

# Dyslexia in the Context of Social Work: Screening and Early Intervention

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## Abstract

Dyslexia, the most common learning disability, is associated with poor academic, economic, vocational, and health outcomes. Disproportionately, dyslexia is undiagnosed and untreated in children who are Black, Indigenous, and people of color (BIPOC) or who live in poverty. Early identification of and subsequent interventions for children at risk for dyslexia can effectively mitigate poor outcomes. While screening and interventions largely occur in schools, social workers across practice contexts have responsibilities to address dyslexia: identifying, referring, educating, and advocating. Social workers should address dyslexia to promote equity and improve quality of life and various outcomes across the life course. This article describes dyslexia, early screening, and interventions; dyslexia as a social justice issue; and social workers' roles in addressing dyslexia.

## Keywords

dyslexia, social work, early screening, universal screening, social justice

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Dyslexia is the most common learning disability and is typically understood as a brain-based learning disability that specifically impairs a person's ability to decode single words or to spell words in isolation (Peterson & Pennington, 2015). Dyslexia historically is reported as affecting 5% to 17% of children (Cortiella & Horowitz, 2014; Shaywitz, 1998). Children with dyslexia not only may struggle as they are learning to read, but also may experience additional issues such as persistent poor educational and psychosocial outcomes (Mugnaini et al., 2009). The impact of these poor outcomes and challenges are often compounded for vulnerable and underrepresented communities (Robinson, 2013; Rojas, 2018). Early identification through screening for dyslexia has been repeatedly supported in the literature as part of best practices to provide remediation and support to children who struggle learning to read (Petscher et al.,

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2019). Screening for dyslexia is important because without early intervention, cumulative lifelong problems can occur (Miciak & Fletcher, 2020). Well-implemented early screening approaches, strategies for early identification/diagnoses, and evidence-based intervention techniques can lead to positive outcomes and more typical reading development in children at-risk for dyslexia (Wanzek et al., 2016).

In the United States, 48 states have adopted dyslexia legislation, and most require or recommend screening for dyslexia. These legislative efforts are based on research that indicates that through early screening for risk for dyslexia and interventions, it is possible to effectively treat or mitigate the negative consequences associated with subsequent formal diagnoses of dyslexia (Fien et al., 2021). Evidence exists that this early intervention and prevention framework is effective across groups of children, including BIPOC children (Robinson, 2013; Rojas, 2018). This evidence is particularly robust in early grades (Burns et al., 2020).

Unfortunately, despite recent state legislation requiring or recommending early screening and intervention for dyslexia, schools have not implemented these practices at scale (Fien et al., 2021; Seidenberg et al., 2020; Solari et al., 2020). This inordinately affects BIPOC children (Robinson, 2013; Rojas, 2018) and children living in poverty (Peterson & Pennington, 2015). Also, important to note, often BIPOC families have limited resources and limited time to advocate for these sorts of services which could create better educational outcomes for their children (Robinson, 2013). Not providing screening and early interventions to these populations contributes to the disproportionate under-identification of these children and the widening of reading gaps. Failure to intervene for BIPOC children who have dyslexia can have lifelong consequences (Hoyles & Hoyles, 2010).

Professionals outside the field of education who work with children and families can help to ensure all children gain access to screening and early intervention services. Pediatricians

play an important role as they work with young children and already are concerned with child development and well-being and can screen for risk for dyslexia (Sanfilippo et al., 2020). Similarly, social workers are uniquely positioned to aid in efforts in addressing dyslexia due to their work with children and families in diverse settings, as well social workers partnering with vulnerable and marginalized parents and advocating for equity in screening and supportive services.

Social work has not traditionally focused on dyslexia, yet social workers across practice settings can play an important role in addressing it. This article argues that dyslexia is a social justice issue and should be a priority for social workers. After describing dyslexia, including the inequity in identification, the article addresses the social justice implications. Thereafter, it presents the importance of screening for dyslexia risk and details about the need of subsequent interventions. The article highlights social workers' roles in addressing dyslexia: identification, referrals, education, and advocacy. It concludes with implications for social work practice.

