 16 that couldn't read or write was an issue. I 17 couldn't believe it but the school told us to lower 18 our standards. They told me that the only thing Melonie could do was be a hair dresser. They stuck 19 her in the special education to fail even and 20 21 eventually drop out. My daughter is a responsible, 22 outgoing, and wonderful kid but she cry every day 23 because no one in her old school want to have her in the room. I was finally referred to Advocate for 24 25 Children. Our attorney was wonderful and a big

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 175 help. After we have Melonie evaluated we learned 2 that she was ... she has dyslexia. And we found out 3 that she was reading at a third grade level even 4 5 though she was heading into a nine grade. When ... with the help who our lawyer my husband and I 6 7 fought to get Melonie to ... to help ... to get the help that she needs. It was a long and hard process but 8 we stay with it and won the case to get her into 9 the Lowell private school where ... where they believe 10 11 in our daughter and they're finally teaching her 12 how to read. My daughter is doing really well. She 13 has stopped crying and she has made friends in her new school. She's getting the help and support she 14 15 needs there and she's feeling like she can do more 16 in her own. I am not saying that she's doesn't 17 still need help but with the help of teachers who 18 know what they're doing things are getting better. Melonie is telling me mommy I understand. I also 19 think that Melonie is a child that could benefit a 20 21 lot from assistive technology which has been told 22 could bring her into reading level two grades above 23 where she is now. Melonie is in the honor class now at Lowell. She is going to go to college. She wants 24 25 to be a veterinarian. By giving Melonie the help

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 176 she needs we are helping all of us because now she 2 can grow up to be a contributing member of society. 3 Maybe she will even take care of your pets one day. 4 5 Now my son is having problems too but because I went down the road with my daughter we anticipate 6 7 less obstacles getting him with the needs he needs in the public school. I know there are so many 8 children struggling with dyslexia who need help. 9 More of them need to go to get ... more of them need 10 11 to get help from their teachers and ... and the school 12 no matter where they go to school. They're ... there's 13 not enough placement in private schools for all kids that need the help. Our public schools need to 14 15 get better. Teachers need to know where to turn 16 when their children aren't learning. And family 17 members need to know what they can do to be 18 successful advocates. Thank you ... thank you for a chance to speak today and I want all the students 19 to get the help Melonie has. Thank you. 20 21 CHAIRPERSON DROMM: Thank you very much. 22 Next please. 23 MAGGIE MOROFF: That's a hard act to follow. Good afternoon. I'm Maggie Moroff. I'm the 24 25 Special Education Policy Coordinator at Advocates

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 177 SERVICES for Children. And I'm the Coordinator of the Arise 2 3 Coalition. I'm testifying today on behalf of AFC. I'd like to speak with you on the need to make sure 4 that New York City's public schools are prepared to 5 provide all students including those with dyslexia 6 7 and other disabilities with appropriate evidence based literacy instruction. I'm going to do my best 8 to shortcut my testimony and not read everything. 9 I'll try. Right. For decades parents have come to 10 11 AFC desperate for help because their children need 12 more support in learning to read. One mother of a 13 13-year-old with a learning disability told us this story very similar to the one we just heard from 14 15 Ms. Atbara. She told us I've done everything. I've 16 done everything a parent is supposed to do. I had 17 her in early intervention. I worked with her after 18 school. I made sure that she did the work. And she doesn't have a behavior issue. She doesn't have 19 attendance issues. So now she's 13 years old I want 20 her to be able to go to college. How can she ever 21 2.2 qo to college if she's not at grade level? How can 23 she ever have a future without a higher education? It should be an educational priority to teach all 24 25 students to read. And that includes students with

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 178 2 dyslexia and other disabilities. But we hear from 3 families far too often that their students ... that 4 they don't have access to the targeted research based literacy instruction that they need. Test 5 data confirms that. I know you know the numbers. 6 7 I'm not going to go through them. Advocates for Children recently released a report which I think 8 you are also familiar with. A is for All; meeting 9 the literacy needs of students with and without 10 11 disabilities in the New York City public schools. 12 We made four primary recommendations in there that 13 I just want to really briefly go through. We... we urge the department to develop a comprehensive 14 15 multi-year plan to meet the literacy needs of all 16 students. We ask them to prepare and support 17 classroom teachers by building literacy expertise 18 in every school including elementary, middle, and high schools, district 75 schools, and district 79 19 20 programs. We urge them to use technology, assistive 21 technology and accessible educational materials to 2.2 support that instruction. And then we ask that they 23 improve communication with families really making families true partners in the work ahead of them to 24 25 improve literacy rates. It goes without saying that

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 179 SERVICES 2 all of these reading supports and literacy 3 instruction need to be provided to students who are 4 English Language Learners and with the language 5 supports that they need as well. There's no more time to waste and we can't ... as other people have 6 7 said today we can't be blaming the students. We need to prepare our teachers and our schools to 8 9 deliver that instruction. With adequate resources, dedicated teacher preparation, and a strong 10 11 commitment from everyone involved school staff 12 won't have to struggle to teach reading, students 13 won't have to struggle to read, and parents won't have to fear that their children regardless of 14 15 whether or not they have dyslexia or another disability won't leave school as readers. Really 16 17 briefly we do support the resolution before the 18 committee today. Thank you for the opportunity to speak. I'm always available to answer questions. 19 20 CHAIRPERSON DROMM: Thank you very much. 21 Next please. NOEL TORTORE: Good afternoon. I would 2.2 23 like to thank the committee for bringing so much attention to dyslexia and everyone who has spoken 24 25 today. I really appreciated hearing it. And my name

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 180 SERVICES is Noel Tortore and I am not here as a policy or an 2 educational expert. But I'm here as a life ... the 3 illustration of the life changing difference that 4 5 an effective and early intervention can have for a person with dyslexia. I'm the case where everything 6 7 went right. Most of us take literacy for granted and we forget how often we are reading text to 8 quide our lives, not just in terms of questions of 9 identity but also in questions of you know where is 10 11 the subway. You know and I just want people to image what it would be like if you couldn't reach 12 13 your children, what it would be like if you couldn't do inventory, what would it be like if you 14 15 never got to read that book that changed your life. 16 And I want to think about who you would be if that 17 was the world you experienced because I think about 18 that everyday. I think about how often I'm reading and what information I receive through text and the 19 fact that if things were only slightly different I 20 would have never read and certainly not like I do. 21 2.2 As a child I avoided any activity involving 23 reading. I would pretend to read during class time. You learn to flip the pages appropriately and use 24 25 pictures. And it's natural for all kids. But
COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 181 2 luckily my first grade teacher noticed I was not reading and that year I was diagnosed with 3 dyslexia. Between first and third grade I spent 4 5 part of the day in a small class, no more than five students, receiving intensive instructions on 6 7 phonics and reading. At times I received individual instruction. I went to my tutor's house over the 8 summer to receive instruction. And after three 9 years I went back to a normal class. I stopped 10 11 receiving any additional instruction and just 12 became a regular student. In fact, I felt like I 13 had missed so much that I needed to read everything that everybody else had read while I was unable to. 14 15 So I read everything I could get my hands on for 16 years. And the fact that I was dyslexic was just 17 simply irrelevant. So after graduating high school 18 I studied history at the University of Chicago. In 2014 I graduated Phi Beta Kappa with general and 19 departmental honors. After graduation I worked as a 20 21 project associate at a criminal defense practice 2.2 for an indigent defense provider in the city and 23 I've actually written testimony that was submitted to this very council. Today I'm a first year 24 25 doctoral student at the History Department of

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 182 Columbia University where I study modern European 2 3 history. I read fluently in Italian and Spanish and 4 I've been studying German irregularly since college 5 and I was recently awarded a grant to spend the summer in... studying German. Accepted wisdom says 6 7 that dyslexics shouldn't be able to read in more than one language. I didn't know that until I was 8 working on my fourth. Dyslexia is not an incurable 9 disease. It is not a life sentence. A diagnosis of 10 11 dyslexia should in no way limit the opportunities a 12 child has in life. The treatment for dyslexia is 13 simple and it's been well known for quite some time. Early identification and early intervention 14 15 in the form of intensive small group or individual 16 instruction in the five pillars of reading. If the 17 intervention is done correctly a student only 18 receives additional instruction for a relatively short period and dyslexia becomes irrelevant. And 19 while I'm certainly no expert it certainly seems 20 21 more effective to provide a powerful and early 2.2 intervention than to delay the intervention 23 decreasing its efficacy and lengthening its duration. The failure to provide effective 24 interventions is a waste of human resources. We 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 183 have countless children with dyslexia who dream of 2 3 becoming fireman, doctors, lawyers, teachers... and 4 unless they have effective interventions they'll likely never be able to achieve those dreams. And 5 it can be a tragedy for these students personally 6 7 but for us as a society it's a loss. So thank you. CHAIRPERSON DROMM: Thank you for your 8 9 testimony. Very very moving, thank you. WENDY RAMOS: Good afternoon ... or 10 11 evening. I feel privileged to be able to address 12 you today on the topic of dyslexia and the 13 struggles of our New York City students and their families and the daily battle that they face 14 15 because of the lack of awareness, understanding, 16 and services. 17 CHAIRPERSON DROMM: Can you just state 18 your name for the record? WENDY RAMOS: Oh I'm sorry. Wendy Ramos, 19 founder and Executive Director of Wish... Literacy. I 20 21 find it interesting that no one from the DOE 22 thought it important to stay and continue to 23 listen. But my son Lewis struggled from the very beginning... 24

