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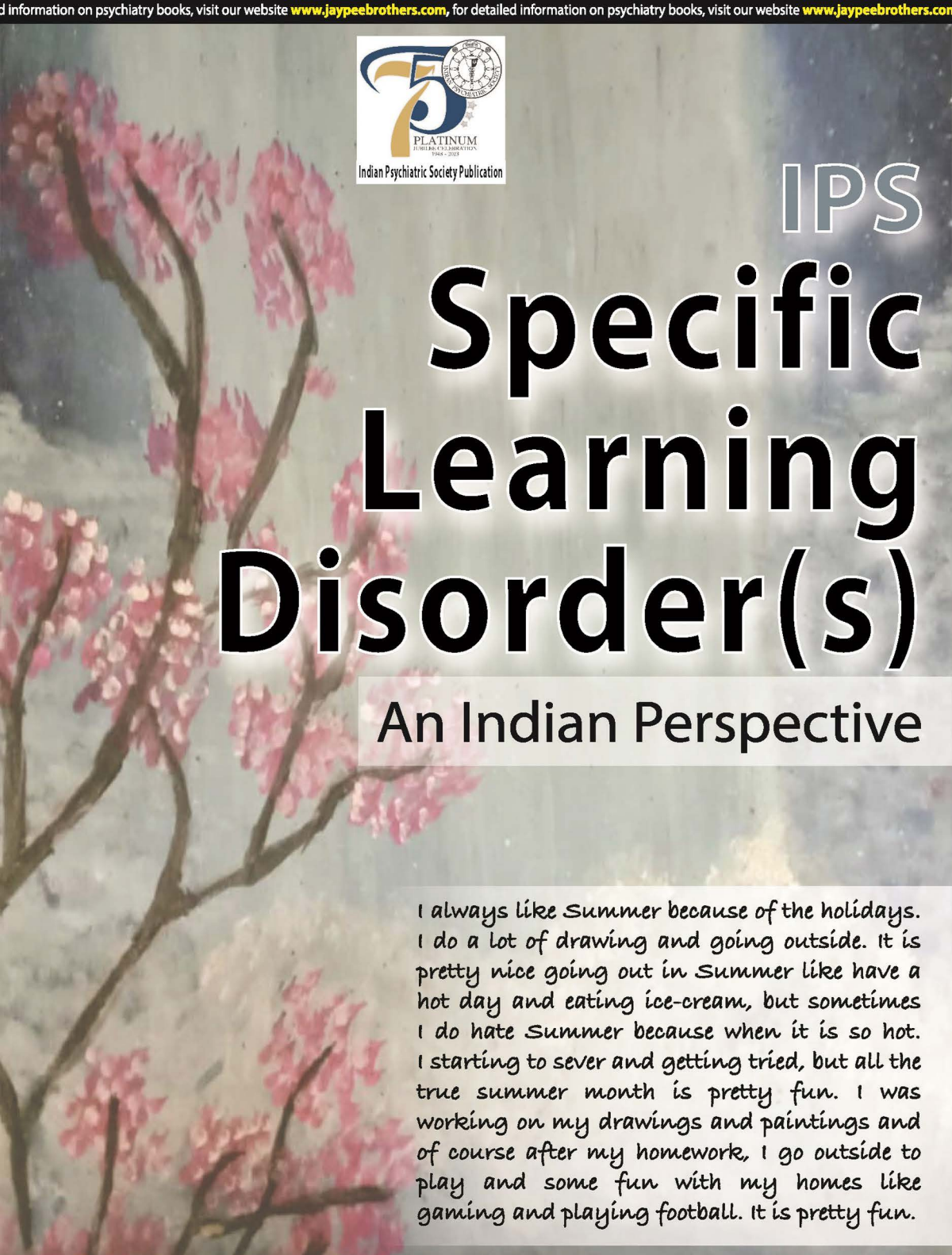

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Indian Psychiatric Society Publication

IPS

Specific Learning Disorder(s)

An Indian Perspective

I always like Summer because of the holidays. I do a lot of drawing and going outside. It is pretty nice going out in Summer like have a hot day and eating ice-cream, but sometimes I do hate Summer because when it is so hot. I starting to sever and getting tried, but all the true summer month is pretty fun. I was working on my drawings and paintings and of course after my homework, I go outside to play and some fun with my homes like gaming and playing football. It is pretty fun.

