

Barriers to Early Dyslexia Screening and Intervention in Elementary Charter Schools in North San Antonio, Texas: A Descriptive-Correlational Study

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Abstract—Early dyslexia screening and intervention are essential for the timely identification and support of students at risk for reading difficulties, yet schools often face barriers that limit effective implementation. This study determined the barriers affecting early dyslexia screening and intervention in elementary charter schools in North San Antonio, Texas. It examined the extent of implementation of screening and support systems, the effectiveness of intervention practices and outcome indicators, the relationship between four input variables—screening practices and protocols, teacher characteristics and preparedness, resource availability, and parent and community involvement—and intervention effectiveness, and the variables that significantly predict it. Anchored on the Response to Intervention model and the Phonological Deficit Theory, the study used a quantitative descriptive-correlational design. The 91 respondents were general education teachers, special education teachers, and dyslexia interventionists from participating charter schools. Data were gathered using the researcher-developed Dyslexia Screening and Intervention Barriers Questionnaire (DSIBQ) and analyzed using frequency, percentage, weighted mean, Pearson correlation, and multiple regression. Findings showed that screening and support systems (3.04) were moderately implemented while intervention practices (3.08) and outcome indicators (3.09) were moderately effective. Screening practices and protocols emerged as the strongest predictor of effectiveness, with teacher characteristics and preparedness also contributing significantly. A proposed enhancement plan was developed to strengthen screening systems, teacher preparedness, resource provision, and parent and community collaboration. These findings provide charter school leaders and educators with evidence-based guidance for reducing barriers and improving early reading outcomes for students at risk for dyslexia.

Keywords— Dyslexia screening, dyslexia intervention, elementary charter schools, teacher preparedness, screening practices and protocols.

I. INTRODUCTION

Dyslexia, one of the most prevalent learning differences in U.S. schools, often goes unidentified during the critical early elementary years when intervention is most effective. This delayed identification is particularly evident in charter school settings, where unique organizational structures and resource constraints shape how schools implement screening and intervention.

Research shows that when students with dyslexia are identified and supported early, their reading outcomes improve substantially (Catts & Petscher, 2022). Yet in many schools, particularly in under-resourced charter settings, these

students remain unidentified and unsupported during the critical elementary years, continuing to fall behind in later grades.

Internationally, dyslexia is recognized as one of the most common learning differences, and education systems across many countries have moved toward early universal screening as the most effective means of timely identification. Dyslexia affects between 5% and 10% of the global population, making it one of the most common learning differences encountered in educational settings (Yang et al., 2022). This neurological condition primarily impacts reading, spelling, and writing abilities, though it has nothing to do with intelligence or effort (Sanfilippo et al., 2020). The critical window

for intervention occurs in the early elementary years, when the brain demonstrates maximum plasticity for developing reading pathways (Sanfilippo et al., 2020). Studies consistently demonstrate that students identified and supported early achieve substantially stronger reading outcomes than those identified later, underscoring the importance of early identification in kindergarten and first grade (Fletcher et al., 2020). Despite this compelling evidence, dyslexia is often not identified until students have repeatedly struggled with reading in the elementary grades, well after the optimal intervention window (Sanfilippo et al., 2020).

The impact of identification timing extends far beyond reading scores. Students who receive early support tend to perform better across multiple academic domains, including mathematics and writing, likely because stronger reading skills support performance on tasks that depend on them. These students also tend to develop greater academic confidence and experience fewer of the secondary academic and emotional difficulties that often accompany unaddressed reading problems (Sanfilippo et al., 2020). Reading difficulties are most responsive to instruction in the early years, which makes timely support more effective and less resource-intensive than the intensive remediation required once students have fallen further behind (Hall et al., 2023; Sanfilippo et al., 2020).

In the United States, federal legislation, including the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act, mandates that schools provide appropriate screening and support services for students with

learning differences. These laws require schools to actively identify students who may need support rather than waiting for academic failure. Additionally, many states have enacted specific dyslexia screening laws requiring universal early screening for all students. Texas, where this study takes place, mandates dyslexia screening for all public-school students in kindergarten and first grade. Schools must use validated screening measures that assess phonological processing, letter knowledge, and rapid naming skills with specific score thresholds triggering further assessment and intervention (Texas Education Agency [TEA], 2024).