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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 184 2 CHAIRPERSON DROMM: We have ... we do have 3 a rep here ... 4 WENDY RAMOS: Oh we do? 5 CHAIRPERSON DROMM: ...from the DOE, yeah. WENDY RAMOS: Excellent. I apologize 6 7 then. My son Lewis struggled in school from the 8 very beginning and no one in his school could 9 figure out why this intelligent creative boy couldn't learn. Well intentioned teachers moved him 10 11 from ICT classes to special ed classes and suggested private tutoring. Around the age of seven 12 13 it was suggested by his private tutor that he see a neurologist and he was finally diagnosed with 14 15 dyslexia. The doctors explained it was common. It had nothing to do with his intelligence and told me 16 17 to get him out of the DOE right away. They would 18 never help him. I was excited to have an answer to 19 his struggles but overwhelmed by the thought of sending him on a bus four hours a day to private 20 21 school. I thought I would speak to his teachers and 2.2 principal. This is an educational issue. Now that I 23 had a reason they would be the ones who could help him. I was wrong. As soon as I mentioned dyslexia 24 25 the walls went up and I heard all kinds of excuses.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 185 2 We don't recognize dyslexia. It cannot be put on his IEP. We do not have anyone trained who can help 3 him. I educated myself on my child's rights, Orton-4 Gillingham, and what helps children with dyslexia 5 and fought for services for him. It was a never 6 7 ending battle and in fifth grade when he still could not read, write, or do math I was told by his 8 vice principal some kids were not meant to be 9 successful. I knew in that moment I had to get him 10 11 out of the DOE and into a private school for kids 12 with dyslexia and similar learning disabilities. We 13 were the lucky ones. Our request for private school 14 funding was approved in days. The DOE did not have 15 a chance. They failed him for six years and the gap 16 was too big. For the past four years my son has 17 traveled like a grown man commuting to work four 18 hours a day to Teaneck, New Jersey. They had him reading in six months, six months using pure 19 authentic Orton-Gillingham every day. Now he is a 20 freshman in the high school and is honor roll math 21 2.2 and computer science. My only regret is that I 23 waited and did not listen to that doctor who told me to get him out. Excuse me. Because of our 24 25 struggle and all I learned I decided I wanted to

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 186 SERVICES 2 help other families in the same situation and founded Wishes of Literacy. We just opened a 3 4 literacy center that offers an array of affordable services that include evaluations, advocacy, and 5 1:1 Orton-Gillingham tutoring as well as associate 6 7 level Orton-Gillingham certification classes on 8 Staten Island. We are the only ones helping the 9 over 9,000 students who are struggling with dyslexia on Staten Island. So on a daily basis you 10 11 can imagine the amount of numerous calls from 12 parents desperate for help and from teachers 13 frustrated because they do not know how to help their own students. Our stories are all so similar. 14 15 Still so many years later the stories have not 16 changed. The stories need to change now. Sorry. 17 Dyslexia is not new. It is the most common learning disability. It's the most misunderstood and most 18 19 underserved. We know what works and how to help 20 these kids yet principals and educators feed so much misinformation and much of it intentional that 21 2.2 parents don't know what to do or what to believe. 23 Every step of the way is a fight for acceptance and services and more time wasted before these kids get 24 25 the help that they need and deserve. You've heard

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 187 SERVICES the testimonies. Kindergarten screenings for 2 3 phonological and phonemic awareness and teachers 4 trained in authentic full-fledged Orton-Gillingham methodologies. For the older students 1:1 or very 5 small group Orton-Gillingham instruction if not the 6 struggle progresses and can become unbearable. They 7 will struggle with college entrance exams and job 8 9 applications and to teach their own children to read. That's if they make it that far because 10 11 you've also heard the statistics of the juvenile 12 justice population. We as a city, state, as a 13 nation should be ashamed of ourselves when we say we look at fourth grade reading scores to determine 14 15 how many beds our prison needs. We have condemned 16 our dyslexic children to failure without giving 17 them a chance. What needs to change? We need future 18 teachers trained at the college level in authentic Orton-Gillingham, dyslexia needs to be a course not 19 a paragraph in a book. Every DOE employee should 20 21 have a training on dyslexia to learn what it is and 2.2 what it is not. All our current kindergarten 23 through second graders should be screened for dyslexia and all our kindergarten through second 24 25 grade teachers need authentic Orton-Gillingham

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 188 training to be administered to every child and 2 3 class as the method to teach reading, writing, and 4 spelling. And we need select individuals also trained to help the older children whose gap is too 5 big. Lastly and specific to Staten Island we need a 6 7 school just for our dyslexic and LD kids. Enough with our children having to go to other boroughs 8 9 and New Jersey for their education. As I said these children are our future and it is our 10 11 responsibility to do everything we can to make sure that future is a bright one. 12 13 CHAIRPERSON DROMM: Thank you. It was very powerful and so on the mark and validated some 14 15 of what I was trying to say earlier ... 16 WENDY RAMOS: Absolutely. 17 CHAIRPERSON DROMM: ... in terms of not 18 even being allowed to put it onto an IEP etcetera 19 so forth and so on. And that idea of evaluating all 20 the kids. Hmm... gives me... [cross-talk] 21 WENDY RAMOS: Why not? 22 CHAIRPERSON DROMM: ...a idea of a 23 thought. WENDY RAMOS: They do a vision screening 24 for all kids ... 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 189 SERVICES 2 CHAIRPERSON DROMM: Yeah and then I ... 3 WENDY RAMOS: ...so why not ... CHAIRPERSON DROMM: I don't know if it 4 5 was on this panel but maybe it was on the panel before where somebody said you know their kid was 6 7 you know held back from one grade and had to repeat the grade and the same reading methods were used in 8 9 the class. And not only there. I mean it made me think too ... I don't say everything all the time 10 11 because it takes too long. There's so many people 12 still yet to testify but you know even in summer 13 school that was the truth. So they put... they'd 14 force kids to go to summer school and use the same 15 methods in summer school that they were using 16 during the year. And of course it's not going to 17 make a difference. And then those kids were going 18 to fail so like why do they even bother to do it, 19 you know? WENDY RAMOS: What are they doing 20 21 differently the second time around? 2.2 CHAIRPERSON DROMM: How long ago did you 23 have to deal with your child? WENDY RAMOS: It's been four since he ... 24 25 CHAIRPERSON DROMM: Four years, so ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 190 2 WENDY RAMOS: Well ... yeah. 3 CHAIRPERSON DROMM: ...it's still... I mean 4 look I think I think the other thing was that they 5 was ... they were trying to say oh it's changed a little bit like since I left you know the 6 7 department. 8 WENDY RAMOS: I deal with parents every 9 day, on a daily basis. It has not changed. CHAIRPERSON DROMM: Yeah. 10 WENDY RAMOS: Otherwise I wouldn't have 11 12 all these calls coming in on a daily basis. 13 CHAIRPERSON DROMM: Yeah. Yeah. WENDY RAMOS: It's not changed. 14 15 CHAIRPERSON DROMM: Yeah. 16 WENDY RAMOS: Whatever they're doing is 17 not working. 18 CHAIRPERSON DROMM: Yeah, okay. Well 19 thank you. Very powerful. 20 WENDY RAMOS: Thank you. 21 CHAIRPERSON DROMM: Thank you. And ... and ... 22 and I know everybody has ... and I just can't comment 23 for everybody but thank you. Next please. KRISTEN BERGER: Good afternoon. I'm 24 Kristen Berger from Community Education Council 3 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 191 2 on the upper west side in west Harlem. Thank you 3 for holding these hearings today. I'm sorry the two 4 council members from my district had to leave but Community Education Council 3 has looked at this 5 issue and we are so grateful that the hearing is 6 7 occurring. And we strongly support Resolution 1027. 8 I'm glad to see it's gotten the city council's 9 attention. It's unacceptable that for an estimated 200,000 New York City public school students 10 11 struggling with language based disabilities. There's no standardized evidence based teaching 12 13 methods for these students in the system. The current practice of the New York City Department of 14 15 Education does not provide sufficient specific 16 training for teachers nor sufficient intervention 17 for students with language based disabilities. 18 Language based disabilities require appropriate 19 evaluation and intervention that are tailored to the child. It is a system... the DOE system is one 20 21 that relies largely on luck and parental 2.2 intervention as we've heard repeatedly today. There 23 is no clear plan within the DOE for student with language based disabilities. It's ludicrous that 24 educators are still afraid to use the terms 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 192 dyslexia, dysgraphia, dyscalculia in IEPs. And off 2 3 of my written testimony as a parent I know that that's true, that we are not encouraged to use 4 those words. The state can certainly provide 5 quidance by at least providing a clear definition 6 7 for all educators across the state. Presently the onus is on parents to identify the problem, to 8 advocate for appropriate evaluation, and sort 9 through reading and writing programs to find the 10 11 best one for their child. The Department of 12 Education is shirking their responsibility to 13 adequately educate these students. The burden's on all families, many of whom find the only way to get 14 15 appropriate service for their child is to pay for extensive private tutoring or go through the 16 17 lengths of suing the city for access to the few 18 private schools that specialize in dyslexia. This is not right for any family and is especially 19 troubling for families that may lack awareness of 20 21 the disability or the resources to pay for access 2.2 to these private services. The state legislation 23 within A4330 provides solid starting point to address the needs of these students. By properly 24 25 identify... identifying students' disabilities,