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Foreword
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JAYPEE

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Chapter

10

Psychoeducational Assessment of a Child with Specific Learning Disorder

10.1 NIMHANS BATTERY: THEN AND NOW

M Thomas Kishore

Assessment of specific learning disorder (SLD) has attracted renewed attention since it is recognized as a disorder condition under the Rights of Persons with Disabilities Act, 2016. Since the act guarantees specific provisions and social support measures to children with SLD, the need for proper assessment and certification assumes importance.[1] However, assessment of SLD has been in practice in the country much before the act has mandated it. In this regard, it is apt to review the assessment methods and scales adopted in the country.

INTRODUCTION: HISTORICAL ASPECTS

Though there are three approaches for the identification of the condition, such as "discrepancy approach," response to intervention" and "assessment of psychological processes," the first approach is very widely used. The discrepancy approach contrasts the ability and achievement, and a significant difference between the two in the absence of specific causative factors (e.g., IQ, sensory–motor impairments, poor learning opportunities, etc.) is viewed as learning disorder. In the "response to intervention" approach, all children are provided intervention that helps their learning and academic performance and specialized and individualized services are scaled up in a graded fashion only for those children who will not benefit from the universal intervention program. The children who need the specialized services are identified to have SLD. Though labor-intensive and not widely followed in the country, this approach is useful for all children in improving their learning and academic skills. The third approach focuses on the assessment of cognitive processes associated with learning. Thus, analysis of relative strengths and deficits in cognitive abilities will help identify SLD.[2] The tools developed or adapted in the country are based on any of these three theoretical approaches.

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BOX 1: Standardized tools of specific learning disorder (SLD) in India.

- NIMHANS Index for Specific Learning Disorders[3]
- Diagnostic Test for Learning Disorder (DTLD)/Diagnostic Test for Reading Disorder (DTRD)[4,5]
- Grade Level Assessment Device for Children with Learning Problems in Schools (GLAD)[6]
- Graded Spelling List for Children with Learning Disorders[7]
- Dyslexia Assessment for Languages in India[8]

(NIMHANS: National Institute of Mental Health and Neurosciences)

There are at least five standardized measures available in India for the assessment of SLD **(Box 1)**. They are: *NIMHANS (National Institute of Mental Health and Neurosciences) Index for Specific Learning Disorders*,[3] *Diagnostic Test for Learning Disorder (DTLD)/Diagnostic Test for Reading Disorder* (DTRD),[4,5] *Grade Level Assessment Device for Children with Learning Problems in Schools* (GLAD),[6] *Graded Spelling List for Children with Learning Disorders*,[7] and *Dyslexia Assessment for Languages in India* (DALI).[8] Most of these scales are meant for children under 12 years of age, with a focus on cognitive abilities, English, Mathematics, and a few vernacular languages (mostly, Hindi) in varying combinations.

NIMHANS Index for Specific Learning Disorders

This index was developed by Kapur et al.[3] It comprises two levels. Level 1 is meant for children aged 5–7 years and level 2 is meant for children aged 7–12 years, and both assess the child's abilities in two subjects, i.e., English and Mathematics. Level 1 includes measures of attention, visual discrimination, visual memory, auditory discrimination, auditory memory, speech and language, visual–motor skills, and writing skills. Level 2 includes measures of attention, language [*reading* (for grade I–VII), *writing* (copying and answers to questions), and *comprehension*, *spelling test* (based on Schonell's list)], perceptual motor abilities, memory, and diagnostic arithmetic test (modified from Schonell's). If the discrepancy is one grade, it considered as "learning difficulty" and two or more grades difference is considered as "learning disorder". The test–retest reliability was 0.53 and the criterion validity was 0.75 and 0.61 against teachers' rating and clinical rating, respectively. A recent study reaffirmed the validity of the scale.[9] There is also revised version of the scale making it applicable for up to class 10, though it focuses on the assessment of English and Mathematics only. Hence, it is not applicable for children seeking exemptions in vernacular languages. Notwithstanding these issues, the scale is standardized relatively on a small sample and has specific limitations in applying it to students studying in vernacular languages and interpretation of the results.[10,11] This test follows the discrepancy approach.

