



# THE TEACHER'S ROLE IN THE EARLY DIAGNOSIS OF DYSLEXIC CHILDREN

## ORIGINAL ARTICLE

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## ABSTRACT

Dyslexia is a specific learning disorder that originates in the brain systems responsible for phonological processing, affecting the domain of language, the ability to symbolize, reading and writing. To date, studies point to dyslexia as a chronic disorder, however, when diagnosed early, multidisciplinary interventions capable of providing better cognitive and intellectual development and, consequently, improving the individual's quality of life can be carried out. Based on this assumption, the guiding question of this study is: what is the role of the teacher in the early diagnosis of dyslexia? Therefore, the objective was to address this deficiency and present how the teacher can contribute to the recognition and early diagnosis of dyslexic children. For this, a bibliographic research was carried out in the databases of the Virtual Health Library (VHL) and SCIELO and in scientific education journals, scientific articles, books, among others, from which it was possible to conclude that, in order to overcome dyslexia in students, actions that promote early diagnosis and provide the

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support of qualified professionals must be carried out. For this, education professionals must have adequate training, as well as skills and abilities. Furthermore, it is up to the government to develop policies that encourage and contribute to the early diagnosis of dyslexia and to the continuing education of teachers.

Keywords: Dyslexia, Disorder, Learning, Teacher, Student.

## 1. INTRODUCTION

From an etymological point of view, the word dyslexia derives from Latin and Greek, under the conjunction of the following concepts: **dys** = disorder + **lexia** = reading (from Latin) or language (from Greek) (ALMEIDA, 2004).

Thus, Oliveira (2017) clarifies that dyslexia is a neurological prescription disorder that afflicts the intellectual area, tampering with information and inducing the brain system to process information differently from what is manifested, characterizing a deviation. In this aspect, it does not occur because of the impairment of brain development as a result of factors such as: undue fetus, improper handling or frustrated birth, but it is a hereditary deficiency, except in Cerebral Vascular Accident (CVA).

That said, the dyslexic individual has difficulty in decoding words and phonological processing, in fragmenting words by separating them into smaller sound units and transmuting **graphemes**, which can represent syllables (syllabic **graphemes**), ideograms (ideogrammic **graphemes**) or abjads (consonantal **grapheme**) in words. In view of this, it was believed that dyslexia originated from a deficiency in visual organization and that it simply afflicted written vocabulary. However, current investigations have shown results in which reading problems also originate from deficiencies in phonological skills, memory and speech evolution (LOIS, 2008 *apud* EDIR, MATOS and MEIRA, 2016).

Students with dyslexia often exhibit a framework of learning difficulties, which can lead them to have sad disorders and antisocial behavior. However, they expand



other skills that allow solving simple problems. In this context, research confirms that dyslexic students tend to display a vocabulary identical to other students of the same period, despite having a more limited domain of syntax and manifesting more pronunciation errors, less phonological knowledge and greater impasse to write names, objects and repeat new words (PAIXÃO, 2015).

That said, Guerreiro (2012, p. 102) addresses that “early diagnosis always benefits the child, since if this is not carried out, we will move towards an intervention model of 'remediation' rather than 'prevention'”.

Thus, it is emphasized that the process of early detection and recognition of dyslexia is interesting, because the sooner this discovery occurs, the faster the application of the intervention in the accommodation processes in the student's socialization, in order to contribute to their development of learning.

With this in mind, this article sought to analyze, as a guiding question: what is the role of the teacher in the early diagnosis of dyslexia? Therefore, the objective was to address this deficiency and present how the teacher can contribute to the recognition and early diagnosis of dyslexic children.

Therefore, the analysis was carried out through a bibliographic research, carried out in the databases of the VHL and SCIELO and in scientific education journals, scientific articles, dissertations and documents related to dyslexia.

## **2. DEVELOPMENT**

### **2.1 DEFINITION**

According to Oliveira (2004), dyslexia is a disorder or disorder that was first diagnosed in 1896 by the English neurologist Pringle Morgan, who called it congenital verbal disorder. In this context, Pringle Morgan presented the case of a student who, despite being smart, did not have dispositions to acquire reading,



becoming the first to study about this type of difficulty in individuals with preserved intelligence.