Much of the information within this article is applicable to other reading problems and literacy. This article emphasizes universal screening in schools during kindergarten through third grade, as research has found early interventions most effective with this developmental period of children as they are learning to read (e.g., Lovett et al., 2017; Wanzek et al., 2018). This is not to negate the importance of screening and interventions for dyslexia for children of all ages; however, if evidence based universal screening was properly conducted later screening would likely not be as necessary. Early intervention is the best way to prevent early problems from becoming more severe over time (Connor et al., 2014).

## **What Is Dyslexia?**

Although there are varying definitions of dyslexia (Peterson & Pennington, 2015), states

increasingly use aspects of the International Dyslexia Association definition of dyslexia (Gearin et al., 2021), which is:

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge. (Lyon et al., 2003, p. 2)

It is worth highlighting that this definition recognizes the role of the brain in acquiring reading skills (i.e., neurological) as well as dyslexia's primary symptoms being reflected by poor performance in spelling and accurate and/or fluent word reading. In this manner, the neurological and biological *etiology* of dyslexia often manifests in its *symptomology* through cognitive processes of reading such as phonological awareness (i.e., the ability to manipulate the sounds language such as rhyming or deleting/adding sounds in a word) and word reading. It is important to note, however, that poor phonological awareness and word reading may not fully explain dyslexia as there are behavioral (e.g., anxiety), environmental (e.g., poverty), and other cognitive processes (e.g., language) that correlate with the etiology and symptomology of dyslexia (Catts & Petscher, 2020). Not all children with phonological awareness problems have dyslexia, and not all children with dyslexia exhibit phonological awareness problems (Catts et al., 2015; Pennington et al., 2012).

The confluence of these factors are frequently represented in risk and resilience factors models (e.g., Catts & Petscher, 2020; Ozernov-Palchik et al., 2016). Risk factors include phonological deficits, language impairments, attentional deficits, visual problems, and trauma/stress. Resilience factors

may include classroom instruction, growth mindset, task-focused behavior, adaptive coping strategies, and family and peer support. Dyslexia cannot be explained by poor vision or hearing acuity or lack of motivation or educational opportunities. In addition to its proximal impact upon reading skills, dyslexia has been linked with decreases in self-esteem and amount of time reading outside of school contexts, which may contribute to the widening of gaps in reading ability, vocabulary, and background knowledge (Cunningham & Stanovich, 1998; Undheim, 2003).

Children may be at risk for not attaining full literacy skills for a variety of reasons. For example, children may be at risk because they are learning literacy skills in two languages simultaneously (Gersten & Brengelman, 1996) or due to lack of exposure to print (e.g., a “literature-poor” environment where books are not present). Of course, single-cause explanations rarely capture the complexity behind a child's struggle to develop strong literacy skills (Maughan & Carroll, 2006; Snowling & Hulme, 2012). Multiple risk factors may interact to make literacy problems more pronounced than if only one factor was present (Catts et al., 2015; Muter & Snowling, 2009).

## **Dyslexia is a Social Justice and Social Work Issue**

Dyslexia is a social justice issue that social workers should be concerned with for a multitude of reasons. First and foremost, literacy is a human right. The United Nations Educational, Scientific, and Cultural Organization (UNESCO, 2019) identifies literacy as a human right and argues literacy required for worldwide sustainable development. It is well-documented that literacy is correlated to standard of living and has many economic benefits to a country (Cameron & Cameron, 2006). The benefits of literacy and education broadly can be seen within individuals as well. Level of education is highly correlated to a person's earning potential (e.g., Carnevale et al., 2011). Duration of education is a strong predictor of a person's health and longevity (Johnston, 2019).

Dyslexia may also be viewed as a social justice issue given that dyslexia can impact people across their lives. As such cannot be considered merely a “childhood concern,” although the disorder can typically be remediated effectively when identified early in childhood as children are learning to read. In the United States, federal law requires children be given equal educational opportunity; as such, schools must identify children with disabilities and provide the appropriate education (Individuals with Disabilities Education Act [IDEA], 2018). When children do not receive adequate education, they are excluded from employment opportunities and have a lower earning potential later in life (e.g., Carnevale et al., 2011). Not intervening with dyslexia creates exclusion; it eliminates opportunities for people with dyslexia. As children are reliant upon adults, they may be considered in a vulnerable developmental period.