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That is, as a prerequisite, children are first assessed for intellectual functioning. Those who have an average and above level of intellectual functioning are expected not to have much discrepancy between their actual and expected academic performance. Therefore, if the grade difference is one, it is considered as "learning impairment" and if the difference is two or more, it is considered as "SLD".

DIAGNOSTIC TEST FOR LEARNING Disorder/DIAGNOSTIC TEST FOR READING DISORDER

These scales were developed by Mehta and Swaroop.[5] DTLD has been standardized on 1,050 children between 8 and 11 years, from 17 English medium schools in Mumbai. It is a cost-effective, paper–pencil test that assesses the prerequisites of learning and cognitive skills. The test measures 10 domains. Six scales represent the processes involved in visual and auditory perception, and four scales represent the cognitive functioning. Scales related to visual and auditory perception are: eye–hand coordination, figure ground perception, figure constancy, position in space, spatial relations, and auditory perception. Scales related to cognitive functioning are: memory, higher cognitive abilities, receptive language, and expressive language. It can be administered individually or in group. The test–retest reliability was 0.79. The test was inferred to be valid. DTRD was standardized on a sample of 1,100 children of English medium schools with reading problems in Mumbai between the ages of 8 and 11 years. It measures the following abilities across two levels. The scales at level 1 are: sound–symbol association, blending of sounds, phonic analysis, visual conditioning, semantic closure, lexical processing, language internalization, and copy writing. The scales at level II are as following: grapheme–phoneme association, verbal phonetic coding, phonemic synthesis, verbal–visual correspondence, verbal memory, listening comprehension, reading comprehension—aloud and reading comprehension—silent. The test–retest reliability for level 1 was 0.71 and level 2 was 0.70. The test was inferred to be valid. Both DTLD and DTRD have been found to have good reliability and validity.[4] This scale seems to have followed the "assessment of psychological processes" to identify the cognitive deficits that denote SLD.

GRADE LEVEL ASSESSMENT DEVICE FOR CHILDREN WITH LEARNING PROBLEMS IN SCHOOLS

This was developed at the National Institute of Persons with Intellectual Disorders, Secunderabad by Narayan.[6] This scale is meant for children in UKG to class 4. The tool assesses child's abilities in English, Hindi, and Mathematics. Both quantitative and qualitative scoring systems are available. A comprehensive summary sheet informs whether the child's performance

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in a given subject is grade-appropriate, or at instructional level, or frustration level. SLD can be identified when a child is performing at frustration level when compared with the expected level of grade performance. It is a comprehensive test and easy to administer and interpret. Depending on the age and grade, it may take about 2–3 hours. The tool has been standardized based on the content derived from CBSE (Central Board of Secondary Education), ICSE, and Andhra Pradesh state syllabus. The content was compared with the Minimum Level of Learning of NCERT (National Council of Educational Research and Training) as gold standard. The tool was standardized on 1,197 children in the age range of 4 years 10 months to 10 years 10 months from five schools across the country. The scale also provides a comprehensive checklist to note qualitative and behavioral observations with regard to learning difficulties. The test–retest reliability ranges between 0.68 and 0.99 and criterion validity ranges from 0.74 to 0.86 for the four grade levels. This tool is widely used by special educators and regular teachers for assessment and intervention purposes because it has been included in special education courses. It is purely a curriculum-based approach. In some ways it seems to be based on the discrepancy approach though this tool does not emphasize on the IQ but the expected level of grade performance with which the actual test performance is compared. Since the scale not only exclusively focuses on children with SLD but also those with learning problems and has a method to identify the "errors" the child makes, it allows building appropriate intervention based on the "error analysis". In this regard, the scale also appears to draw the merits of the "response to intervention" approach.