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 193 acknowledging the diagnosis in their IEPs and 2 3 providing teachers who are adequately trained to 4 instruct such students we can provide a way up for 5 our struggling students. It is the responsibility of the education department to provide the best 6 7 possible education for all of our students. We look forward to a time when we can have the confidence 8 9 that this is being done. Thank you. CHAIRPERSON DROMM: Okay thank you 10 11 everybody for coming in. I really appreciate it. And look forward to continuing this discussion. 12 Thank you. Okay Doctor John Russell the Windward 13 School, Doctor David Salsberg okay Pediatric 14 15 Assessment Learning and Support, Scott Gaynor Stephen Gaynor School, Katherine Garnett Hunter 16 17 College, Barbara Vivolo Decoding Dyslexia 18 organization, and Carolyn Strom an advocate at PHD. Okay James Wesley Children of the New York 19 20 Dyslexia... with Dyslexia. He left? Okay. And Desiree 21 Jones... Faith Bowie Jones [sp?] okay. And Barbara 2.2 Glassman from INCLUDE New York City. Okay hold on 23 one second. We're going to get everybody up and swear you all in together. By the way did the ... 24 25 anybody from the other panel, the last panel have

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 194 testimony that they didn't turn in? Yeah oh ... okay. 2 3 Well we're going to ... it's still here. And we're 4 going to get to it. I think it'll be the next 5 panel. And we will stay 'till everybody who wants to speak has an opportunity to speak. Okay. Okay 6 7 good. So let me ask you to raise your right hand. do you solemnly swear or affirm to tell the truth, 8 9 the whole truth, and nothing but the truth, and to answer council member questions honestly? Thank you 10 11 very much, okay. Should we start over here this time? Yeah? Okay. Change it up a little. 12 13 BARBARA GLASSMAN: So good afternoon. My name is Barbara Glassman. I'm the Executive 14 15 Director of Include NYC. We'd like to thank you 16 very much for holding this hearing today. Include 17 NYC formerly Resources for Special Needs supports 18 the Resolution 1027 sponsored by Council Members 19 Cabrera and Cohen. Include NYC is a parent resource center for families who have a child from birth to 20 21 age 26 with a disability. We serve over 5,000 2.2 parents annually through a resource line and 23 workshops and New York City's five boroughs. And all of our services are free to our families. 24 25 Approximately 18 percent of our resource line calls

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 195 are from families who state they have a child with 2 3 dyslexia or related disability. And our parent 4 workshops, 30 percent of attendees indicate dyslexia or related disability as the primary 5 concern for their child. In spite of the 6 significant number of inquiries we already receive 7 about dyslexia and related disabilities many more 8 parents make ... do not even know the exact nature of 9 their child's disability or even that such 10 11 disabilities exist. The reluctance to identify 12 disabilities such as dyslexia on IEPs can lead to a classification that does not reflect the student's 13 actual disability and therefore to ... inappropriate 14 15 methods of remediation. In our experience working 16 with parents we often find that dyslexia is 17 misidentified as another disability that fits into 18 one of the 13 approved classifications. For example, a child may be classified as having an 19 20 emotional or intellectual disability when in fact 21 the root of his issue is dyslexia. Since the 2.2 current evaluations do not identify dyslexia 23 parents who call us feel compelled to seek private costly evaluations and once a private proper 24 25 diagnosis is obtained they often have to find

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 196 SERVICES appropriate services for their child's learning. In 2 3 our conversations with parents we find that they 4 frequently encounter significant hurdles to try and obtain these services from public schools. We 5 receive many calls from parents asking how we can 6 help them obtain access to private schools or to 7 services that can only be accessed with high 8 financial or logistical cost to the family. A lag 9 in funding reimbursement causes the need for 10 11 parents to pay for these services out of pocket. 12 The vast majority of the parents with whom we speak 13 do simply do not have the funds to do so. As a child ages the consequences of the failed ... address 14 15 dyslexia becomes greater. About one-third of the 16 transition age students in our Project Possibility 17 program have a learning disability. Many of these 18 students are over aged, under credited high school youth. Some ... fallen behind in school primarily 19 become... because they are dyslexic. These students 20 for example are 17 years old, in 9<sup>th</sup> grade, because 21 22 they have only one quarter of the credits to 23 graduate from high school and they are in jeopardy of not receiving their diploma. For non-English 24 25 speaking families we ... also seen how dyslexia and

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 197 SERVICES related learning disabilities present another layer 2 3 of complexity. They... they're misclassified because 4 they have neither the English language skills to test their actual level nor an English speaking 5 parent to advocate for them. In our work we see 6 7 first-hand that classroom environments which employ a multi-sensory ... can help break the code for 8 students with dyslexia and related disabilities and 9 thus enable them to stay on track for successful 10 11 academic careers. Thank you for your time and attention to this critical issue. 12 13 CHAIRPERSON DROMM: Thank you very much. 14 Next please. 15 DESIREE JONES: Thank you. Hi. And god 16 bless everybody on the panel there. And my name is 17 Desiree Jones and I'm here on behalf of my daughter 18 Faith Bowie Jones. And she has dyslexia. Now I hear a lot of things and a lot of it's true and a lot of 19 it's not true. The tracking is not true. My 20 21 daughter is in a YABC class because she was bullied 2.2 and I moved her and I kept her home because I had 23 fear of her safety because she had medical conditions and she keeps having surgeries. And when 24 25 I tried to express this they look at me as though

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 198 2 it's an excuse but it's not an excuse. If she gets hurt because somebody wants to bully her it's going 3 to be a big problem. So in order to avoid all of 4 that I kept her with me, kept her safe. Because her 5 safety and her medical condition is paramount. But 6 7 what's going on is in the YABC school they're not ... they're not approaching her situation the way it 8 9 needs to be addressed. Instead of them harnessing her they're trying to push her out due to whatever 10 11 is going on in there. And I'm here to address it 12 because I'm angry. I'm angry and I'm confused 13 because I always depend on the DOE to do the right thing. And I believe in the DOE. I came through it. 14 15 And if I can come through it my kids can come 16 through it. This thing that's going on is just ... not 17 fair. It's not fair. Because the kids are being 18 looked at in a different way because they have dyslexia. And not to label dyslexia on an IEP is a 19 20 crime because the teachers will not know how to 21 address the child. They just see learning 2.2 disability. And it's much more than that because it 23 is known but it's not addressed. So in order not to address it specifically you don't label it. And I 24 think that's so unfair to all the children. And 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 199 these children are highly intelligent people. My 2 daughter ... and I'm embarrassed to say it but I'm 3 4 going to. My daughter came with me to the tax preparer. I've been getting my taxes prepared by 5 someone who hasn't been doing me fair so I changed 6 7 and went to someone new. And when she went with me 8 and she listened to the woman and she understood 9 everything. I didn't. That tells me my daughter is very intelligent and she knows how to disseminate 10 11 what's right and what's wrong and when people are 12 attacking her she says something but then she 13 becomes a problem. They try to make my daughter a criminal problem by force allegations that were 14 15 entertained but were not true. So I'm faced with trying to get my daughter through the system 16 17 without her having a criminal record because she 18 made a report on someone that punched her face and she didn't punch back because she said mom I 19 thought about my future and I want my diploma. And 20 21 I was proud of her. But they didn't care. They 2.2 tried to find a reason to make her the problem 23 instead of addressing the issue. If she could take a lot of verbal abuse ... and it's very difficult. 24 25 These social emotional problems that these children