After that, other researchers began to study this deficiency, bringing various definitions for dyslexia. Given this, Almeida (2008, p.1) points out some:

- “A DISLEXIA é uma dificuldade de aprendizagem na qual a capacidade de uma criança para ler ou escrever está abaixo de seu nível de inteligência.”
- “A DISLEXIA é uma função, um problema, um transtorno, uma deficiência, um distúrbio. Refere a uma dificuldade de aprendizagem relacionada à linguagem.”
- “A DISLEXIA é um transtorno, uma perturbação, uma dificuldade estável, isto é, duradoura ou parcial e, portanto, temporária, do processo de leitura que se manifesta na insuficiência para assimilar os símbolos gráficos da linguagem”.
- “A DISLEXIA não é uma doença, é um distúrbio de aprendizagem congênito que interfere de forma significativa na integração dos símbolos linguísticos e perceptivos. Acomete mais o sexo masculino que o feminino, numa proporção de 3 para “
- “A DISLEXIA é caracterizada por dificuldades na leitura, escrita (ortografia e semântica), matemática (geometria, cálculo), atraso na aquisição da linguagem, comprometimento da discriminação visual e auditiva e da memória ”

However, the most used description of dyslexia in modernity is that of the April 1994 Committee of the International Dyslexia Association (IDA), which says:

Dislexia é um dos muitos distúrbios de aprendizagem. É um distúrbio específico da linguagem, de origem constitucional, caracterizado pela dificuldade de decodificar palavras simples. Mostra uma insuficiência no processo fonológico. Estas dificuldades de decodificar palavras simples não são esperadas em relação à idade. Apesar de submetida à instrução convencional, adequada inteligência, oportunidade sociocultural e não possuir distúrbios cognitivos e sensoriais fundamentais, a criança falha no processo de aquisição da linguagem. A dislexia é apresentada em várias formas de dificuldade com as diferentes formas de linguagem, frequentemente incluídas problemas de leitura, em aquisição e capacidade de escrever e soletrar (IDA, 1994 *apud* FORMIGHIERI, OLIVEIRA and SBARDELOTTO, 2015).

Therefore, it is emphasized that dyslexia is not a disease, but a specific performance of the brain to follow the language.



Therefore, although the description of dyslexia so far is very controversial, it is assumed by certain scholars that it is a specific learning disorder due to normal intelligence, adequate teaching and the absence of explicit sensory deficits (DEUSCHLE; CECHELLA, 2009).

Thus, characterized by difficulties in writing and reading, in general, there are two categories of dyslexia: developmental and acquired dyslexia. In this aspect, the first refers to the modification in the stage of writing and reading with a systematized principle, that is, environmental, pertinent to the form of school learning; while the second, according to Lima (2012, p. 6), refers to that acquired through a Cerebral Vascular Accident, a brain injury and/or a head trauma.

Given this, it is interesting to present that, according to scholars, dyslexia has three different degrees, usually described as mild, moderate or severe. Thus, in mild dyslexia the child has a strong difficulty in writing and reading; in the moderate degree, there is a frequent exchange of words written and read and memory lapses for urgent events; and in the degree of severe impairment, the individual is almost unqualified to write and read. In this context, the level of dyslexia is usually qualified and determined according to the severity of the impediments presented by the subject.

## **2.2 CAUSES OF DYSLEXIA**

Samuel Torrey Orton, an American physician, at the end of the 1920s, established that dyslexia was related to a controversial of tasks processed in the brain, consisting in the fact that the left side would be operating the tasks on the right side, while the right side would be performing the functions on the left side. However, the doctor soon identified that his hypothesis was not supported, presenting the theory that dyslexia was a reflection of small transgressions of functions from one side of the brain to the other (MARQUES and ROSTELATO, 2017). After that, several models have sought to clarify the origins that indicate dyslexia.



Thus, according to Carvalhais and Silva (2007), in the midst of several theories that explain the causes of dyslexia, of neurobiological basis, there are genetic and hereditary theories and conceptions that are supported by environmental factors.

For Massi and Santana (2011), recent research, despite considering the deficiency in temporal tracking and visual and auditory processing as possible causes of dyslexia, indicate the phonological deficit model as the most recognized today.

Therefore, of neurobiological origin, dyslexia affects, therefore, the knowledge and usefulness of the reading instrument, proceeding from the disorder at the level of phonological understanding, despite the intelligence quotient (IQ) of the individuals (COELHO, 2012). In this way, it is understood that the disorder is not related to a small intellectual degree, since, on the contrary, a child with dyslexia may manifest above-average standards for their age in areas other than writing and reading. But, according to the aforementioned author, there is no agreement as to the identification of an exclusive cause for dyslexia. Many authors report that it is a disorder of varied causes.