Despite these clear mandates and the availability of effective screening tools, implementation varies considerably across schools. Charter schools face particular challenges in carrying out comprehensive screening programs. Unlike traditional public schools that operate within larger district structures providing centralized support and resources, charter schools typically operate independently and must develop and fund their own screening and intervention systems. An informal review of publicly available campus information and TEA charter school reports suggests that while most North San Antonio charter schools report conducting some form of reading screening, the use of screening measures specifically designed to identify dyslexia risk factors appears uneven across campuses, warranting systematic investigation. Teacher preparation also remains a concern, as many teachers report limited professional development on recognizing dyslexia indicators and limited confidence in differentiating instruction for students with dyslexia (Peltier et al., 2022).

The relationship between school-level factors and identification rates presents a critical area for investigation. Schools vary considerably in their screening practices, with some conducting universal screening three times yearly while others rely solely on teacher referrals. Teacher preparation and awareness levels show similar variation, with some schools providing extensive dyslexia-specific professional development while others offer minimal training (Peltier et al., 2022). Resource availability, including access to specialized reading programs, assessment tools, and intervention specialists, differs substantially across charter school networks. Parent involvement and awareness also vary, with some schools actively educating families about dyslexia indicators while others provide limited information. These measurable differences in implementation factors likely contribute to disparities in identification rates and intervention outcomes across schools.

1.1 Statement of the Problem

Specifically, the study sought to answer the following questions:

- 1. What is the profile of the respondents in terms of:*
 - 1.1. age;*
 - 1.2. sex;*
 - 1.3. current teaching position;*
 - 1.4. total years of teaching experience; and*

1.5. years of experience working with elementary students with dyslexia?

2. What is the extent of implementation of early dyslexia screening and support systems, interpreted as the barriers present, in terms of:

- 2.1. screening practices and protocols;*
- 2.2. teacher characteristics and preparedness;*
- 2.3. resource availability; and*
- 2.4. parent and community involvement?*

3. What is the level of effectiveness of early dyslexia intervention practices implemented in elementary charter schools in terms of:

- 3.1. type and frequency of intervention provided;*
- 3.2. use of structured literacy or multisensory approaches;*
- 3.3. student progress monitoring and outcome measures; and*
- 3.4. teacher and parent participation in intervention implementation?*

II. METHODOLOGY

The study utilized a quantitative descriptive-correlational research design (Creswell & Creswell, 2018). This design allowed the researcher to describe existing conditions and determine how limitations in the four variables function as barriers and are statistically associated with the effectiveness of early dyslexia screening and intervention without manipulating them. The descriptive component focused on identifying the current extent of implementation of early dyslexia screening and intervention practices, while the correlational component examined the extent to which the four major variables were statistically associated with the effectiveness of early dyslexia screening and intervention.

This design was appropriate for the study because it sought to measure perceptions, experiences, and institutional practices among teachers and specialists rather than to conduct experimental interventions. The use of correlation and regression analysis provided a statistical basis for identifying which of the four input variables most strongly predicted effective early dyslexia screening and intervention in charter school settings.

III. RESULTS AND DISCUSSION

This chapter presents, analyzes, and interprets the data gathered from the respondents. The presentation follows the sequence of the Statement of the Problem. Descriptive statistics such as frequency, percentage, and weighted mean were used, while inferential statistics such as Pearson correlation and regression analysis were employed to determine the relationships among the variables.

The presentation of results follows the Input–Process–Output (IPO) framework described in the conceptual framework. Findings are organized by, first, the respondent profile; second, the extent of implementation of the four input variables, interpreted as the barriers present; third, the level of effectiveness of early dyslexia intervention practices and outcome indicators, which together represent the composite effectiveness of early dyslexia screening and intervention; and

fourth, the relationship and predictive analyses linking the input variables to the composite effectiveness. The Response to Intervention model and the Phonological Deficit Theory provide the interpretive lens for the findings reported in this chapter and discussed in Chapter 5.

Research Question 1. What is the profile of the respondents in terms of age, sex, current teaching position, total years of teaching experience, and years of experience working with elementary students with dyslexia?

To answer Research Question 1, the profile of the respondents was analyzed in terms of age, sex, current teaching position, total years of teaching experience, and years of experience working with elementary students with dyslexia. Frequency and percentage were used to describe the demographic characteristics of the respondents.

Table 1. Profile of Respondents in Terms of Age

Age Range	Frequency	Percentage (%)
22 - 30	38	41.76 %
31 - 40	33	36.26 %
41 - 50	17	18.68 %
51 - 60	3	3.30 %
61 +	0	0
Total	91	100%

Table 1 presents the profile of respondents in terms of age. The highest number of respondents fell under the 22–30 age range, with 38 or 41.76%, followed by 31–40 with 33 or 36.26%, and 41–50 with 17 or 18.68%. Only 3 respondents or 3.30% belonged to the 51–60 age range, while no respondent reported being 61 years old and above. This indicates that most of the respondents were relatively young educators in the early to middle stage of their professional careers.