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 200 have you will not begin to believe. And your ... if 2 3 you're bullied all the time you learn how to take it but then when you start speaking out now you're 4 5 no longer being bullied and that is wrong. I... I don't know where to go, who to turn to for my 6 7 daughter to get through school. She's ready to walk away, literally walk away. And yes, she wants to be 8 a lawyer. What ... where ... you know I'm sorry I don't 9 have notes and everything but where is the justice 10 11 in this system for these children. She's not the 12 only one. If they address the whole situation and 13 the people that are in their schools, they will find if they teach them the way they're supposed to 14 15 be taught they will have a lot less problems and a lot less YABC. 16 17 CHAIRPERSON DROMM: Thank you. I'm going to have one of my staffers reach out to you and see 18 if we can't find out a little bit more about what's 19 going on with your daughter. 20 21 DESIREE JONES: Thank you. 2.2 CHAIRPERSON DROMM: Thank you. 23 DOCTOR GAYNOR: Thank you. I am Doctor Scott Gaynor. I am the Head of School at the 24 25 Stephen Gaynor School. Thank you for the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 201 opportunity to testify before you today on behalf 2 3 of New York City's struggling young readers. I have 4 been working with children with language based learning disabilities for over 22 years. As a 5 teacher, administrator, and Head of School at 6 7 Stephen Gaynor School I've had the opportunity to see students who enter gainer with limited and no ... 8 no reading skills become proficient readers. While 9 I could easily state that it was our gifted faculty 10 11 that enabled these children to unlock the code of 12 reading it would not be telling the entire story. 13 The teachers at Gaynor are trained to use a multisensory phonics based instruction more commonly 14 15 known as the Orton-Gillingham or OG approach. My 16 school has been using this approach since our 17 founding by my grandmother back in 1962. The OG 18 approach has been around since the 1930s and in 2000 the national reading panel reviewed hundreds 19 of studies and concluded that programs that utilize 20 21 direct systematic phonics based approaches such as 2.2 Orton-Gillingham to address dyslexia present the 23 most effective method of providing students with an accurate foundation of phonological decoding for 24 higher level reading skills. While this methodology 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 202 has been successful at Stephen Gaynor you might be 2 3 thinking how this would work within the larger and more complex New York City Department of Education. 4 5 For the past 10 years my school has run an after school reading program called the community 6 7 learning center or CLC. The CLC is a partnership with two public schools, PS166 and PS84. Every fall 8 we evaluate the bottom quartile readers in each of 9 the first grade classrooms. Based on the results of 10 11 the evaluation we invite 25 of the lowest readers 12 to attend our program at no charge to the school or 13 family. These students work with our teachers in small groups for one hour sessions twice a week. 14 15 With this limited exposure to OG I'm pleased to 16 announce that we have been able to get the vast 17 majority of CLC students reading on grade level by 18 the end of second grade. Imagine if all New York City's dyslexic learners could have access to that 19 type of instruction five days a week. Thank you. 20 21 CHAIRPERSON DROMM: Thank you very much. 22 And that Orton-Gillingham is really important. 23 Thank you. DOCTOR SALSBERG: Hi, my name is Doctor 24 25 David Salsberg. I'm a clinical Neuropsychologist on

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 203 SERVICES staff at Weill Cornell Medical Center and NYU 2 3 Medical Center. I have been practicing and evaluating thousands of children for the last 20 4 5 plus years, many of whom who have dyslexia. It is a pleasure ... I'm going to speak off of my testimony. 6 7 I'm trying to do it quicker. It is a pleasure to be testifying proactively for a change. I am usually 8 testifying in educational hearings to get parents 9 funding for \$50,000 a year tuition, Lindamood-Bell, 10 11 everything that has been spoken about and often 12 winning. The frustrating part of all of this is so ... 13 so much resources have to be put into after the fact fighting. We know from every ... everything that 14 15 this committee has reviewed, everyone that has 16 testified and decades ... literally decades of 17 research we know a couple of things. The monetary 18 cost is huge. The emotional cost is bigger. The cost to society even bigger than that. This... all of 19 these interventions... also we know scientifically we 20 have ways of evaluating, monitoring, and treating. 21 2.2 That's a blessing. We don't always have that in the 23 field of psychology or in education that we scientifically prove here. What was most 24 25 frustrating to be honest with you about today and

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 204 it has come up in a couple of different ways is the 2 3 not putting the diagnosis. I have sat in dozens of 4 IEPs where I've been told that sometimes the child 5 is not dyslexic, sometimes that dyslexia doesn't exist, but always that you cannot put on an IEP. 6 And I have been told and also hypothesized but ... but 7 have confirmed that part of the reason it is not 8 put on IEP is multi-faceted and every ... every level 9 of it is complicated. One is psychoeducational 10 11 evaluations see ... teachers are not generally ... and 12 general ed teachers certainly not trained in 13 evaluating and diagnosing. We get past that and a professional comes in and we diagnose this. We're 14 15 not ... diagnose it. We're not allowed to put it on 16 why? The honest truth is ... is because that would 17 then dictate approving course of action which 18 they're not set up to do. They don't want to put in writing that this is a disorder that needs 19 treatment because that treatment they cannot do. If 20 I ask for individual sets because that's what the 21 2.2 child needs, we're told it doesn't happen 23 individually. If a child's in ICT and needs sets because they're dyslexic we're told they can't have 24 25 it. Summer services ... they can't have it which is

1	COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY
	SERVICES 205
2	why many parents are forced into school systems
3	that they don't necessarily want to be in but have
4	a proven track record of how to intervene with
5	this. So everything on everything on every single
6	level needs to change this. Proposal is a step in
7	the right direction. There needs to be help on
8	every little on every level identifying,
9	diagnosing, and treatment.
10	CHAIRPERSON DROMM: So doctor and I I
11	should have followed up with the the DOE too on
12	this but there are other types of learning
13	disabilities other than dyslexia right?
14	DOCTOR SALSBERG: Correct. And and
15	there are many types of upper respiratory
16	infections but if your doctor didn't tell you that
17	you have strep throat you can't treat it. So just
18	throwing out a cold and saying go to Dwayne
19	Reading go walk up the aisles and see what works
20	is the same analogy as saying it's a learning
21	disability, dyslexia eh doesn't matter if we call
22	it that. Of course it does. It's the one… it's one
23	of the few learning disabilities that we actually
24	have proven methods of treating it. So it it
25	

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 206 SERVICES 2 should be dictated to the teachers and the 3 treatment team. 4 CHAIRPERSON DROMM: So it's ... it's 5 impossible for a classroom teacher who knows you know the child has a learning disability to address 6 7 all of the possibilities of different learning disabilities to try to cure one of them is like 8 9 quess work? DOCTOR SALSBERG: Correct. And then 10 11 unfortunately gets identified when there is an 12 emotional or behavioral or other trajectory set 13 forward by the fact that the child can't read. CHAIRPERSON DROMM: Mm-hmm. Okay thank 14 15 you Doctor. Next please. 16 KATHERINE GARNETT: Hi, my name is Kate 17 Garnett and I'm a Professor at Hunter College. I started the Learning Disabilities Graduate Program ... 18 Teacher Preparation Program 35 years ago. And I've 19 been putting out special educators with a 20 21 specialization in learning disabilities and reading disabilities as well as math disabilities for all 2.2 23 of that time. You'd think I would have solved the problem by now. I'm going to go off my ... my list to 24 25 start with. On the issue of the term dyslexia. The