GRADED SPELLING LIST FOR CHILDREN WITH LEARNING Disorders

This is a standardized, graded spelling test developed by Venkatesan and Holla.[7] This test has 300 words in English that can be used for assessment of SLDs in spelling. The word list is divided into two forms: Form L and Form M, with each consisting of 25 words across six grades, starting from kindergarten to grade 5. This test was standardized with 259 children aged 5–16 years and are identified to have SLD in spelling. It can be used with children from kindergarten to class 5 and hailing from different streams of curriculum. The test is based on the premise that spelling skills are characteristically located at different grade/developmental levels therefore assessment needs to be based on developmentally appropriate word list. Content validity (range of *r* values: 0.926–0.989), concurrent validity coefficient ($r = 0.861$) and odd–even split half reliability (*r* coefficients were >0.991 for grade 1–5) estimates are high. Therefore, the authors of the scale also recommend it as a diagnostic tool for planning or programming spelling remediation

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activities in children having spelling problems with or without learning disorders. The two forms allow the examiners to gauze improvement in remediation without the bias of child being familiar with the baseline assessment. It also seems to have followed a discrepancy approach where the expected and actual performances in spellings are compared to identify SLD in spelling.

DYSLEXIA ASSESSMENT FOR LANGUAGES IN INDIA

Before the child is sent for formal assessment at educational or clinical setups, an initial screening is necessary to screen the "at-risk" children. DALI serves the purpose of screening as well as language assessment in four languages: English, Hindi, Kannada, and Marathi. The tool was developed by Singh.[8] DALI consists of two screening tools and a language assessment battery that can administered as per the child's age and the grade: *DALI junior screening tool* and *DALI middle screening tool*. The DALI junior screening tool is meant for children aged 5–7 years or classes 1 and 2. The DALI middle screening tool is for children aged 8–10 years or classes 3, 4, and 5. The junior screening tool measures sound awareness, print awareness, number concepts, communication, motor coordination, and behavior. 15 items are divided into 6 categories with a predetermined cutoff score to identify at-risk children. The middle screening tool measures reading, writing, mathematics, communication, memory, motor coordination and behavior. Twenty-one items are distributed among seven categories with a cutoff of 23 to identify at-risk children. These are brief screening tools that take about 10–15 minutes. As this is not a diagnostic tool, the child needs to be referred for a comprehensive diagnostic assessment if evidence on these screenings suggests that the child may have SLD. The screening tools have instructions in Hindi, Kannada, and Marathi besides English. The DALI screening tools have been standardized on a large total sample of 4,840 children from classes 1–5 from five centers across India, namely Delhi, Allahabad, Mumbai, Pune, and Mysore. The screening and assessment on DALI is contingent upon the teacher's observation of the child's behavior and performance for 3–6 months prior to the screening. This scale seems to have followed a combination of all the three approaches to SLD assessments that are highlighted above.

CURRENT APPROACHES

There are also scales that are not identified exclusively for SLD but are recommended for identifying the condition, e.g., The Brain-Based Intelligence Test (BBIT) (http://home.iitk.ac.in/~brajb/bbit/index.php#team_bbit). The test consists of two major parts: Information Integration and Executive Functions—Planning. Accordingly, the test assesses cognitive flexibility,

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inhibition control, working memory, fluency, planning and complex problem solving, configuration, and successive processing. BBIT is available with Indian norms for children and adults. It is used for the assessment of major cognitive functions to identify and plan remediation for SLD. However, since it launched in 2021, there are no independent research studies on the clinical utility of this scale. Since India has a rich linguistic diversity, it is not always possible to develop tools for vernacular languages. In this regard, criterion-referenced tests may also be useful.[1]

ASSESSMENT OF SLD IN STUDENTS AT SECONDARY LEVEL AND ABOVE

There is a dearth of Indian tools with appropriate norms for assessing SLD above 12 years. It is a major obstacle not only in understanding the nature and severity of SLD in children above 12 years, but also when children need an assessment report to avail appropriate support from their education boards.[1] Responding to this lacuna, the NIMHANS, Bangalore has developed a paper–pencil, curriculum-based assessment[1] that tests both academic skills and cognitive abilities necessary to identify the condition. The study is funded by the Indian Council of Social Sciences Research (ICSSR), New Delhi. The tool is based on the theoretical framework that specific cognitive abilities are necessary for learning (e.g., attention, concentration, working memory, simultaneous processing abilities, and processing speed) and generic academic skills, therefore they should be assessed to understand nature and severity of SLD. The kit involves two screening forms, one for the regular school teachers and another for professionals which may include special educators, psychologists, psychiatrists, occupational therapists, speech pathologists, or pediatricians. The academic domains include word reading tasks, reading comprehension, spellings, written expression, and mathematics. Cognitive domains include planning, attention, and concentration, and successive and simultaneous processing. There is a provision to assess literacy skills in Hindi, Telugu, and Kannada due to lack of adequate tools for assessment in vernacular languages. The content for academic skills is based on the curriculum and learning outcomes prescribed by the Council for the Indian Certificate of Secondary Education (ICSE) Examination, CBSE, and specific state boards (Karnataka, Andhra Pradesh, Telangana, Tamil Nadu, Maharashtra) and the Minimum Levels of Learning by the NCERT. This tool is based on a combination of the combination of three popular approaches to SLD, i.e., discrepancy approach, assessment of cognitive processes relating to academics and response to intervention. The scale also provides guidelines for preparing a criterion-referenced test as per the learning needs of the children. However, since it is a new tool, more studies are needed to reiterate its validity and reliability.