This age distribution is consistent with national workforce data showing that charter school teachers tend to be younger than their counterparts in traditional public and private schools. The National Center for Education Statistics reported that the average age of public charter school teachers was 39 years, compared with 43 years in traditional public schools, and that charter schools employed the highest proportion of teachers under 30 (NCES, 2020). The relatively young profile of the present respondents therefore mirrors the broader pattern of a younger teaching workforce in charter school settings, which may carry implications for the depth of specialized experience available for early dyslexia screening and intervention.

Table 2. Profile of Respondents in Terms of Sex

Sex	Frequency	Percentage (%)
Female	87	95.60 %
Male	4	4.40 %

Total	91	100 %
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Table 2 shows the profile of respondents in terms of sex. The majority of the respondents were female, with 87 or 95.60%, while only 4 or 4.40% were male. This indicates that the respondents in the study were predominantly female, reflecting the sex distribution commonly observed in elementary education settings.

This female-dominated distribution is consistent with the well-documented gender composition of the elementary teaching workforce. National data indicate that women comprise approximately 89 percent of public elementary school teachers in the United States (NCES, 2023). The strong female majority among the present respondents therefore reflects a long-standing demographic pattern in elementary education rather than a characteristic unique to the study sites.

Table 3. Profile of Respondents in Terms of Position

Position	Frequency	Percentage (%)
General Education Teacher	55	60.44 %
Special Education Teacher	25	27.47 %
Dyslexia Interventionist	11	12.09 %
Total	91	100 %

Table 3 presents the profile of respondents in terms of current teaching position. Most of the respondents were General Education Teachers, with 55 or 60.44%, followed by Special Education Teachers with 25 or 27.47%, and Dyslexia Interventionists with 11 or 12.09%. This indicates that the study gathered data from educators occupying different professional roles directly involved in literacy instruction, intervention, and support for students at risk for dyslexia.

This distribution of roles reflects the collaborative, multi-tiered structure through which early dyslexia screening and intervention are delivered. Within the Response to Intervention framework, general education teachers carry out core instruction and universal screening at Tier 1, while more intensive support at the upper tiers is provided by special education teachers and reading interventionists (Andrade et al., 2015). The predominance of general education teachers among the respondents, complemented by special education teachers and dyslexia interventionists, therefore captures perspectives from both front-line instruction and specialized support across the tiers of screening and intervention.

Table 4. Profile of Respondents in Terms of Total Years of Experience

Total Years of Experience	Frequency	Percentage (%)
0 - 2 years	9	9.89 %
3 - 5 years	15	16.48 %
6 - 10 years	26	28.57 %
11 - 15 years	25	27.47 %

16 - 20 years	10	10.99 %
21 + years	6	6.59 %
Total	91	100 %

Table 4 shows the profile of respondents in terms of total years of experience. The highest number of respondents fell under the 6–10 years category, with 26 or 28.57%, followed by 11–15 years with 25 or 27.47%. Meanwhile, 15 or 16.48% had 3–5 years of experience, 10 or 10.99% had 16–20 years, 9 or 9.89% had 0–2 years, and 6 or 6.59% had 21 years and above. This indicates that most of the respondents had already gained several years of professional experience, suggesting substantial teaching exposure relevant to early dyslexia screening and intervention practices.

The substantial general teaching experience reported by the respondents is relevant because experience has been linked to teachers' ability to recognize early indicators of reading difficulty. Research on teacher knowledge indicates that years of experience teaching reading can support the identification of students at risk, although general teaching experience alone tends to be a weaker influence than dyslexia-specific knowledge and training (Peltier et al., 2022). The respondents' accumulated classroom experience therefore provides a meaningful foundation for early identification, while their more specialized experience with dyslexia, examined in the next table, remains an equally important consideration.

Table 5. Profile of Respondents in Terms of Years of Experience Working with Elementary Students with Dyslexia

Years of Experience	Frequency	Percentage (%)
0 - 2 years	32	35.16 %
3 - 5 years	28	30.77 %
6 - 10 years	18	19.78 %
11 - 15 years	12	13.19 %
16 - 20 years	1	1.10 %
21 + years	0	0
Total	91	100 %

Table 5 presents the profile of respondents in terms of years of experience working with elementary students with dyslexia. Most of the respondents fell under the 0–2 years category, with 32 or 35.16%, followed by 3–5 years with 28 or 30.77%, 6–10 years with 18 or 19.78%, and 11–15 years with 12 or 13.19%. Only 1 respondent or 1.10% reported 16–20 years of experience, while no respondent reported 21 years and above. This implies that although many respondents already had general teaching experience, most were still relatively early in terms of direct experience working with elementary students with dyslexia.