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 207 SERVICES 2 whole thing about terminology has been ... has a very long history and has been fraught with a variety of 3 4 things and especially the fact that the field 5 itself for years has not agreed upon a terminology. We've even got a split now between DSM5 and this 6 7 federal law for education. So that being said I'd like to make a simple breakthrough idea just to 8 work with ... just a workable idea which is that 9 learning disabilities was a chosen name, a really 10 11 good one for ... I could give you ... I could teach the 12 whole course on it. It's a good frame of reference 13 okay so I think we need to keep it and keep it in education. With it ... below that as you said in your 14 15 first remarks below that we need to specify just 16 like a respiratory disease we need to specify 17 whatever we can specify. And I think the old time 18 kind of medical/neurological terminology of dyscalculia, dyslexia, and dysgraphia are decent 19 20 identifiers for academic difficulties. When they rise to a certain level of a certain quality then 21 2.2 we can call these things that. And I think it's 23 important for them to be seen. I think dyslexia is far more visible than dyscalculia which is an area 24 25 specialty of mine. They have teachers not only have

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 208 no idea what to do with it they don't even know 2 3 that it exists. So... and it does. So the naming I 4 think is important but keeping learning 5 disabilities, going below that, and maybe 6 specifying... a simple picture is that learning 7 disabilities ... I think we can agree on this though we haven't yet ... are made of language based learning 8 disabilities which include dysgraphia and dyslexia 9 and nonverbal learning disabilities which are much 10 11 smaller under which you can be ... have comorbid difficulties with self-regulation. So we're not 12 13 going to call ADHD a disability for educational 14 purposes. Okay, I hope that's useful. In the 15 picture of 76,000 anyone in the field ... whatever the 16 actual number is, whether it's 200,000 or 76,000, 17 whatever the number is about 75 percent of those 18 kids will have significant reading disorders which can be called dyslexic. I think I'm... I've got 19 agreement there. So you ... they don't have to know 20 21 their exact numbers because they haven't been 2.2 allowed to call them dyslexia. But we can ... you can 23 count on 75 percent of the ... the number they've got having dyslexia and 25 percent having a variety of 24 25 other things. So it's the most common. I hope

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 209 2 that's useful. There are I want to say a couple of other things if you don't mind. Oh I'm... so I'm a 3 4 preparation program person right, I realize, been 5 preparing teachers. You need to know that being certified in literacy in the state of New York does 6 7 not mean you believe in dyslexia, does not mean you've learned how to remediate dyslexia. It ... 8 there... nationwide people in reading remediation and 9 what they now call literacy have an allergy to 10 11 dyslexia. They do not in general consider it their 12 specialty, their turf, someone else does that. 13 Special education does that. It's beyond me but now I'm a special educator. Unfortunately, I have to 14 15 tell you a large majority of special education 16 preparatory programs do not make their ... their 17 program ... make their students proficient and 18 specialists in dyslexia, certainly not in dyscalculia, for god sake not at all at all at all 19 and rarely in... in dyslexia. So I think you need 20 to watch out when you think about certification. 21 2.2 What's stamped on the ... on the degree is not the 23 same as what the expertise is. CHAIRPERSON DROMM: Used literacy... 24 25 literacy coach together with the ...

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 210 2 KATHERINE GARNETT: They said reading 3 coach. I thought that was a step forward. CHAIRPERSON DROMM: ...dedicated reading 4 5 coach. KATHERINE GARNETT: That was a step 6 7 forward because now they're talking about reading because literacy is ... has become too vague. 8 9 CHAIRPERSON DROMM: I think in the past my experience is that they use it interchangeably. 10 11 KATHERINE GARNETT: No I ... 12 CHAIRPERSON DROMM: That's why I ... 13 [cross-talk] KATHERINE GARNETT: ...I think they're 14 15 using the word reading on purpose. 16 CHAIRPERSON DROMM: ...specifically ... 17 KATHERINE GARNETT: But who they're 18 picking for that I don't know. 19 CHAIRPERSON DROMM: Mm-hmm. 20 KATHERINE GARNETT: The other thing is 21 that I have been preparing people to teach within Orton-Gillingham frames of reference. And I've been 22 23 preparing them not just to know about it but to do it. It doesn't stick very well. Because when they 24 25 get into the system they're not allowed to do it.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 211 And you can be prepared to given you know shots and 2 to do this and do that but if you don't practice it 3 you lose what beginning expertise you had. So their 4 5 schools are problematic in terms of a providing time focus, willing of ... insufficient intensity 6 7 meaning one to five or several times a week the schools have made it difficult for the specialists 8 to become seasoned which is a major major problem. 9 I want to make one other suggestion. And that is 10 11 technology on the... level of technology. It's really 12 simple. We need to screen all kids for their 13 strength in being able to take in language by ear and certainly all kids with learning disabilities 14 15 by a... third grade. Because it's fourth grade when they start to be uneducated. Not only can they not 16 17 read, not only can they not write well, but they're 18 not being educated because they're not doing the things that gain them the access. So we need to 19 screen them by third grade so that by fourth grade 20 everyone who can benefit from it is getting 21 2.2 educated through... through the ear... through 23 recordings for books. And schools absolutely do not have any idea about this, zero. It's like what do 24 25 you mean, I never heard of that, what do you mean I

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 212 can go to my librarian. So no one knows. So there's 2 3 lack of knowledge, there's lack of understanding, 4 and there's lack of skill. And then you got to make time for it. 5 CHAIRPERSON DROMM: Thank you. I 6 7 appreciate it very very much. Next please. Yes, go ahead please. 8 BARBARA VIVOLO: Hello, my name is 9 Barbara Vivolo. I am the founding member of 10 11 Decoding Dyslexia New York state. I have over 3,000 12 members on my Facebook page, 500 members on Long 13 Island. I live on Long Island. We are the fastest grassroots movement in the United States. We're in 14 15 50 states and three Canadian provinces. I have a 16 seventh grade girl that is 12 years old and 17 dyslexic. My story is not a unique one. It is the 18 story I hear form all of my 3,000 members. I volunteer my time advocating and helping parents 19 get services for their children. My child went to 20 the public school system 'till 6<sup>th</sup> grade. My child 21 2.2 was diagnosed with dyslexia in third grade by 23 Doctor Salsberg. During this process I educated myself about dyslexia and the needed manage it ... 24 25 management and appropriate education and the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 213 SERVICES scientific evidence based reading programs to help 2 3 the public school to help my child. I was very 4 diplomatic at the CSE meeting trying to collaborate with my school district to help them help my child. 5 Moving along my child's frustrations anxiety, 6 7 stress, negative self-esteem, low confidence started. As we were moving along third grade, 8 fourth grade, and fifth grades things started 9 falling apart. With all the supports in place and 10 11 the golden IEP that the lawyer said I had the 12 public schools could not meet my child's need. They 13 worked hard at helping me. I got them professional development in my IEP to help them help my child 14 15 because I did not want her leaving my community. 16 Their only resolution was to put my child in 17 contained classroom where she clearly did not 18 belong but it was the only placements they had. Fifth grade was the most difficult time for my 19 child. She was falling apart fast. In and out of 20 21 school all year, long ... some days my little girl 2.2 couldn't even get her exhausted body up from bed to 23 face another very intense stressful day. Going into sixth grade reading on a first grade level we were 24 25 very excited about this because it was a new

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 214 building, new teachers, new principal, new things 2 looked great. But my child said mom does everyone 3 know that the dumb kid's coming into sixth grade. 4 5 It was then I realized that my child was being 6 broken from the system. We started in sixth grade 7 reading on a first grade level. Like every other child it was hard for my child to get into this 8 building called school that should have been 9 exciting and fun and adventurous and all her 10 11 friends... There were days when the team and the 12 guidance counsellors and the school psychologist 13 had to pull her out of the car like a dog going to a veterinarians until the day she woke up and said 14 15 mom I never want to go in that school again and 16 that's when the journey turned positive. I put her 17 in a school called the Kildonan School in Amenia, 18 New York and it's a school that specializes for children with dyslexia. And my child now is 17 19 months, doesn't live at home, she's a five-day 20 boarder. I travel 2,000 miles a month to go get her 21 2.2 every Friday and bring her home for the weekend to 23 bring her back up on Sundays. And she is now all whole again because of the appropriate educational 24 25 environment and the proper scientifical [phonetic]