The argument for addressing dyslexia as a social justice issue extends beyond a developmental argument and children’s vulnerability. Dyslexia is disproportionately undiagnosed in BIPOC children (Robinson, 2013; Rojas, 2018) and children in poverty (Peterson & Pennington, 2015). Race has traditionally been overlooked in dyslexia (Hoyles & Hoyles, 2010). Several policies explicitly identify that poverty rules out dyslexia in screening (Office of Special Education and Rehabilitative Services, Office of Special Education Programs, U.S. Department of Education, 2007). For example, the IDEA states that “Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of *environmental, cultural, or economic disadvantage*” (emphasis added, IDEA, 2018, Sec. 300.8 (c) (10)). One argument offered to support this dubious practice is that treatment for dyslexia is resource intensive and resources would not be available for all children. This is problematic, especially considering that educational difficulties children with dyslexia face may contribute to their not graduating high school and attending

college and that education has been heralded as a solution to ending poverty.

There are also disproportionalities in children receiving interventions. Research has highlighted the presence of bias as a factor in the disproportionalities (Harry & Klinger, 2015). A child who is already experiencing intersections of social inequity is more likely to become labeled with a learning disability, and research is inconclusive on if special education within schools improves outcomes for these children (Shifrer, 2018). Nationally, the children in public schools who receive educational services for a developmental and learning disability are disproportionately Black at 21% (National Black Child Development Institute, 2018), though usually these labels are applied without specificity on individual disabilities like dyslexia. The importance of early, accurate, and comprehensive (inclusive of contributing external factors) screening of risk for dyslexia for Black children cannot be overstated (Robinson, 2013). The achievement gap between Black and white youth has been an outstanding and seemingly intractable problem (Paschall et al., 2018); which creates an even more compelling reason for the field of social work to become leaders in advocating for early screening of dyslexia.

Children in families who are wealthy may be able to access resources due to their parents’ resources and power (e.g., Elsen-Rooney, 2020). These parents may hire educational lawyers to enforce IEP goals or to receive out of district placements in private schools specializing in educating children with dyslexia. When dyslexia risk is not identified early, children continue to struggle to read and miss out on important instructional and intervention and remediation. These *teaching casualties* can also lead to additional learning issues such as, memory problems, organization problems, attention problems, motivation problems (Chapman & Tunmer, 2019) and missed economic opportunities throughout life (UNESCO, 2019).

Research consistently demonstrates that dyslexia does not occur in isolation. Approximately half of children diagnosed with dyslexia have a language disorder (Adlof &

Hogan, 2018). Children with dyslexia may be at risk for poor mental health outcomes (Grills-Taquechel et al., 2012; Hendren et al., 2018) such as depression (Mammarella et al., 2016; Mugnaini et al., 2009) and anxiety (Mammarella et al., 2016; Nelson & Harwood, 2011). Dyslexia has been found to be associated with conduct disorders and oppositional defiant disorders (Burke et al., 2002), and 20% to 40% of children diagnosed with ADHD have dyslexia (Germanò et al., 2010). Children diagnosed with autism spectrum disorder have a higher rate of dyslexia than their peers (Åsberg et al., 2010). Similarly, children diagnosed with dyspraxia, a developmental coordination disorder, have increased risk for dyslexia with up to 85% of children with dyspraxia also having dyslexia (Pauc, 2005). Together, dyslexia and associated conditions include a variety of symptoms and challenges.

There is some evidence that dyslexia may be associated with adverse childhood experiences. Fuller-Thomson and Hooper (2015) reported the odds ratio for dyslexia was seven times higher among adults who reported being physically abused as a child (i.e., 35% compared with 7%). Socioeconomic status is shown to be correlated with reading ability, such that children from families in lower socioeconomic status having poorer reading skills; however, these same children are under-diagnosed as having dyslexia when compared with their peers in families of higher socioeconomic statuses (Peterson & Pennington, 2015).