This pattern of limited specialized experience is consistent with a body of research documenting that many teachers enter

and remain in classrooms with limited dyslexia-specific knowledge and training. Studies have found that teachers' understanding of dyslexia is often incomplete or uneven, even among those with substantial general teaching experience (Washburn et al., 2020; Peltier et al., 2022). The concentration of respondents in the lower categories of dyslexia-specific experience therefore mirrors a wider gap between general teaching expertise and specialized preparation for identifying and supporting students with dyslexia—an area directly relevant to the teacher characteristics and preparedness variable examined in this study.

Research Question 2. What is the extent of implementation of early dyslexia screening and support systems, interpreted as the barriers present, in terms of, screening practices and protocols, teacher characteristics and preparedness, resource availability, and parent and community involvement?

To answer Research Question 2, the extent of implementation of early dyslexia screening and support systems was examined in terms of screening practices and protocols, teacher characteristics and preparedness, resource availability, and parent and community involvement. In accordance with the statistical treatment stated in Chapter 3, weighted mean was used to determine the extent of implementation of the four dimensions of the Dyslexia Screening and Intervention Barriers Questionnaire (DSIBQ).

In this study, lower mean scores indicate the presence of stronger barriers, while higher mean scores reflect fewer barriers and more favorable implementation conditions.

In interpreting these results, it is important to clarify how the extent of implementation relates to the presence of barriers. Consistent with the operational definition used in this study, barriers refer to the absence, limitation, or inadequate implementation of the school-level practices essential for effective early dyslexia screening and intervention. Implementation and barriers therefore function inversely: the more fully a practice is implemented, the fewer the barriers, while gaps or shortfalls in implementation represent the barriers that constrain effectiveness. A rating of moderately implemented thus indicates that the relevant systems are present and partially functioning but not yet fully optimized, and that this unrealized portion of implementation reflects the moderate barriers that continue to limit the effectiveness of early dyslexia screening and intervention.

Table 6. Extent of Implementation of Early Dyslexia Screening and Support Systems

Variables	Weighted Mean	Verbal Interpretation
Screening Practices and Protocols	3.07	moderately implemented
Teacher Characteristics and Preparedness	3.00	moderately implemented
Resource Availability	3.04	moderately implemented
Parent and Community	3.05	moderately

Involvement		implemented
Overall Mean	3.04	moderately implemented

Table 6 presents the extent of implementation of early dyslexia screening and support systems in elementary charter schools. All four variables were rated moderately implemented, producing an overall mean of 3.04 and indicating that moderate barriers are present across every domain. Rather than any single area standing out, the ratings show that the participating schools maintain partially developed systems throughout, functional but not fully optimized. In practical terms, improvement efforts are best directed broadly across screening, teacher preparedness, resources, and family engagement rather than concentrated on one area. The slightly lower rating for teacher characteristics and preparedness (3.00) points to professional development and teacher support as the most immediate priority, while the firmer footing in screening practices (3.07) gives schools a workable foundation on which to build.

The differences among the four weighted means were notably small, ranging only from 3.00 to 3.07. This narrow spread suggests that the four variables function less as independent conditions and more as interconnected components of a single school-level system. Because screening practices and protocols, teacher characteristics and preparedness, resource availability, and parent and community involvement are shaped by many of the same underlying conditions, such as the school's funding, staffing capacity, organizational structure, and degree of autonomy, they tend to develop, and to fall short, together rather than in isolation. The variables are also functionally interdependent: teacher preparedness depends partly on available training resources, effective screening depends on prepared teachers, and parent involvement depends on the school's communication systems. As a result, the participating schools tended to operate at a similar moderate level across all four areas rather than showing pronounced strengths in some and weaknesses in others. This even distribution indicates that the moderate barriers are systemic in nature, affecting the four domains to a comparable degree.

The moderate implementation observed across all four domains is consistent with literature describing uneven implementation of screening and support systems in charter school settings. Because charter networks operate with considerable autonomy and variable resource bases, mandated screening and intervention practices tend to be carried out differently across campuses (Cohodes & Parham, 2021). National evidence likewise indicates that, while charter schools have made progress, they continue to face challenges in fully serving students with disabilities and learning differences (Center for Learner Equity, 2023). The moderate barriers found in the present study therefore reflect a broader pattern in which charter schools maintain functioning but not yet fully optimized systems for early dyslexia screening and support.