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CONCLUSION

There are at least six standardized scales in India for assessing SLD. However, each of them have specific merits and limitations with reference to the age for which they are applicable, the languages or academic subjects they focus on, and their psychometric properties. Some batteries can only be administered on students of English medium schools leaving the children studying in Hindi medium schools and other vernacular languages media at a disadvantage.[1,10,11] Though the Rights of Persons with Disabilities Act (2016) mandates revision of SLD certification at 14 years and 18 years of age, neither the IQ measures nor the scale that is recommended for the assessment are valid because of lack of norms for children above the age of 16 years. Hence, there is a scope to revise the existing measures to cater to the children above 16 years.

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10.2 ASSESSING DYSLEXIA IN THE INDIAN MULTILITERATE CONTEXT WITH A FOCUS ON DALI

Nandini Chatterjee Singh, Sakshee Singh, Masarrat Khan, Smita N Deshpande

INTRODUCTION

Learning disorder (LD) may be broadly described as difficulty in learning in any area of the curriculum despite intellectual capacity, absence of sensory impairment (such as visual or auditory), and sufficient opportunity. Areas of LD specifically include difficulty in learning to read also called dyslexia, difficulty with numbers also called dyscalculia, challenges with writing referred to as dysgraphia, [Diagnostic and Statistical Manual of Mental Disorders (DSM)] and dysphasia or aphasia is a language disorder that affects how you speak and understand language. Given that difficulties are in specific areas, even though they may be comorbid, in this paper we shall refer to LD as Specific Learning Disorder, also termed SLD.[1]

The global prevalence of SLD is estimated to be between 5 and 15% of all school-going children[2] and officially recognized as a disorder within the Rights of Persons with Disorder (RPWD) Act (December 2016).[3] The identification of SLD is a big challenge in India, for two major reasons: (1) poor awareness of SLD among parents, teachers, and clinicians and (2) unavailability of standardized, culturally appropriate screening and assessment tools.

In this paper, we focus on dyslexia, the most popular and most preventable SLD. Dyslexia is broadly defined as a persistent difficulty in literacy acquisition not attributable to neurophysiological (i.e., intellectual, attentional, or other sensorimotor) disorders or deficits, socioeconomic disadvantages, or deficient instruction.[4] Specifically, the International Dyslexia Association (IDA) defines dyslexia as an SLD 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.

Population-based epidemiological studies for dyslexia in India are not available to the best of the authors' knowledge. It is estimated that dyslexia is a major undiagnosed problem among Indian school children and affects nearly 11–34 million of the approximately 230 million children enrolled in recognized schools (TOI, 22nd January 2013). This suggests that in a group of 100, up to 10 individuals do not possess age-appropriate reading skills. Given the importance of reading in today's world, this can severely

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impact life opportunities for such children. Hence, the early identification and remediation of learning disorders through appropriate means is an urgent need.

WHAT SHOULD DYSLEXIA ASSESSMENTS COMPRISE?

Extensive research over the last 20 years has shown that reading acquisition relies crucially on three cognitive domains: phonological awareness,[5] processing automaticity,[6] and oral language.[7]

Of the three, phonological awareness refers to the ability to manipulate sound patterns in oral language. Unlike speech, which is neurobiologically wired in the human brain, reading requires children to understand that words are composed of sounds (phonemes/syllables) which, in turn, can be mapped to symbolic units (letters, aksharas or morphemes).