As addressing dyslexia is a social justice issue impacting many of the children, families, and communities served by social workers, social workers must be equipped to be part of an equitable solution. Social work has long been recognized as a profession which can play an important role in addressing dyslexia (Danenhower, 1966). Social workers should join educators, physicians, and other professionals in early identification and intervention efforts. Scientists in literacy research advocate for earlier identification of dyslexia (Ozernov-Palchik & Gaab, 2016), stronger preventive frameworks for screening and intervention (Catts & Hogan, 2021), and

contextualized screening and instructional supports in existing preventive frameworks in schools (Miciak & Fletcher, 2020). Social workers should increase their advocacy for early and accurate screening for dyslexia risk and interventions to profoundly impact the educational outcomes for children. Advocacy requires an understanding of current screening practices and intervention strategies.

## Universal Screening for Dyslexia

The purpose of a dyslexia screening is to identify children at risk for dyslexia. The purpose of *universal screening* for risk for dyslexia is different than the purpose of *diagnosing* dyslexia. Screening determines a level of risk for future reading problems that are indicative of dyslexia. Universal screening is a process that helps to identify students who are at-risk for having dyslexia, often measured as performing below a particular threshold of standardized measure of reading (e.g., <10th percentile of word reading) in the context of adequate and appropriate instruction (e.g., Catts et al., 2015). Core literacy skills, depending on grade level, are typically assessed at the beginning of the academic school year. Screening results are then used to determine which students are at-risk and the types and amount of support needed. Screening for risk of dyslexia should not be deficit-oriented; rather it should prioritize identifying children's needs and making sure they get the appropriate education. The point of screening is to provide early intervention prior to a formal diagnosis.

A diagnosis is a process whereby qualified professionals, such as licensed psychologists, use valid and reliable tools to measure skills typically associated with dyslexia. This process is often used with children who demonstrated elevated levels of risk from a screening assessment, have not responded adequately to early interventions, or a combination of the two. School psychologists or clinical psychologists typically conduct the assessments using assessment tools and criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American

Psychiatric Association, 2013). Differences exist in the diagnosis processes, and psychologists may sometimes diagnose children with “specific learning disorder” without diagnosing dyslexia. It should also be noted that there is not a single agreed upon assessment for dyslexia. A formal diagnosis of dyslexia can lead to increased supports, services, and accommodations. Some schools may not provide adequate interventions without a diagnosis of dyslexia. It is not appropriate to use screening results to diagnose if a person has dyslexia. Screening data are used to make decisions about the level of instructional support children need.

A universal screening system for dyslexia in schools is typically administered to all children in kindergarten through third grade at least once per year as early as possible in the school year so that the information can be acted on immediately. Although screening this early may be useful as a baseline to capture children early, it is critical to note that as children are developing in their skills, many kindergarten screening assessments present with floor effects (e.g., Catts et al., 2008) resulting in very high false positive rates. Dyslexia screening should directly measure children’s proficiency on essential reading content or essential pre-literacy measures, depending on the child’s grade level/skill level.

The recommendation to administer dyslexia screenings in schools before third grade is based on three empirical findings. First, reading problems can be prevented, and early problems remediated, through early evidence-based interventions (e.g., Adams, 1990; Lovett et al., 2017; Wanzek et al., 2018). Early screening assessments allow interventions to be implemented effectively as soon as possible. Second, patterns of reading development are established early once school begins and are stable over time unless interventions are implemented to increase child progress (Good, Karminski, et al., 2001; Juel, 1988; Shaywitz et al., 1992; Torgesen, 2000; Torgesen et al., 2001). Third, without intense interventions, struggling readers do not eventually “catch up” to their average performing peers—in fact, the gap between strong and

weak readers increases over time (Torgesen, 2000; Torgesen et al., 2001). Reading interventions that begin in third grade and beyond are likely to be less successful and less cost-effective than interventions that begin in the earlier grades (Lovett et al., 2017). The later interventions begin, the longer they take to work, the longer they need to be implemented each day, and the less likely they are to produce desired effects (Adams, 1990; Good, Simmons et al., 2001; Torgesen, 2000; Torgesen et al., 2001; Wanzek et al., 2018).