Table 7. Extent of Implementation of Screening Practices and Protocols (Items B1.1–B1.10)

Indicator	Weighted Mean	Verbal Interpretation
Screening Practices and Protocols	3.07	Moderately Implemented

Note. Screening Practices and Protocols were measured using questionnaire items B1.1–B1.10.

The extent of implementation of screening practices and protocols obtained a weighted mean of 3.07, verbally interpreted as moderately implemented, indicating moderate barriers. This indicates that the schools generally observe expected screening procedures and protocols for early dyslexia identification. The finding suggests that systems for universal screening, administration of validated tools, documentation of results, referral processes, and alignment with state dyslexia guidelines are present and functioning, although they may not yet be fully implemented at the highest level in all areas.

The moderately implemented rating for screening practices and protocols aligns with research that emphasizes universal screening as a critical mechanism for early identification, while also documenting that its implementation across U.S. schools remains inconsistent. Early, systematic screening in kindergarten and first grade has been identified as essential for the timely identification of students at risk for reading difficulties (Fletcher et al., 2020). At the same time, research on early literacy screening indicates that dyslexia screening practices vary considerably in scope, fidelity, and follow-through across schools (Ozernov-Palchik et al., 2025). The present finding, screening systems that are present and functioning but not yet fully optimized, reflects this national pattern of partially realized screening implementation.

Table 8. Extent of Implementation of Teacher Characteristics and Preparedness (Items B2.1–B2.10)

Indicator	Weighted Mean	Verbal Interpretation
Teacher Characteristics and Preparedness	3.00	Moderately Implemented

Note. Teacher Characteristics and Preparedness were measured using questionnaire items B2.1–B2.10.

The extent of implementation of teacher characteristics and preparedness obtained a weighted mean of 3.00, verbally interpreted as moderately implemented, indicating moderate barriers. This indicates that the respondents generally perceived that teachers possess the knowledge, skills, and preparedness needed to support early dyslexia screening and intervention. The finding suggests that teachers demonstrate a moderate level of confidence in recognizing early signs of dyslexia, understanding structured literacy concepts, interpreting screening results, and participating in relevant professional development, although continued support and training are still needed to strengthen implementation further.

That teacher characteristics and preparedness received the lowest weighted mean among the four domains is consistent with a substantial body of research documenting gaps in teachers' dyslexia-related knowledge and preparation. Studies have shown that many teachers hold incomplete or inconsistent understanding of dyslexia and of the structured-literacy concepts central to effective instruction, often despite confidence in their general teaching ability (Peltier et al.,

2022). The moderate rating in the present study, reflecting partial but not fully developed preparedness in recognizing early signs, interpreting screening data, and applying structured literacy, mirrors this pattern and underscores the continued need for targeted professional development. This is especially relevant given the role of teacher preparedness as a significant predictor of intervention effectiveness in this study.

Table 9. Extent of Implementation of Resource Availability (Items B3.1 - B3.10)

Indicator	Weighted Mean	Verbal Interpretation
Resource Availability	3.04	Moderately Implemented

Note. Resource Availability was measured using questionnaire items B3.1-B3.10.

The extent of implementation of resource availability obtained a weighted mean of 3.04, verbally interpreted as moderately implemented. This indicates that the respondents generally perceived that schools have the necessary resources to support early dyslexia screening and intervention. The finding suggests that instructional materials, qualified personnel, intervention time, technology, and financial support are moderately available in the participating schools, although additional resources and support may still be needed to strengthen program implementation.

The moderate availability of resources is consistent with literature describing the conditions under which charter schools typically operate. Charter schools often function with greater autonomy but comparatively fewer resources than traditional public schools, relying on creative solutions to meet student needs Cohodes & Parham (2021). National evidence further indicates that students receiving special education services in charter schools demonstrate smaller learning gains than their peers in traditional public schools, signaling continued gaps in the resources and supports available for students with learning differences (CREDO, 2023). The moderate rating in the present study, indicating that instructional materials, personnel, intervention time, technology, and funding are available but not fully sufficient, reflects these documented resource constraints in charter settings.

Table 10. Extent of Implementation of Parent and Community Involvement (Items B4.1-B4.10)

Indicator	Weighted Mean	Verbal Interpretation
Parent and Community Involvement	3.05	Moderately Implemented

Note. Parent and community involvement were measured using questionnaire items B4.1-B4.10

The extent of implementation of parent and community involvement obtained a weighted mean of 3.05, verbally interpreted as Agree / moderately implemented, indicating moderate barriers. This indicates that the respondents generally perceived that parents and community members are moderately involved in supporting early dyslexia screening and intervention. The finding suggests that communication with parents, participation in intervention-related activities, and collaboration with community partners are present in the participating schools, although stronger engagement and

coordination may still be needed to further improve implementation.