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 215 methodology of Orton-Gillingham reading. My child 2 now is writing a book. She's on her eighth page ... 3 eighth chapter of writing a book. She sat at the 4 5 Senator's ... at the capital in Albany with Joann Simon to support this bill because how important it 6 7 is. And she was interviewed and she said my mom's doing this not only for me but for all the children 8 in New York state. When I tell you 3,000 members my 9 phone is exploding from the support that I give, 10 11 the free support. So my thing is I really ... really 12 would love to see this bill passed. I would love to 13 see dyslexia in the IEPs so that these parents 14 could have help. My upset-ness ... I have so much 15 built up in me because I have so many parents that I support and I realize that I am a driving force ... 16 17 well my child is the Chief force and I am right 18 behind her, she's blazing the trail, and I'm just happy that I could help everyone in New York state 19 and I'm doing the best I can but I'm only one mom 20 and you know have some women up in Albany and I 21 2.2 have a lot of you know seeds that I kind of plant. 23 I do support groups. I'm doing the best I can but I think the DOE needs to realize that we need to say 24 25 the word dyslexia. There's nothing wrong with it.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 216 SERVICES 2 It's really a strength. That's what I give my 3 daughter. And that's what I tell every parent. Talk 4 about it. Say it. There's nothing wrong with it. 5 It's just learning different. We learn different. So I just have one quote that I love to from 6 7 Confucius that is if you plan for one year to plant rice... wait ... if you plan for one year plant rice, if 8 9 you plan for 10 years plant trees, if you plan for 100 years educate children. 10 11 CHAIRPERSON DROMM: Thank you very much Barbara. 12 13 BARBARA VIVOLO: Thank you. CHAIRPERSON DROMM: What's the name of 14 15 your organization? BARBARA VIVOLO: Decoding Dyslexia New 16 17 York State. 18 CHAIRPERSON DROMM: Oh yes, okay, yeah. And did you have any written testimony? 19 20 BARBARA VIVOLO: I don't... CHAIRPERSON DROMM: Would you send that 21 22 to me though. 23 BARBARA VIVOLO: I will send you this. CHAIRPERSON DROMM: And we'll give you 24 25 our email address as well.
COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 217 2 BARBARA VIVOLO: Okay great. Thank you. 3 CHAIRPERSON DROMM: Thank you very much. 4 Really very touching. 5 BARBARA VIVOLO: Thank you. CHAIRPERSON DROMM: And thank you to the 6 7 panel as well everybody. And our last panel Rose 8 Kair [phonetic] from the Staten Island Borough ... 9 Kerr, I'm sorry, Kerr, from Staten Island Borough President's Office James ..., Susan Crawford The Right 10 11 to Read Project, Christina Reuteskiold at NYU 12 Steinholt... Steinhardt, I'm sorry, Victoria Taccolm, 13 and Elizabeth Hendricks the Children of New York City with Dyslexia. Alright I'd like to swear 14 15 everybody in if you'd just raise your right hand 16 please. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth 17 18 and to answer council member questions honestly? Thank you. Would you like to start? 19 20 ROSE KERR: Good afternoon Chair Dromm and others on the committee. I appreciate this 21 22 opportunity to offer testimony today on behalf of 23 the Staten Island Borough President James S. Oddo. My name is Rose Kerr. I serve as the Director of 24 25 Education for the Borough President. Improving

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 218 access to special education services for our Staten 2 Island students is a priority of the borough 3 president. And as a result in order to ascertain 4 the... the scope of the issue of obtaining adequate 5 services for our dyslexic students he began meeting 6 7 with parents, advocates, and students. You met one of our parents who offered testimony, actually two 8 of our parents that offered testimony this 9 afternoon. Those were pioneers in ... in speaking with 10 11 the borough president and others of the staff to 12 just to have ... make us aware of the outcry there is 13 on Staten Island. He also visited specialized schools in order to become familiar with 14 15 educational environments where dyslexic students 16 feel hope and the relief that comes with 17 understanding that they can do it and the belief 18 that they will do it. Specifically that was the community school in Teaneck. We were overwhelmed by 19 the amount of joy in those children in that they 20 21 could learn. However, it became apparent that 2.2 although the DOE has recently taken steps in 23 training classroom teachers and intervention strategies for dyslexic students they are not 24 25 willing at this time to entertain the notion of

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 219 2 opening a standalone brick and mortar school for 3 our children who struggle with reading. As a 4 result, we are working hard to bring our borough a specialized school built around the model of the 5 community school be it private, nonprofit, a 6 7 charter, or regular DOE school dedicated to the large population of students who are not obtaining 8 9 the needed specialized instruction in their... in our district. We applaud the city council's efforts to 10 11 address the needs of students with dyslexia and 12 related language based learning challenges and 13 agree in large measure with the statements made by Chair Dromm and former Chairman Jackson in their 14 15 recent article how to better serve dyslexic 16 students in our public schools. We concur that ... in 17 what you had said and I don't need to repeat any of 18 that here, it's clear, one of the ... many of the 19 recommendations you made with regard to what the schools need to do. One thing though I would want 20 21 to mention in the developing partnerships between 2.2 DOE and CUNY we recently met with the chancellor. 23 We visited a school, the pilot school where the dyslexia pilot is functioning, PS57 on ... on Staten 24 25 Island and the chancellor was there yesterday with

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 220 SERVICES 2 us and asked us and we gladly ... we ... we gladly agreed 3 that she would meet with the heads of our individual colleges and universities on Staten 4 5 Island. We're ... we're taking measures to have that meeting soon so that she can and we can and they 6 7 can together formulate a plan. And I urge others and other boroughs to do the same. Formulate a plan 8 on what the teachers need to be learning in order 9 to face the challenges. Among one of the big 10 11 challenges is our children with dyslexia. So thank 12 you very much and please know this. Whether you are 13 a struggling reader, a family member, a teacher, 14 school administrator, advocate, or government body 15 that had been here ... today who ... I'm going off ... we 16 have ... you have a strong partner sitting in the 17 Office of the ... of the Staten Island Borough 18 President. Thank you... [cross-talk] CHAIRPERSON DROMM: Thank you very much. 19 And thank you for your patience today, staying with 20 us throughout the hearing. And please express my 21 2.2 gratitude to the borough president for his advocacy 23 on behalf of this issue. And we look forward to continuing to work with him and would like to 24 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 221 SERVICES coordinate with him... some efforts as well in terms 2 3 of what he's doing with the colleges out there. 4 ROSE KERR: That'd be great. I'll ... 5 CHAIRPERSON DROMM: ...to prepare teachers. 6 7 ROSE KERR: I'll let him know. Thank 8 you. 9 CHAIRPERSON DROMM: Thank you again. Next please. 10 11 CHRISTINE REUTERSKIOLD: chair ... 12 Chairperson Dromm and members of the committee 13 thank you for the opportunity to speak today on a topic that I care deeply about. My name is 14 15 Christine Reuterskiold. I'm... I'm an Associate 16 Professor and Chair of the NYU Department of 17 Communicative Sciences and Disorders where we 18 educate future speech language pathologists. My 19 research focuses on developmental language 20 disorders in children with a special interest in 21 the reciprocal development of oral and written 2.2 language. Literacy skills are part of an 23 individual's language skills. There is a reciprocal relationship between the development of reading and 24 25 writing and the development of oral language skills

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 222 SERVICES throughout the school years. Children we think of 2 3 as dyslexic are challenged by the decoding phase of 4 reading in an orthographic system like English. Children with dyslexia struggle with decoding and 5 encoding of the alphabetic system with difficulties 6 7 sounding out words, decoding words, and spelling words. These children will come from two groups. 8 9 The first group consists of children who have an earlier oral language learning disability or a 10 11 language disorder without any apparent reason such 12 as autism, intellectual handicaps or social 13 deprivation. This group represents approximately seven percent of all Kindergarteners. And many of 14 15 these children continue to struggle with literacy 16 learning. The second group are children who have 17 not been identified with an oral language disorder 18 but who struggle when their language system is taxed with the challenge to learn to read and write 19 which requires them to actively think about 20 21 language as a system and represent spoken words and sounds in writing. The third group of children do 2.2 23 not show significant problems with decoding. And they would therefore not be included under the 24 diagnosis of dyslexia. These children have oral 25

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 223 reading skills that sound fine but they have poor 2 3 reading comprehension and they are talked about as poor comprehenders. They typically also have weaker 4 5 general language skills including lower levels of oral language comprehension. When the oral and 6 7 written language they have to process in the classroom gets increasingly complex they struggle. 8 Poor comprehenders can go undetected and fall 9 behind in all academic areas if we do not have 10 11 structure identification and screening systems in 12 place. Language skills, oral and written, are used 13 in every single subject in school, not just in ELA. So what can we do to help these children with these 14 15 different problems. Early identification and 16 screening is central. Letter identification and 17 tasks that test if children have the awareness of 18 words are made of sounds and can be represented by letters are good screening tasks. But we also have 19 to make sure that comprehension is tested not ... not 20 just reading fluency. Finally, it's important to 21 2.2 raise awareness of different types of oral language 23 and literacy difficulties to make sure that all children who need help get help. I am pleased to 24 25 see that proposed legislation would provide