## **Intervention**

For a child found to be at risk for dyslexia through universal screening, effective interventions are available in the school as well as home and community settings. State policies and expert opinion generally favor schools’ use of a multi-tiered system of support (MTSS; Miciak & Fletcher, 2020). Within MTSS, children are screened early and at multiple time points to assess risk for dyslexia. Scores that assess risk of dyslexia are then used to make instructional decisions, such as the delivery of intensive intervention specially designed to address individual child needs. Children may benefit from small group interventions that include phonemic awareness and phonics instruction tailored to their needs as well as the possibility for more intense, one-on-one additional support for children reading well below grade level expectations or at higher risk for dyslexia as these children are well below reading proficiency expectations. A meta-analysis has found that in kindergarten through third grade, MTSS can be effective and feasibly implemented (Wanzek et al., 2016). Children in second and third grades with severe reading deficits who received reading interventions grew at a rate equal to the growth rate of students without reading deficits and had growth rates significantly higher than students receiving special education services for reading (Burns et al., 2020). Although the intersection between dyslexia risk from universal screening and MTSS as an intervention model for students with elevated risk levels have limited

research, greater calls from the field suggest that preventive models in school systems should be considered (e.g., Catts & Hogan, 2021; Miciak & Fletcher, 2020).

Within the home and community setting various supports exist to reinforce and augment the school interventions; however, the evidence basis for these supports is limited (e.g., Norwich et al., 2005; Regtvoort & van der Leij, 2007). University reading clinics and community-based tutoring may assist children in developing reading skills. Digital apps and programs represent tools that can be used in the home to help children with reading yet little guidance exists on the quality of these tools from a scientific basis (e.g., van Otterloo et al., 2009). There are no standardized interventions that occur outside of schools. In addition, home and community interventions may not be offered in all communities and the costs associated with them may be prohibitive for some families. There is a glaring need for additional accessible evidence-based interventions for dyslexia outside the school setting.

### **Social Workers' Role in Addressing Dyslexia**

The roles social workers play in addressing dyslexia fall into the categories of identifying risk, referring, educating, and advocating. Identification of dyslexia can be incorporated into social worker practice in several ways. When completing a biopsychosocial intake and doing ongoing assessments, social workers can incorporate questions related to reading proficiency and dyslexia. Checklists of risk factors for learning disabilities for children of different ages developed by the National Center on Improving Literacy (2018) can be completed with parents. Due to dyslexia's heritability, asking parents about any family history of problems with reading can help to identify risk. In addition, validated instruments such as the Adult Reading History Questionnaire (ARHQ; Lefly & Pennington, 2000) can be administered quickly to parents to determine the presence of problems with reading. This can help to identify familial

risk which helps to provide a global assessment of a child's risk (Sanfilippo et al., 2020).

When social workers identify risk for dyslexia, they should make referrals for early interventions and further assessment. Many of the referrals for school-aged children are to schools where most of the interventions and assessments occur. There also may be interventions offered in the community, such as university reading clinics or tutoring. In addition, social workers may refer to apps and materials for children to use at home that reinforce school interventions. For diagnostic testing, social workers may refer to psychologists and other professionals, as at this time social workers are not recognized as having the authority to diagnosis for dyslexia.

Social workers' responsibilities related to educating others about dyslexia start with emphasizing literacy's importance. Raising awareness about dyslexia and the availability of interventions should be a priority for social workers. As stigma and myths around dyslexia exist, social workers should provide the most current accurate information that can combat any negative views and misinformation. Specifically, social workers' educational efforts should include information that dyslexia is not related to low intelligence. Education about dyslexia should seek to reduce stigma and be appropriate for specific cultural contexts.

The advocacy related to addressing social work pertains to (a) the availability and provision of universal screening and early intervention for dyslexia and (b) the specific needs of people who have been identified as at risk for dyslexia. Social workers must promote universal screening in schools in kindergarten through third grade. They should increase their advocacy for early screening for dyslexia risk and interventions to profoundly impact the educational outcomes for BIPOC children. Social workers should advocate for reducing the disparities in education; schools in neighborhoods of a lower socio-economic level should have the same resources as those in wealthier neighborhoods. They should lobby their elected officials at the local, state, and federal levels. Social workers also play a

critical role in working with children who have been identified at risk for or diagnosed with dyslexia and helping the children and their parents navigate the schools to ensure the children receive the appropriate interventions. When an adult is diagnosed with dyslexia, social workers may also assist in advocating to ensure that their rights are protected in accordance with the Americans with Disabilities Act.