The average amount of parent and community engagement is consistent with literature that ties family engagement to early reading success but also observes that the degree of such engagement differs from school to school. Research has shown that family literacy engagement is meaningfully related to children's early reading development, making home-school collaboration an important component of effective early intervention (Çalışkan & Ulaş, 2022). At the same time, schools differ considerably in how actively they educate and involve families in recognizing and responding to reading difficulties. The moderate rating in the present study, reflecting communication, participation, and community collaboration that are present but not yet fully developed, indicates room to strengthen the home-school partnerships that support early dyslexia screening and intervention.

Research Question 3. What is the level of effectiveness of early dyslexia intervention practices implemented in elementary charter schools in terms of type and frequency of intervention provided, use of structured literacy or multisensory approaches, student progress monitoring and outcome measures, and teacher and parent participation in intervention implementation.

To answer Research Question 3, the level of effectiveness of early dyslexia intervention practices implemented in elementary charter schools was examined in terms of the type and frequency of intervention provided, use of structured literacy or multisensory approaches, student progress monitoring and outcome measures, and teacher and parent participation in intervention implementation. In accordance with the statistical treatment stated in Chapter 3, weighted mean was used to determine the level of effectiveness of the Section C variables of the Dyslexia Screening and Intervention Barriers Questionnaire (DSIBQ).

Table 11. Level of Effectiveness of Early Dyslexia Intervention Practices

Variables	Weighted Mean	Verbal Interpretation
Type and Frequency of Intervention	3.06	moderately effective
Structured Literacy / Multisensory Approaches	3.13	moderately effective
Progress Monitoring and Outcome Measures	3.06	moderately effective
Teacher and Parent Participation	3.08	moderately effective
Overall Mean	3.08	moderately effective

Table 15 presents the level of effectiveness of early dyslexia intervention practices. The intervention components were rated moderately effective, with an overall mean of 3.08, indicating that the participating schools deliver functional but not yet fully optimized intervention. Practically, the results point to structured literacy and multisensory instruction (3.13)

as the schools' strongest, most established practice, an evidence-based foundation worth protecting and extending. The slightly lower ratings for intervention frequency and progress monitoring (both 3.06) identify intervention intensity and data-based decision-making as the areas where additional attention would most improve student support. For practitioners, this suggests maintaining the structured-literacy core while strengthening how consistently intervention is delivered and how systematically progress data are used.

The moderately effective rating for early dyslexia intervention practices is consistent with research establishing that evidence-based intervention and instructional response are central to supporting students at risk for dyslexia, while also acknowledging the implementation challenges that can limit effectiveness in practice. A student's response to well-designed instruction is itself a key mechanism for identifying and addressing dyslexia and related difficulties (Miciak & Fletcher, 2020). At the same time, translating evidence-based screening and intervention into consistent school practice involves well-documented implementation challenges (Catts & Petscher, 2022). The overall mean of 3.08, indicating intervention practices that are effective but not yet fully optimized, reflects this balance between functioning, evidence-aligned practices and the barriers that constrain their full implementation.

Table 12. Level of Effectiveness of Type and Frequency of Intervention (Items C1.1-C1.10)

Indicator	Weighted Mean	Verbal Interpretation
Type and Frequency of Intervention	3.06	Moderately Effective

Note. Type and frequency of intervention were measured using questionnaire items C1.1-C1.10

Type and Frequency of Intervention obtained a weighted mean of 3.06, verbally interpreted as moderately effective. This indicates that the schools generally provide appropriate intervention schedules and frequency for students at risk for dyslexia. The result suggests that intervention is implemented with reasonable consistency in terms of session frequency, duration, grouping, and adjustment based on student needs, although improvement in the intensity and regularity of support may still be beneficial.

The moderate rating for the type and frequency of intervention is consistent with research emphasizing that the effectiveness of dyslexia intervention depends heavily on its intensity, frequency, and grouping. Within tiered intervention models, students who do not respond to core instruction receive progressively more frequent, smaller-group, and more individualized support, with intervention intensity calibrated to student need (Hall et al., 2023) The present finding, reasonably consistent intervention schedules that nonetheless leave room to strengthen intensity and regularity, reflects the practical challenge of delivering sufficiently frequent and well-matched intervention dosage in school settings.

