



PREVENTING ACADEMIC FAILURE OF DYSLEXIC STUDENTS THROUGH REMEDIAL ENGLISH LANGUAGE TEACHING - A STRATEGIC DIRECTION FOR ENGLISH LANGUAGE TEACHERS TO IDENTIFY AND HELP THE DYSLEXIC STUDENTS IN MAINSTREAM CLASS ROOM

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ABSTRACT

Students struggle to learn because of various learning disabilities. Dyslexia is one of the reading disabilities in language learning. If the dyslexic students are helped in right time, their academic failure can be prevented. This study aims to help the English Language Teacher in the mainstream multi lingual classroom to identify the dyslexic children, assess their types of learning style, IQ levels, and other problems related to dyslexia. And this also helps the teacher to plan the Individual Educational Plan (IEP) according to the Remedial English Language Teaching Techniques.

Keywords: *Dyslexia , Remedial Teaching, Mainstream classroom..*

INTRODUCTION

The word Dyslexia originates from the two Greek words *dys* (difficulty) and *lexia* (language). The term was first coined in 1887 by Rudolf Berlin in Germany. Dyslexia is a reading and writing disability which is one type of learning disorder that affects many children. The learning disability refers to conditions which were previously called brain injury, minimal brain dysfunction, and sensory aphasia.

Sensory aphasia - the loss of power to understand spoken words, signs, gestures or print

Expressive aphasia - the loss of ability to speak

Acalculia - the loss of arithmetical ability

Agraphia - the inability to learn to write

Alexia - the loss of ability to read

A mild degree of alexia is called dyslexia

For years, dyslexia was referred to as specific reading disability; another term often used was developmental dyslexia, or even specific developmental dyslexia. All the above names meant to distinguish the reading difficulties caused by brain injuries or disease called acquired dyslexia or alexia. The World Federation of Neurology gave a definition for specific developmental dyslexia as, "...a disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence and socio-cultural opportunity. It is dependent upon fundamental cognitive disabilities which are frequently of constitutional origin."

PROBLEMS RELATED WITH DYSLEXIA

Dyslexic children are known for their learning differences, hyper activeness, reading and writing problems and, above all, for their high IQ. And their individual artistic talents are really commendable. Even though they have high IQ, they are facing failures in academics. Their learning problem is that it is difficult for them to compete with other normal children. If it is undiagnosed or the children not helped at the right time, their condition severely affects their academic performance and most of the time the children drop out from school or develop Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) related problems. The dyslexic children are mostly kinaesthetic or tactile learners whose learning styles differ from non dyslexic children. The dyslexic children cannot learn language in the way the auditory or visual learners are learning in mainstream classroom. And this classroom evaluates students knowledge and understanding through written exams which is very tough for the dyslexic student. In daily classroom the dyslexic children have to face so many tough and insulting situations. For example, if the teacher asks the dyslexic child to read a text, the child cannot read or he/she needs more time to read a text because of his phonetical problems. If the dyslexic child is not treated properly in class room, it leads to many emotional problems. Frequently the dyslexic child develops hyper activeness and attention deficit problems. If the child develops such problems, it becomes very tough for the child to concentrate not only on studies but also in every social activity. This study aims to explore new ways in which the dyslexic children can be helped effectively by remedial teaching in a classroom where English is taught as a second language.

COGNITIVE SCIENCE BEHIND DYSLEXIA

The mainstream classroom teaching is designed for auditory and visual learners. All the tools, techniques and environment are favourable to the auditory and visual learners who are mostly left brain children. The auditory and visual learners will use their left brain to study language and this left part of the brain is meant for handwriting, language, symbols, reading, phonetics, talking, reciting, following directions, listening, auditory association and its mode of consciousness is lineal, sequential, verbal, reality-based, temporal, and logical. So, these non dyslexic children who are using left part of their brains to study language have comparatively higher logical thinking. Hence, they are more successful in mainstream language classroom than dyslexic children. The dyslexic children, who are right brainers,

are more artistic and less in logical thinking because the right part of the brain is for art, creativity, visualisation, colour sensitivity, spatial relationships, feelings, emotions and its mode of consciousness is concrete, random, instructive, holistic, fantasy oriented, non-temporal and analogical. So, the dyslexic children are mostly kinesthetic or tactile learners whose learning styles differ from those of non dyslexic children. The dyslexic children cannot learn language in the way the auditory or visual learners are learning in mainstream classroom.

TYPES OF DYSLEXIA

- Trauma Dyslexia - occurs after some form of brain injury or trauma.
- Primary Dyslexia - is a dysfunction of left side of the brain and it does not change with age.
- Developmental dyslexia - caused by hormonal development or malnutrition during the early stages of foetal development.
- Visual dyslexia - the result of immature development of not only the eyes, but the whole process that gets information from the eyes to the brain.
- Phonological dyslexia - known as Auditory Processing Disorder (OPD) i.e., the sounds are perceived as jumbled or not heard correctly.

CAUSES AND SYMPTOMS OF DYSLEXIA

CAUSES

1. For dyslexia mainly chromosome #6 is responsible.
2. Some types of dyslexia are highly hereditary.
3. Dyslexia is related to neurophysiological differences in brain function.
4. The dyslexic people have a larger right-hemisphere in their brains.
5. So, the dyslexics normally have strengths in areas controlled by the right-side of the brain and they are weak in the left side brain activities which are mainly responsible for language learning.
6. Neurons are found in unusual places in the brain, and they are not orderly placed as in non-dyslexic brains.
7. MRI scan studies reveal the unique brain structure and unusual wiring in the dyslexic brains.
8. Normal readers continually use the same part of their brain when they read. Dyslexic people do not use the same part of their brain when they read, they do not use the same part of their brain consistently to read.
9. Therefore, it is assumed that a different part of their brain takes over that function.
10. Dyslexic children have abnormal auditory cortical activation.
11. It is also caused by brain injury and it is known as ACQUIRED DYSLEXIA.