Automaticity or processing fluency, i.e., the capability of performing complex cognitive tasks with minimal conscious effort and skilled processing in a task-like picture naming, is critical in the acquisition of reading acquisition by facilitating the transition from slow, effortful, word-by-word decoding to rapid and effortless text processing.

Finally, since reading as a process builds on oral language, reduced or limited language inventory can be a serious deterrent to achieving reading proficiency.[8] Proficiency in each of these cognitive domains in addition to normal intelligence and opportunity is necessary to achieve reading proficiency and thereby also assess dyslexia.

READING ACQUISITION IN INDIA

The acquisition of literacy in a number of countries in South Asia, such as India, China, Bangladesh, Japan, and Korea, is extremely complex. Education systems mandate learning multiple languages (Vishwanatham, 2000), many of which vary in the writing systems they use **(Fig. 1)**. The reading instructional policy in India follows the Three Language Formula that mandates the teaching of at least two languages—two Indian languages in addition to English,[9] one as a medium of instruction and the other two as additional subjects. Of these three languages, two must be Hindi and English, the official languages of the country. Children in India are thus required to be at least biliterate and as a consequence, the relationship between the two languages as well as the writing systems they use is an important factor for biliteracy acquisition.

The Indic writing system uses Devanagari script and the basic unit of writing is the akshara, which is fairly transparent (having regular akshara–sound correspondence) and is used across most of South and Southeast Asia.[10,11] Most of the major languages from Northern India belong to the Indo-European family, while most of the major South Indian languages are

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Fig. 1: The complex multiliterate environment in India. The figure shows the name of the city New Delhi written in three distinct scripts, namely Roman, Devanagari and Gurmukhi. Roman is used for the English language, Devanagari is used for Hindi, and Gurmukhi is used as the script for Punjabi.

in the Dravidian family; both families have fairly transparent orthographies. Additionally, there are thousands of dialects.

Most Indian languages are akshara-based, where each akshara represents a consonant which can be modified using vowel diacritics (called maatra). Here, we use Hindi, written in the Devanagari as a case in example to describe the features of akshara-based orthography. Hindi script (Devanagari) is used to write several languages in North India including Hindi, Sanskrit, Marathi, Nepali, Bihari, and Konkani. The basic symbolic unit in Devanagari is an akshara[12] which can be a vowel, or a consonant with either an inherent vowel or a diacritic representing the vowel, or a combination of two or three consonants with a vowel (Karanth, 2006). Basic consonant aksharas represent CV syllables with an inherent /uh/or schwa. Word-initial vowels are written using basic vowel aksharas, while others are typically represented by diacritics written to the right, left, top, or bottom of the preceding consonant.

The most prominent feature of Devanagari is its complex visuospatial layout, arising from the nonlinear arrangement of vowels as well as consonant ligatures. Geminates and conjunct consonants are represented by ligaturing a secondary form of one consonant onto the basic akshara of the other. For example, the basic aksharas द –/ / and न – /n / combine with vowel diacritics ू and ी (/u:/ and /i:/ respectively) to produce दून (/ u:n/, meaning valley) and नदी (/n i:/, river), while the word-initial /u:/ is written using the akshara ऊ in ऊन (/u:n/, wool). The secondary form representing

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न is ligatured onto द in नन्द (/n n /, joy), and the secondary form (standing for र, /r /) is ligatured onto श (/ /) in दर्शन (/ r n/, view).[13]

The second official language, English, on the other hand is alphabetic and has an opaque orthography which necessitates recruitment of whole-word processes for reading familiar stimuli, like words and assembly of phonological units for novel stimuli.[14] Conversely, the transparent nature of Devanagari allows the usage of phonological assembly for reading both novel and familiar stimuli.[15,16] However, both English and Devanagari[17] represent phoneme level information, making it central to reading both languages as per the psycholinguistic grain size theory[5] of reading acquisition.

Learning to read in two languages simultaneously multiplies the challenges of literacy acquisition, including acquisition of a larger set of sound-to-symbol correspondences, mastery of different (often conflicting) orthographic rules, and even learning distinct principles for mapping sound to meaning. Recent studies that have investigated underlying brain regions involved in reading have revealed largely overlapping networks to be active while biliterates read in either language,[18-21] suggesting that a common set of resources is differentially modulated while reading in two languages.