In this context, Polese, Costa and Miechuanski (2011) report that although the brain of dyslexics processes knowledge in a different area of the brain of people who are not dyslexic, their brain is perfectly normal. Therefore, dyslexia is supposed to come from failures in brain connections. Therefore, the most plausible causes of dyslexia are neurological and genetic.

## **2.3 THE CHILD AND DYSLEXIA**

According to several authors mentioned above, it is important to understand that children with knowledge acquisition confusions are not brain deficient, but only have a defect in the central nervous complex that impairs writing and reading. In this aspect, according to Miechuanski *et al.* (2011), the dyslexic child should not be seen as a sick patient, but as a healthy citizen who has problems in the area of written and oral language and who needs support, attention and differentiated help during the



school period, so that he can achieve the proposed objectives for each phase, according to its limits.

It is a specific disorder of written and oral language, where the child who has it faces many difficulties in learning to read and write. Dyslexia makes it difficult for children to develop spontaneous and critical reading, having problems meditating on what they read and understanding the words they recite, which makes reading any text non-reflective and passive, with fractional spelling and no description (MARQUES and ROSTELATO, 2017).

According to Teles (2009), children with dyslexia have a disruption in the neurological system, making it difficult to speak, the ability to analyze words and automatic reading. This disorder, characterized by exchanges, omissions, junctions and agglutinations of graphemes and confusion between letters of close shapes, makes it difficult for every child to exercise the right side of learning (MOYSÉS, 2008).

Thus, according to Montanari (2015), at the moment of oral reading, the dyslexic child expresses embarrassment in understanding what he is reading, exposing the difficulty in grouping words and reading slowly, making punctuation and changing syllables. In addition, at the time of writing, the student may present other problems such as changing the notebook, skipping words and standing still, trying to tune what he sees with what is written.

In this aspect, according to Abreu (2012), while efficient readers use the fast and automatic path to read and study the words, intensely activating the neurological systems, dyslexic students take advantage of a slow and analytical path to recognize the words, strongly activating the gyrus inferior frontal, where they vocalize the words.

Thus, dyslexics have several characteristics: when speaking, they have difficulties in selecting words to communicate; in silent oral reading, they move the oral cavity, losing the train of thought; and in written reading, they have faulty spelling and have difficulties in accumulating and retrieving words, names and objects or sequences or





past facts, such as alphabet handwriting, dates, days of the week, age, time. In addition, they indicate imperfection and manual agility and, on occasions, illegible writing. In this aspect, these children have a slower learning pace when compared to their peers. Thus, it is in these situations that the professional is called upon.

Santos (2014) describes that the intervention in phonological awareness in the literary period favors the learning of the written code. It is necessary to look carefully, not only at the merits of practicing reading and writing, but how this knowledge can happen. Almeida (2008) describes that the achievement in the recovery of a dyslexic child is enhanced in multisensory therapy, constantly combining with vision, hearing and touch to help you read and spell correctly syllables and words.

In this aspect, although dyslexia has no cure, there are treatments that can appear as palliatives. However, one of the great impasses for treatment is precisely the diagnosis. When it comes to individuals who belong to the less favored social class, they will hardly be able to have access to professionals in the area who are able to diagnose and treat this disorder (MONTANARI, 2015). Therefore, it can be said that the school and its body of professionals, especially the teacher, play an important role in the early diagnosis of disability.

## **2.4 DIAGNOSIS**

Dyslexia is one of the factors that most contributes to the child not being able to advance in the teaching-learning process, socialization and concentration. In the speech of Oliveira (2017), it appears that the intervention of dyslexia is centered on the rehabilitation of written and oral language, undoubtedly, it is up to the psychopedagogue, from the complete diagnosis, to carry out a planning for each stage of individualized care.

In recent years, discoveries with knowledge of genetics and imaging methods have made possible investigations and in-depth observations in studies in children who exhibited learning problems related to confusion, facilitating and improving diagnosis.





In this context, these studies suggested the use of phonologically based intervention to prematurely intercede the signs of dyslexia.

Thus, Deuschle and Cechella (2009, p. 197) point out that:

Na realização do diagnóstico deve-se utilizar procedimentos que possibilitem determinar o nível funcional da leitura, seu potencial e capacidade, a extensão da deficiência, as deficiências específicas na capacidade de leitura, [...] diagnóstico fonoaudiológico deve ser realizado basicamente pela análise da linguagem nos níveis fonológico, morfológico, sintático e semântico [...].