Table 13. Level of Effectiveness of Structured Literacy / Multisensory Approaches (Items C2.1-C2.10)

Indicator	Weighted Mean	Verbal Interpretation
Structured Literacy /	3.13	Moderately Effective

Multisensory Approaches

Note. Structured Literacy/Multisensory Approaches was measured using questionnaire items C2.1-C2.10.

Structured Literacy / Multisensory Approaches obtained a weighted mean of 3.13, verbally interpreted as moderately effective. This indicates that the schools generally implement structured literacy and multisensory strategies in dyslexia intervention. The result suggests that instruction is delivered in a systematic, explicit, and cumulative manner and includes phoneme-grapheme correspondence, phonological awareness activities, guided oral reading, encoding practice, and immediate error correction. These findings imply that structured literacy practices are moderately evident in the participating schools, although continued strengthening may still be needed to achieve a higher extent of implementation.

That structured literacy and multisensory approaches received the highest weighted mean among the intervention components is consistent with the strong research consensus identifying these methods as the most effective for students with dyslexia. Because dyslexia stems primarily from a deficit in phonological processing, instruction that is systematic, explicit, and cumulative—targeting phoneme-grapheme correspondence, phonological awareness, and decoding, directly addresses the core cognitive difficulty underlying reading problems (Snowling et al., 2020). The relatively strong rating in the present study suggests that the participating schools have most firmly established the evidence-aligned, phonologically grounded practices at the heart of effective dyslexia intervention, even as room for fuller implementation remains.

Table 14. Level of Effectiveness of Progress Monitoring and Outcome Measures (Items C3.1-C3.10)

Indicator	Weighted Mean	Verbal Interpretation
Progress Monitoring and Outcomes Measures	3.06	Moderately Effective

Note. Progress monitoring and outcomes measure were measured using questionnaire items C3.1-C3.10

Progress Monitoring and Outcome Measures obtained a weighted mean of 3.06, verbally interpreted as moderately effective. This indicates that the schools generally implement progress monitoring practices to track student performance and guide intervention decisions. The result suggests that student progress is monitored regularly, intervention data are reviewed and used to adjust instruction, and reports are provided to support decision-making regarding continuation, modification, or increased intensity of intervention. These findings imply that progress monitoring and outcome measurement are moderately evident in the participating schools, although continued improvement may still be needed to strengthen data-based intervention practices.

The moderate rating for progress monitoring and outcome measures aligns with the central role that data-based decision-making plays within the Response to Intervention framework. Monitoring how students respond to instruction is the mechanism by which schools determine whether to continue,

modify, or intensify intervention, making it integral to both accurate identification and effective support (Miciak & Fletcher, 2020). The present finding, regular monitoring and data use that remain open to further strengthening, indicates that the participating schools have established the practice of tracking student progress, while consistent, fully data-driven decision-making is still developing.

Table 15. Level of Effectiveness of Teacher and Parent Participation (Items C4.1-C4.10)

Indicator	Weighted Mean	Verbal Interpretation
Teacher and Parent Participation	3.08	Moderately effective

Note. Teacher and parent participation were measured using questionnaire items C4.1-C4.10.

Teacher and Parent Participation obtained a weighted mean of 3.08, verbally interpreted as moderately effective. This indicates that the schools generally demonstrate teacher and parent involvement in dyslexia intervention practices. The result suggests that teachers collaborate with interventionists, adjust classroom instruction based on intervention data, and implement recommended accommodations, while parents are informed of intervention goals, receive updates on progress, and participate in supporting reading development at home. These findings imply that teacher and parent participation is moderately evident in the participating schools, although stronger collaboration and sustained involvement may still be needed to further improve intervention effectiveness.

The moderate rating for teacher and parent participation reflects the collaborative nature of effective dyslexia intervention, which depends on coordinated involvement from both educators and families. Within tiered intervention systems, specialists and general education teachers work together to align instruction and respond to student data (Miciak & Fletcher, 2020), while family literacy engagement contributes meaningfully to children's early reading development and reinforces school-based intervention at home (Çalışkan & Ulaş, 2022). The present finding, teacher and parent involvement that is evident but not yet fully sustained, suggests that the participating schools have established collaborative structures, though stronger and more consistent engagement on both fronts would further support intervention effectiveness.