### **Implications for Social Work Practice**

All social workers should have basic training about dyslexia which highlights the importance of screening and information on how to make referrals for assessment and intervention. There are some specific practice settings where social workers should actively address dyslexia. Perhaps most obvious are the schools. School social workers are in positions to directly advocate for screening of children and appropriate testing follow ups as necessary. This is especially important in elementary schools, but screening later can still identify dyslexia and help children. Social workers in early childhood intervention programs already are part of interdisciplinary teams who seek to address developmental delays, including those related to language acquisition. While these programs target children under the age of 3, which is below the age of the typical screening for dyslexia, there may be warning signs (e.g., problems with letter name or letter sound recognition), and social workers can educate caregivers about the need for screening when their child enters kindergarten.

As children who have dyslexia are experiencing rates of physical abuse higher than their peers without dyslexia (Fuller-Thomson & Hooper, 2015), child welfare is an area of practice where social workers should be incredibly concerned about dyslexia. Social workers in child welfare are already aware that children with disabilities and younger children are at greater risk for maltreatment (e.g., Child Welfare Information Gateway, 2018). Identifying learning disabilities may

assist child welfare professionals in assessments and identifying risk. As children under the age of 3 are younger than universal screening, child welfare professionals may be able to help detect dyslexia before the universal screening occurs in school. For children of all ages who enter foster care, screening for dyslexia could be included as part of their health exam. As children who enter the foster care system are at risk for poor educational outcomes, dyslexia screening should be at the forefront of the minds of child welfare professionals.

Social workers who provide mental health services to people of all ages, should be concerned about dyslexia. Due to the comorbidity with other conditions, social workers who are mental health providers should become aware of reading problems of the people they serve. During intake, social workers can ask about learning disabilities and dyslexia and make referrals for screening should there be incomplete information. Larger mental health agencies may wish to conduct screening onsite and incorporate it in ongoing assessments and working with children. Social workers must be able to address the mental health concerns that stem from dyslexia including depression and anxiety.

Awareness about dyslexia is already in the medical community. To increase literacy, there has been a call for pediatricians to screen for dyslexia since they interact with children prior to school age and early signs of problems with literacy including dyslexia may be present (Sanfilippo et al., 2020). Social workers who work within health settings should be aware of this practice and work with pediatricians.

All social workers have a role in addressing dyslexia. Those who directly provide services to children and families have the responsibility to encourage screening and advocate for the people they serve to receive appropriate further assessment and interventions. Social workers in administration and management should consider how the agencies and programs that they work within can address dyslexia. They can prioritize training for staff about dyslexia that outlines the



importance of the issue, warning signs, and appropriate referrals. For social workers in advocacy and community organizing, connections to dyslexia may be easy to make as it connects with literacy and education and disproportionately impacts BIPOC children and children in poverty. For example, organizing around education could include a call for improving literacy through having universal screening for dyslexia in kindergarten through third grade and making interventions accessible to children. Some of the greatest impact that social workers can make in addressing dyslexia is through policy. Social workers in the policy arena can work to ensure federal, state, and local policies are enacted that promote universal screening for risk of dyslexia as well as interventions.

Social work educators and researchers have a role in addressing dyslexia in ensuring that the next generations of social workers are appropriately trained and that quality research on dyslexia is conducted. Content about dyslexia could be integrated into the Human Behavior in the Social Environment courses as well as courses about working with children. In addition, continuing education for social workers can focus on dyslexia and social workers' roles. Scholars have asserted that the connection between race and dyslexia needs more research (Blanchett, 2010); social work researchers could study eliminating disparities and disproportionalities. Researchers must work with practitioners and policymakers to ensure that their research can help answer the questions around addressing dyslexia that will directly help children, families, and communities.

## Conclusion

There is little debate as to whether the screening of children is a useful mechanism by which children who are at-risk for dyslexia can be routed to appropriate early interventions. By providing children with the appropriate evidence based early interventions, remediation can be effective and later problems may be reduced. Dyslexia is a social justice issue as it is connected to the human right

of literacy and disproportionately impacts BIPOC children and children in poverty. In the diverse settings and roles in which they work, social workers play an important role in addressing dyslexia and ensuring that children are screened and receive early intervention.

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