Therefore, Paixão (2015) describes that the difficulties of the symptoms of dyslexia in a student need a diagnosis to expose the same to family members, school and teachers. For Abreu (2012), teaching students according to the condition of their disorder, is to enhance their skills and abilities, showing their great performance in different contents, is a promising way to make them active, interested and responsible in advancing their performance.

In this way, as soon as dyslexia is identified and treated, it will be possible for teachers to create methods for the dyslexic to be able to deal and master the problems encountered.

Therefore, knowing the students, the past and the difficulties of each one is to help the teacher's pedagogical work. Such knowledge is built during the academic period, as students have opportunities to interact and develop proposed activities. It is, therefore, essential that the teacher selects and creates opportune situations for this relationship.

In view of this, it can be said that the teacher is the most suitable professional to make the first diagnosis and ask for help from the management team to help the child in what he needs to overcome or learn to live with dyslexia.



## **2.5 THE ROLE OF THE SCHOOL AND THE TEACHER IN THE EARLY DIAGNOSIS OF DYSLEXIA**

Children with learning problems, whatever the origin of the barrier, need education, care and teaching differently so that they can strengthen their skills. Therefore, the sooner difficulties are identified, the better the effects.

São várias e novas as descobertas realizadas no ensino da leitura, onde se encontram novas alternativas, metodologias e mudanças no processo de ensino que podem ser responsáveis pelo sucesso de muitas crianças, visto que cada uma tem suas particularidades, seu ritmo, seu histórico e seu contexto. (POLESE, COSTA and MIECHUANSKI, 2011, p. 16).

The school success and failure of dyslexic children implies the knowledge and interest of psychologists, teachers, management team and other professionals involved in acting in the face of the difficulties exposed by the student.

A dyslexic child is capable of becoming a competent reader within their limits, which does not require any illusions, but rather the early diagnosis of the disability.

Reading is seen as a complicated form of symbolic knowledge, which requires concentration and mutual help from the education professional and the family. In this aspect, the teacher has the obligation to observe the difficulty that the student faces in the teaching-learning process and avoid anticipated stereotypes. The teacher has the duty to identify the difficulties presented by the student in the classroom and, in case of suspicion of learning disorders, has the obligation to inform the parents and the school so that both can take the necessary measures for the child's academic success.

The teacher in the classroom needs to be aware of the difficulties in reading and writing of his students, verifying which and how many problems the child presents. In this way, if some symptoms are recognized, it is up to the teachers and the pedagogical coordinator to evaluate the child and, if necessary, recommend to the parents to refer the child to specialists (TONELLI, 2017).



In this context, according to Polese, Costa and Miechuanski (2011), it is important to observe the role of the educator in relation to the students in literacy activities to detect difficulties that go beyond the normal and expected during the process, since they can be a possible dyslexia.

Dyslexia is the specific learning difficulty in decoding and handwriting that is most common in classrooms, which, when not identified in the early years of learning, once the child is in the literacy process, can lead to almost irreparable damage to the teaching-learning process.

Therefore, in the words of Coelho (2012), the educator must give individual attention and offer the essential guidelines and conditions for children to perform correct handwriting, preventing the development of other problems related to constant incorrect writing. The isolation of this student by the teacher can progress towards a disorder called dysgraphia. As a result, Guerreiro (2012, p. 70) advises that the teacher must be able to identify difficulties, create intervention strategies and be sensitized to cooperative work with other technicians, if necessary, and with the family, an essential pole for the child's emotional balance.

Therefore, Borba and Braggio (2016) describe that educators need to know about the existence of dyslexia. And, as for classmates, it's the child's discretion; if she wants to expose it to the other students, let her do it. Therefore, when the teacher welcomes a dyslexic student in his classroom, he must be attentive to the student's development (ABREU, 2012, p. 39).

It is necessary that the professional, when making the discovery of a dyslexic student, call the school pedagogue and ask for help, so that the pedagogue and school management call the family and, together, refer the student to treatment.



### 3. FINAL CONSIDERATIONS

With the increase of the Brazilian population and with the offer of school benefits, the number of students grew in the classrooms, providing, consequently, the increase of dyslexic children in public or private schools.