IV. CONCLUSION AND RECOMMENDATIONS

Based on the findings of the study, the following conclusions were drawn:

1. The respondent profile reveals that while the participating educators had substantial general teaching experience, specialized experience with elementary students with dyslexia was still developing among most respondents. This pattern indicates that even in schools required to implement dyslexia screening and intervention, dyslexia-specific expertise remains unevenly distributed within the elementary teaching workforce.
2. The moderate extent of implementation observed across all four input variables (overall weighted mean = 3.04) indicates that the participating elementary charter schools

have established functional but not optimal dyslexia screening and support systems. The narrow range of means across the four variables (3.00 to 3.07) further suggests that no single school-level factor stands out as a particular strength or weakness; rather, moderate barriers operate consistently across all four areas.

3. Dyslexia intervention practices were also moderately effective (overall weighted mean = 3.08), with structured literacy and multisensory approaches receiving the highest rating among the four intervention components. This indicates that participating schools have most strongly adopted the evidence-based instructional methods central to dyslexia intervention, while other intervention components, including intervention frequency, progress monitoring, and teacher-parent participation, remain at a comparable but slightly lower extent of implementation.
4. Outcome indicators of early dyslexia screening and intervention were rated moderately effective (overall weighted mean = 3.09), with screening outcomes (3.12) slightly outperforming intervention outcomes (3.07). This pattern suggests that participating schools are more successful at identifying students at risk than at producing measurable post-intervention gains, pointing to a gap between identification capacity and intervention impact that warrants targeted attention.
5. All four major variables—screening practices and protocols, teacher characteristics and preparedness, resource availability, and parent and community involvement—were significantly related to the effectiveness of early dyslexia intervention. This means that stronger implementation of these school-level factors were associated with greater effectiveness of early dyslexia intervention in the participating elementary charter schools.
6. Screening Practices and Protocols and Teacher Characteristics and Preparedness significantly predicted the effectiveness of early dyslexia intervention when the four variables were analyzed together. Among the predictors, Screening Practices and Protocols emerged as the strongest predictor, while Teacher Characteristics and Preparedness also made a significant contribution. In contrast, Resource Availability and Parent and Community Involvement did not significantly predict intervention effectiveness when considered simultaneously with the other variables. This suggests that while all four variables are important, strong screening systems and teacher preparedness play the most critical role in improving the effectiveness of early dyslexia intervention in elementary charter schools.
7. Based on the findings, a proposed enhancement plan was developed to strengthen early dyslexia screening and intervention in the participating elementary charter schools. The plan addresses screening practices and protocols, teacher preparedness, resource availability, parent and community involvement, and intervention delivery and monitoring, prioritizing screening practices and teacher preparedness as the strongest predictors of effectiveness. This indicates that the study's findings can

be translated into a concrete, practice-oriented guide for reducing barriers and improving early dyslexia support.

These conclusions should be interpreted in light of several limitations. First, the study was conducted in six elementary charter schools in North San Antonio, Texas, which limits the generalizability of the findings to other charter school networks, geographic regions, and educational settings. Second, the data were collected through self-reported perceptions of educators, which may be influenced by social desirability or differences in how respondents interpret implementation and effectiveness. Third, while the regression model met the assumptions of multicollinearity, normality of residuals, and independence, the Breusch-Pagan test indicated the presence of heteroscedasticity ($p < .001$) in the residuals. This pattern is common in Likert-scale data and does not bias the regression coefficients, but it can affect the precision of the standard errors and the reported significance levels, particularly for predictors near the threshold of significance. Future research using robust standard errors or larger samples may further verify the predictive contribution of each input variable. Fourth, the pilot test was conducted with a small group of educators due to the limited number of charter educators available outside the study sites; this limitation was offset by the strong internal consistency observed in the final administration. Fifth, the open-ended responses gathered through Section E of the questionnaire were retained for future analysis but were not included within the scope of the present quantitative study.

Based on the findings and conclusions of the study, the following recommendations are offered, organized in relation to the study's research questions.

1. Schools should strengthen the dyslexia-specific expertise of their teaching workforce. Because most respondents had substantial general teaching experience but limited specialized experience with students with dyslexia, schools should provide targeted onboarding, mentoring, and dyslexia-focused professional development, and consider this expertise gap in hiring and staffing decisions.
2. Schools should reduce the moderate barriers found across all four school-level systems. Because screening practices and protocols, teacher characteristics and preparedness, resource availability, and parent and community involvement were all only moderately implemented, schools should pursue balanced improvement across the four areas rather than addressing them in isolation.
3. Schools should continue strengthening their dyslexia intervention practices. While structured literacy and multisensory approaches were the strongest component, intervention frequency, progress monitoring, and teacher-

parent participation were slightly lower; maintaining consistent schedules, strengthening progress monitoring, and basing instructional adjustments on student data will help close these gaps.

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