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 224 SERVICES continuing education for teachers and school 2 3 administrators in the area of dyslexia and language 4 learning disabilities. Early identification and 5 support is important but it is also important to continuously screen students since language 6 7 processing vulnerabilities change over time and may look different at different points in development. 8 9 Thank you again for the opportunity to testify today and for taking the time to have a hearing on 10 11 a topic that affects so many children in New York 12 City and New York state. I'm happy to answer any 13 questions you have. 14 CHAIRPERSON DROMM: Thank you very much. 15 Next please. ELIZABETH HENDRIX: [off mic] Hi, I'm 16 Elizabeth Hendrix and I have a master's in reading 17 and I am a certified academic ... I don't know. It's 18 not on, sorry. Shall I start all over? 19 20 CHAIRPERSON DROMM: Yes. 21 ELIZABETH HENDRIX: Alright. My name is Elizabeth Hendrix and I have a master's in reading 2.2 23 and I am a certified academic language therapist. In order to become a certified academic language 24 25 therapist, I had to attend two additional years to

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 225 SERVICES be trained in how to teach dyslexic children to 2 3 read, write, and spell. Unfortunately, there are 4 only about 12 hundred of us in the United States 5 that are as well trained as I am. My granddaughter is dyslexic. She attended public school here until 6 7 it was apparent the teachers did not know how to instruct a dyslexic child. Since New York does not 8 recognize the word dyslexia my son had her tested 9 privately. At the expense of the New York people 10 11 she went to a private school at a cost of about 12 \$30,000 a year. Unfortunately, the private school 13 teachers were only trained for five days. And ... what is it ... prevent academic failure, PAF, at Churchill 14 15 with no follow-up. When I observed in my 16 granddaughter's class it was very obvious that the 17 teachers were ill trained. They were doing the 18 program incorrectly, mispronouncing the phonemes and giving the students wrong information. Five 19 days is not enough training especially when there 20 21 is no follow-up or further training. My 2.2 granddaughter had to come to me four days a week 23 after school, after travelling on a bus from her apartment to Churchill for an hour and 15 minutes 24 25 and an hour and 15 minutes to get home and then

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 226 SERVICES have to come to me to learn how to read, write, and 2 3 spell. Obviously there is something wrong with this 4 picture. Why is New York paying private schools millions upon millions of dollars who are not doing 5 their job correctly. This money could be spent 6 7 instructing public school teachers how to teach not only dyslexic students but any student who has 8 9 difficulty in learning to read. Instead of reaching only a few students public school teachers could 10 11 reach thousands of children both special and 12 general education teachers do not know the early 13 signs and what to do. Dyslexia can be identified as early as kindergarten. Mary ... Doctor Maryanne Wolf ... 14 15 Tufts University well-known specialist in dyslexia has a one minute rapid naming in kindergarten that 16 17 they could easily do to start identifying to check 18 out if there's more testing that needed to be done. A student does not have to fail before intervention 19 takes place. We are letting our future down by 20 21 letting our children fall through the cracks. It 2.2 will not cost an extra dime to accomplish this if 23 we take all the money that the state is giving and providing to private schools and put it to more 24 25 productive use by properly training public school

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 227 SERVICES teachers. After training there absolutely has to be 2 3 follow-up. Cannot just say goodbye, you've had your training, that's it. It ... there has to be much much 4 more. Just to let you know all Orton-Gillingham 5 6 based programs are not created equal. So when 7 someone says that they're Orton-Gillingham trained ... you know five days does not cut it. And instruction 8 does not have to be one on one. There is research 9 upon research backing that up that one on one is 10 11 not effective as three to five students that are on 12 within six months ... sorry my mouth is dry, on ... 13 within six months of ability level and no more than two years' difference in age. Doctor Reid Lyon who 14 15 headed one of the largest or the largest federally 16 funded program on reading and among those was Doctor Sally Shaywitz, many many other gurus said 17 18 that only 10 percent of the teachers in the United States are highly trained to teach children how to 19 read. And he considered it a public health problem 20 21 that this was allowed to happen. This was back in 2.2 2000. Has not changed unfortunately. And every 23 school district received a copy of the report which was you know very long but it did explain what 24 25 needed to be done. And if ... as far as DOE today

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 228 2 they, in my opinion, misrepresented what was 3 actually going on in the public schools. I have 4 attended in the last six years many IEP meetings 5 and have read many IEP reports. It is a disgrace. In that time, I have not read one single IEP report 6 7 that was done correctly by law. 8 CHAIRPERSON DROMM: Well the whole issue 9 of IEPs is a topic for another hearing to be honest 10 with you. 11 ELIZABETH HENDRIX: But then that is 12 what's going to ... 13 CHAIRPERSON DROMM: Right. ELIZABETH HENDRIX: ...determine the 14 15 goals... 16 CHAIRPERSON DROMM: And ... and ... ELIZABETH HENDRIX: ...of what ... 17 18 CHAIRPERSON DROMM: ...we've had that. And as a matter of fact we've written legislation 19 because we know that special ed services in general 20 have not been provided adequately to the students. 21 2.2 So... and as an outcome of the hearing and ... and the 23 gathering of the numbers at the Provision of Special Education Services we found out that the 24 25 DOE is only providing 60 percent of students with

1	COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 229
2	the full-service range according to them, 35
3	percent are getting something of what they're
4	supposed to get, and five percent were not getting
5	anything at all. So just it we're beginning to
6	scratch the surface of the services that are
7	needed. But I thank you for coming in today.
8	ELIZABETH HENDRIX: Your welcome.
9	CHAIRPERSON DROMM: Thank you. [cross-
10	talk] Yes, next please.
11	SUSAN CRAWFORD: Thank you. My name is
12	Susan Crawford, Director of the Right to Read
13	Project. I've testified before you before and I
14	also testified to… with… to Robert Jackson a number
15	of times. And as I said to Maggie Moroff, I've
16	recently started working with the Arise Coalition
17	as well and also with Decoding Dyslexia New York.
18	And there is so much going on now around this issue
19	that I feel like I died and went to heaven because
20	I was a voice in the wilderness 15 years ago,
21	believe me. And I especially thank you for holding
22	these hearings and for drawing out from the DOE
23	what they are and are not doing. So my testimony
24	which I will type up and send to you but I like to
25	show up and respond to things I hear. So you noted

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 230 SERVICES the DOE could not say how many dyslexics are in the 2 3 system. Well it's very easy, 20 percent of 1.1 million is 220,000 children. And from the research 4 I'd done if you double that then you'll also be 5 accounting for the kids who really need very 6 7 structured decoding skills to learn how to read. And what we still have in the system is a whole 8 language approach in balanced literacy and it's too 9 far out of balance. We really need to go with those 10 11 five pillars that are enshrined in the... in the 2000 12 report of the reading panel that she just cited and 13 that also the Arise Coalition report is built on. And unless and until that gets done nothing will 14 15 change. For all the DOE is doing that they outlined 16 in their testimony if there's no teeth in the form 17 of legislation ... first of all what they are doing 18 much of it is good but it's not going to be the kind of targeted tier 3 interventions that are 19 needed for dyslexic students under response to 20 intervention. That is still not anywhere in their 21 2.2 plan. So that will leave out those 220,000 children 23 year after year after year after year who have also been left out over the past two decades. And I was 24 25 really struck by the coincidence of your saying

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 231 2 when you started to teach you were told not to use 3 the word dyslexia and Randy ... CHAIRPERSON DROMM: That was throughout 4 5 my career actually, 20 ... years. SUSAN CRAWFORD: Yeah. And ... and Randi 6 7 Herman said that 30 years ago there was a medical model for evaluating the students that was done 8 away with. I think it would be ... the city council to 9 look more deeply into that and I'm happy to be part 10 11 of that research. And then... so for all that the DOE's doing if there's no teeth in the form of 12 13 legislation no matter what they do, these teaching practices, everything being put in place now could 14 15 all come undone with the next transition of mayor 16 or chancellor. When... the reason this legislation is 17 so important is that for instance a member of 18 Decoding Dyslexia was told by an administrator of one of the SUNY colleges, an administrator of 19 teaching... the teaching department, there's no such 20 21 thing as dyslexia. And the issue of dyslexia denial 2.2 is real and rampant. So again I applaud you for 23 bringing ... drawing the word out regarding building capacity as Carmen Alvarez was discussing. I 24 25 suggest that instead of this trying to build up