Past work in the field of biliteracy has suggested that languages written in the same writing system (English and French, as compared to English and Chinese, for instance) allows the transfer of reading principles and strategies across languages. Languages based on the same principles allow children to apply the principles learnt in one language to the other, aiding their passage into literacy.[22] Thus, in the case of European countries such as Spain and Italy, where there is also an exigent demand for biliteracy and children are required to learn Spanish/Italian alongside English, it is important to note that both languages use the Roman alphabet. While the rules mapping sounds to symbols for Spain and English might differ across the two languages, they also have different orthographies (rules for mapping symbols and sounds) in that Spanish is transparent and sound–symbol is simple and one-to-one whereas English is a deep orthography where the sound–symbol relationship is complex and often context-dependent. However, the use of a common Roman alphabet makes the task simpler than that for biliterates.

For biliterate readers like those acquiring for Hindi–English (or Chinese–English) skills, the challenge of literacy acquisition is greater. Learners are required to not only acquire a larger vocabulary but also master distinct orthographic rules and different sets of graphemes. It is natural that the pace of reading acquisition may vary from language to language, which in turn can give rise to considerable variation in the markers and milestones of reading achievement. Therefore, it is necessary to ensure that language-specific literacy assessment be developed for literacy acquisition in biliterate and multiliterate learning environments.

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CHALLENGES OF DIAGNOSING DYSLEXIA IN INDIA

Given the differences in languages, school syllabi, teaching methods, and classroom compositions in India, identifying children that are at risk for learning difficulties is an even more challenging task than it ordinarily would be. It brings to fore two crucial requirements of dyslexia assessment in biliterates. For such people, assessments should not only include all factors important for reading skills such as word decoding, oral language, reading comprehension, phonological awareness, and processing automaticity, but also that assessment should target both languages, using tests that capture the characteristics of each language and its writing system.

This already complex reading assessment scenario is further complicated by the comorbidity observed in the incidence of dyslexia. Children with dyslexia have been seen to have difficulties in fine motor coordination, left–right orientation, and suffer from other comorbid psychiatric conditions such as anxiety and social maladjustment.[23] This makes the identification of dyslexia an extremely problematic and challenging task. The underlying social component in children's lives: parental expectations, societal stigma, and the pressure to perform only serve to add complexity to the issue at hand.

DYSLEXIA ASSESSMENT FOR LANGUAGES OF INDIA

Appropriate dyslexia assessment is the right of every child. In biliterate contexts, the main challenge in assessing children for dyslexia is to ensure that language is not a confounding factor and that assessment instruments are in the language in which the child being assessed is fluent.[24] In bilingual, biliterate contexts, children must be assessed for dyslexia on the processes necessary for building reading skills in both languages. To address this, the National Brain Research Centre, Haryana with support from the Department of Science and Technology of the Government of India, embarked on a project to develop a battery of screening and assessment tools to identify reading-related problems among children under the umbrella term "Dyslexia Assessment for Languages of India (DALI)" (Singh et al., 2015).[25]

An important goal in creating this battery was to provide a tool that can be used to obtain insights, not only on reading attainment, but also on the potential for reading skill development among children whose academic performance lags behind school and regional norms for a variety of reasons. DALI is designed to contribute meaningful information for the design of supplementary instruction and/or remedial intervention based on the unique test performance profile of every struggling reader.

Given that the child's primary contact for learning is the school and the teacher, DALI contains screening tools for school teachers namely Junior Screening Tool (JST) and Middle Screening Tool (MST), and the Dyslexia

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IPS

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An Indian Perspective

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Sushma Sonavane, Senior Professor and Head, Department of Psychiatry
Topiwala National Medical College and BYL Nair Charitable Hospital, Mumbai, Maharashtra, India

When you finish reading this book, you will realize the time and effort spent by each and every author in piecing together the construct of SLDs, from a lens that is Indian, and much needed. Our country has such diversity in its length and breadth. It is important that we try as much as possible to standardize the norms across the country so as to have a uniform means of approach and assessment. I think eventually that is one of the important purposes that this book will achieve. Also, it will finally form the base for development of indigenous research and development in this field.

Jahnavi S Kedare, Professor, Department of Psychiatry
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