12. When it is caused by hormonal development or malnutrition during the early stages of foetal development, it is named DEVELOPMENTAL DYSLEXIA.

SYMPTOMS OF DYSLEXIA

No two people with dyslexic are alike with dyslexia because it ranges from mild to moderate to severe to profound. Some of them also have AD/HD. There is no need that the dyslexic will have every single symptom listed below. Still they will have many of them.

1. Delayed speech (they do not even start talking until they are two, three or even older).
2. Early stuttering or cluttering.
3. Frequent ear infections.
4. Lots of confusion over left and right. Also difficulty with over, under and before, after and other directional words.
5. Mixing up sounds in multi-syllabic words. (ex. Aminal for animal)
6. Difficulty in tying shoes.
7. Difficulty in writing the letters of the alphabet in order.
8. Inability in phonemic awareness tasks.
9. Immature in speech.
10. Struggles with spelling
11. Difficulty in articulating unknown words.
12. Confusion in establishing a dominant hand. They may use one hand for writing and the other hand for sports.
13. Difficulty in getting their thoughts down on paper in acceptable form.

READING

1. They will not recognize the word which they read on the previous page.
2. Difficulty in pronunciation even though they know phonetics.
3. Laboured, inaccurate and slow reading.
4. They may insert or leave out letters.
5. Often ignore punctuation.
6. b-d confusion. b-p, n-u, or m-w confusion.
7. Misread, omit and add small functional words.
8. Confusion and omission in suffixes.
9. Their spelling in writing is far worse than in their reading.
10. Misspell even when copying from the board or book.

HANDWRITING

1. An unusual pencil grip. They grip the pencil so tightly that they have to put the pencil down and shake their hands frequently.

2. They want to see the tip of the pencil as they write. So they often put their heads down.
3. Writing is a laboured and slow task for them.
4. Difficulty in making letters to 'sit' on the horizontal lines.
5. Margins are often ignored. Words may be widely spaced or tightly pushed together.
6. Difficulty in cursive writing.
7. They write letters with an unusual ending and starting point.
8. Copying from the board is a difficult and painful task.
9. Difficulty in organizing the page, often ignoring margins.

STYLES OF LEARNING

Learners are categorised according to their learning styles. The teacher has to be aware of these learning styles to help the dyslexic children. Without knowing these learning styles, the teacher cannot use the remedial teaching techniques. So, this is very important to design the child's Individual Educational Plan. Four major learning styles are listed below.

Visual Learners - Receive most of the information through eyes. More visual details like shape, designs, colours, etc., will help. They can receive information from books, maps, diagrams, etc.

Auditory Learners - Receive most of the information through ears. They will enjoy hearing, discussing, talking and listening to music, etc. They need a quiet place to concentrate because they are distracted by noise easily.

Tactile Learners - Receive most of the information through the sense of touch and feelings. They will learn through hands and fingers, and are sensitive to the atmosphere in a room, to facial expressions, gestures, tone of voice and body languages. They can learn best in an emotionally positive atmosphere.

Kinesthetic Learners - Receive most of the information through large muscle movements. They can learn by doing and activities; they have difficulty in sitting in one place for a long time. They need physical comfort and are easily distracted by seating, smell of the place, people

around them, hunger or thirst.

DIAGNOSTIC TEST FOR DYSLEXIA

A proper evaluation is needed to discover whether a child is a dyslexic or not and its severity. The evaluation process assesses intellectual ability, information processing, psycholinguistic processing and academic skills. It will determine whether the child is reading at the expected level or not and it includes the child's family background and overall school performance. The testing can be done within school or outside.

REMEDIAL TECHNIQUES

To use the remedial techniques, the teacher has to be aware of the child's learning style. The teacher has to prepare the Individual Educational Plan, (IEP) according to the child's style of learning.

Important techniques of Remedial Teaching are:

1. Involve the student
2. Use multisensory teaching methods
3. Use logic rather than rote memory
4. Present material sequentially
5. Present material in small units
6. Practice and review
7. Help students organize time and space
8. Individualize instruction
9. Be aware of emotional climate
10. Work with an IEP, prepare lesson plans and document the work
11. Have a journal on the child

Following these techniques, the teacher can easily help the dyslexic children to overcome their deficiencies.

INDIVIDUAL EDUCATIONAL PLAN FOR THE DYSLEXIC

After analysing all the difficulties and strengths of the child, the teacher has to design the child's Individual Educational Plan. While making the IEP, the teacher has to give importance to the child's learning style and IQ level. If the child is hyper active or attention deficit, it has to be considered while designing the IEP. The teacher has to design the IEP for a day, a week and for a month. If the child is a severe dyslexic, IEP can be made for a session. The teacher can discuss with the child while making the IEP. It will make the child more understandable and more aware of his difficulties so that he can cooperate and learn in the classroom in a better manner.

CONCLUSION



In the past, as people thought that reading problems were in the eyes and the ability of the eyes to translate what they saw, treatment was given to train a person's visual perceptual abilities. Even today, vision therapy for learning problems continues. It is easy to understand that the eyes are the pathways of written words to the brain. So, it is hard to argue that what went into the eyes were somehow dealt differently by them. Now the widespread agreement is that dyslexia is a language disorder, and the difficulty is not in the eyes or not even in the ears, but in the language acquisition and processing centres of the brain. So, training the eyes and ears will not bring about any results. It is the brain that needs to be trained.

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