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 232 every teacher being able to teach reading to all 2 3 three levels of response to intervention that 4 things be handled at the district level, not necessarily in a district office but overseen at 5 the district level so that principals can't mess 6 7 around with the academic intervention services funding that they get or with the teachers who were 8 sent to them to do these interventions. Sorry I've 9 numbered these. Five... I'm up to six here. Putting 10 11 together things that have been said here I 12 mentioned the dyslexia denial. I want to point out 13 that in Finland they do evaluations on all the students... it's a tiny country but they do all the 14 15 students. They evaluate them at the age of five. So they know who the dyslexics are but they actually 16 17 don't teach any of the kids to read until the age 18 of seven. So you know it can be done. And regarding this resolution I suggest it proceed as is. You've 19 had a lot thrown at you today. And rather than try 20 to work you know on all kinds of peripheral things 21 2.2 to add on or to reconsider that this proceed as is 23 because there's a whole lot more work to do and this is really really great start. Thank you. 24

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COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 233 SERVICES 2 CHAIRPERSON DROMM: I think basically 3 we'll proceed as is. I think one of the things with 4 DOE though. I was ... to be honest with you I wasn't 5 sure how they were going to even react to having the hearing because of my experiences as a 6 7 classroom teacher. So they've come today. They've ... they've talked about the issue. They've 8 9 acknowledged the issue so let me at least give them credit for that you know. And I think you're right. 10 11 It is... it is exciting that we're finally beginning 12 to talk about dyslexia so ... 13 SUSAN: I did mean to start with something but was all caught up with my numbers 14 15 which is to say that what we're dealing with is 16 what I call the IgnazSemmelweis-ification 17 [phonetic] of reading instruction. He was the 18 Austrian physician who discovered by washing his hands before childbirth his patients were not dying 19 of child bed fever. It took 50 years for the 20 21 medical profession to pay attention to that. And 2.2 this is very similar now. We're 50 years in since 23 the 60s when a lot of the reading research was done. And whole language came up right at the same 24 25 time. And I think 50 years is long enough.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 234 SERVICES 2 CHAIRPERSON DROMM: Thank you. Next 3 please. Go ahead, I'm sorry. I was smiling because ... 4 VICTORIA TACCOLM: No that's okay. 5 CHAIRPERSON DROMM: ...my other counsel here is stuck with us too. I don't know if she's 6 7 had these longer hearings ... you're alright. Okay, qood. 8 VICTORIA TACCOLM: Hi, my name is 9 Victoria Taccolm and I'm speaking on behalf of 10 11 myself and my dyslexic daughter Isabel Calone 12 [sp?]. I just wanted to preface and say that we're 13 actually from District 10 in the Bronx, that's where she started at as they said that it was a 14 15 high need area. And I just wanted to say that I am 16 in favor of Resolution 1027. The importance of 17 certification is necessary so that the education 18 administration can become educated and identify children at a young age before they fail and fall 19 behind, that they no longer wish to attend school, 20 21 or they themselves have such a low self-esteem that 22 they don't feel that they are capable of learning. 23 Education administrators can then become a bit more compassionate for parents and children, not calling 24 25 names such as lazy and stupid, or blaming the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 235 SERVICES parents themselves. My daughter was six when I 2 3 first saw the signs in her in kindergarten. And I 4 brought my concerns to her teacher who said that it 5 was no big deal. She was a normal kindergartener. Throughout first and second grade she struggled 6 7 substantially and in second grade I had had enough and I requested an evaluation. I expressed my 8 concerns to the DOE but I was told that dyslexia is 9 just a jargon term that wasn't used. So my daughter 10 11 was just given sets. And in third grade Isabel 12 failed every class on her first grade ... on her first 13 report card. And she went from an A plus student to being a failure in her eyes. She could no longer 14 15 keep up with her classwork and she was no longer 16 learning to read but she now needed to read to 17 learn which she wasn't giving the tools to be able 18 to do that. The school had no space in the proper classroom setting and she remained in general ed 19 with constant pullout. Isabel ended third grade 20 21 with a first grade reading level. And I was told 2.2 that for fourth grade they still had no space for 23 her and that she would continue in general ed with pull out as the previous year which didn't work. So 24 25 I got myself an advocate and I was able to get the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 236 SERVICES appropriate education for my daughter that she's 2 3 entitled to. And I know before they wanted to know 4 where do the children go, this is where she went. Isabel currently attends Sterling School in 5 Brooklyn. So she commutes from the Bronx to 6 7 Brooklyn on the daily basis at the DOE's expense and is almost at her grade level now in all her 8 9 subjects. They use multi-sensory learning and Orton-Gillingham based methods. And there are many 10 11 times that I look back and think how differently 12 things could be if she was identified when I first 13 saw the signs in kindergarten. Emotionally we struggled and financially I have exhausted every 14 15 possibility that I could. And I just think how many other children are suffering with the same problem 16 17 and how they get lost in the system or they're just 18 being pushed along. In conclusion I'm in favor of 19 the resolution so that the education administrators can become educated on dyslexia and hope that this 20 21 resolution can open doors to identifying dyslexia to testing evaluations, having multi-sensory 2.2 23 learning, Orton-Gillingham based method learning. Really quickly ... I feel like at this point that when 24 25 I come to speak and ... and fight I do fight for my

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 237 daughter but I ... I know that at this point some of 2 these things that are going on, they're not going 3 4 to help her anymore because she's out of that system. And I'm fortunate enough that she got 5 accepted to a middle school that's going to 6 7 continue her into high school and they're giving her the education that she needs. But as everybody 8 knows dyslexia is hereditary and I hope this will 9 help her children, my grandchildren, you know the 10 11 rest of our family that's going to continue to go 12 through this. And as many people have said it is a financial burden. I'm a single parent who's 13 struggling and has paid over \$20,000 in advocate 14 15 for my educational lawyer, for tuition, and that's nothing compared to what the DOE has been willing 16 to shell out even after they realized how wrong 17 18 they've been for the past three or four years. And I don't ... I really don't get it. The first time I 19 went to court I paid the lawyer double ... I'm just 20 21 sorry to take up so much time and the DOE 2.2 contested nothing at both hearings. And I couldn't 23 understand it, how they could just sit there and have nothing to say and then at the end be willing 24 25 to pay when what it costs to educate a child in

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 238 public school is nothing compared to what they were 2 3 willing to pay for her to get a private education. 4 And I think it's just unfair that I'm lucky enough that I am a hard working parent and I know so many 5 other parents who do come to me with the same 6 7 questions that I had when I first started this struggle. And I... the... the most I can usually tell 8 9 them is start at the Children's Advocate Center and I try to help them the best that I can. And it's a 10 11 shame that there's not enough services out there 12 for parents and children who really need ... who 13 really need the education that they are entitled 14 to. 15 CHAIRPERSON DROMM: Did you say that your child was in sets? 16 17 VICTORIA TACCOLM: Yes she was. Under ... 18 under being labeled learning disability and that 19 got her nowhere. But she is dyslexic and she does 20 have ADHD. 21 CHAIRPERSON DROMM: So did they ever use 2.2 like Orton-Gillingham or anything like that ... 23 [cross-talk] VICTORIA TACCOLM: In the school... they 24 25 said that they... they couldn't use those methods.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY 1 SERVICES 239 2 CHAIRPERSON DROMM: Do you know what 3 they used with her for reading? 4 VICTORIA TACCOLM: No ... 5 CHAIRPERSON DROMM: No? VICTORIA: No. I'll be honest ... [cross-6 7 talk] 8 CHAIRPERSON DROMM: Maybe it was just 9 more of the same of what was going on in the class. VICTORIA TACCOLM: It was a lot of ... I'll 10 11 be honest, because at that time it was a lot of just run around because they couldn't even give her 12 13 the... they couldn't put her in the 12:1:1 they recommended for an entire year. And then they... when 14 15 they finally told me that the following year they had no space for her in the school ... her school was 16 17 K through five and had over a thousand students. 18 This... you know ... and it's a very ... the district itself it was ... and ... and that was considered the 19 best school in the district. You know it's very 20 21 disappointing that that's what my tax dollars are 2.2 paying for. 23 CHAIRPERSON DROMM: Well thank you. You know it's... it's probably good we're ending on the 24 25 notes of a parent. And we heard from a number of

1	COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES 240
2	other parents today including some who were
3	dyslexic which I really appreciate as well. And
4	we're just grateful that we do have parents who
5	have been willing to advocate but the burden as
6	either you or somebody else said should not have to
7	be on our parents' shoulders. So thank you very
8	much and thank you to the panel. I want to thank
9	everybody who stayed with us throughout this
10	hearing. You deserve one of these as well. So my
11	education committee folks, they're always here
12	`till the very end. And I deeply appreciate your
13	passion for education. Thank you very much to
14	everybody. This meeting is now adjourned at 6:00.
15	[gavel]
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## CERTIFICATE

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date May 6, 2016