That said, this article was based on the guiding question: what is the role of the teacher in the early diagnosis of dyslexia? Aiming to address this deficiency and present how the teacher can contribute to the development of the dyslexic child with the recognition and early diagnosis of this deficiency.

Therefore, through this research, it was possible to verify that dyslexia, as a language deficiency in the neurological field, brings difficulties in reading, pronunciation and spelling skills. The disorder consists of many changes in language, especially in reading and writing. However, according to Lima (2012, p. 3), when the child with dyslexia is initially recognized as an impasse in school learning by the teacher, with pedagogical and/or specialist assistance, it is recovered in most cases. Therefore, it is necessary that students with dyslexia are recognized as soon as possible and that they receive the necessary treatment and help.

However, it is common that, without the lucidity of dyslexia, educators relate difficulties in reading and writing with poor literacy, inattention, low socioeconomic status and lack of motivation. However, it is emphasized that the dyslexic should not be seen as a sick, patient or lazy person, but as a healthy individual who has difficulties in the language area and requires help and differentiated treatment during the school period so that he can achieve the proposed objectives for each phase, respecting their limitations, will and interest.

In Brazil, there is a national policy for the identification and monitoring of children with learning disabilities, which makes early intervention even easier. But governments need to move quickly in training and qualifying the workforce, so that the education or health professional can intervene or help children with learning difficulties as early as possible.



Currently, several bills on dyslexia are being processed, but little has been done for this class of children who have great difficulties in learning, which often contribute to the high rate of school failure. Therefore, it is up to the Federal Deputies, the Federal Senate and the Education Commission to help these children with laws that allow the early identification of dyslexia and improve the methodologies and educational practices in the classroom, in the search to provide opportunities for dyslexic children or those with difficulties of learning better conditions to enjoy their rights.

Therefore, it is hoped that this article can collaborate with education professionals, so that they see learning in a more humane and egalitarian way, directing a closer look at students who have these types of difficulties, in order to help them.

## REFERENCES

ABCD. O que é Dislexia. **Instituto ABCD**, 2021. Disponível em: <https://www.institutoabcd.org.br/o-que-e-dislexia/>. Acesso em: 7 jun. 2020.

ABREU, S. I. A. de. **Dislexia: Aprender a Aprender**. Dissertação de mestrado. Escola Superior de Educação Almeida Garrett, Lisboa, 2012. Disponível em: <https://recil.ensinolusofona.pt/bitstream/10437/2933/1/Tese%20-Dislexia%20-%20Aprender%20a%20Aprender%20-%20S%C3%B3nia%20Abreu%20Doc%20Fina.pdf>. Acesso em: 30 mar. 2019.

ALMEIDA, M. S. R. Dislexia. **Psicologia.pt**, 2004. Disponível em: [https://www.psicologia.pt/artigos/ver\\_artigo.php?codigo=A0217](https://www.psicologia.pt/artigos/ver_artigo.php?codigo=A0217). Acesso em: 15 nov. 2016.

ALMEIDA, M. S. R. Dislexia. **Psicologia.pt**, 2008. Disponível em: <http://acervo.plannetaeducacao.com.br/portal/artigo.asp?artigo=1328>. Acesso em: 07 jul. 2022.

BORBA, A. L.; BRAGGIO, M. Â. Como interagir com o disléxico em sala de aula. **Associação Brasileira de Dislexia**, 2016. Disponível em:



<https://www.dislexia.org.br/wp-content/uploads/2019/04/Como-interagir-com-o-disl%C3%A9xico-em-sala-de-aula-Leis.pdf>. Acesso em: 28 ago. 2020.

CARVALHAIS, L. S. de A.; SILVA, C. Consequências sociais e emocionais da Dislexia de desenvolvimento: um estudo de caso. **Psicologia Escolar e Educacional**, v. 11, n. 1, p. 21-29, 2007. Disponível em: <https://www.scielo.br/j/pee/a/6hzxH48Z8RZc9nhxWttbdvC/?format=pdf&lang=pt>. Acesso em: 21 ago. 2017.

COELHO, D. T. **Dislexia, Disgrafia, Disortografia e Discalculia**. Portugal. Porto: Areal Editores, 2012.

DEUSCHLE, V. P.; CECHELLA, C. O Déficit em Consciência Fonológica e sua Relação com a Dislexia: diagnóstico e intervenção. **Revista CEFAC**, v. 11, Supl. 2, p. 194-200, 2009. Disponível em: <https://www.scielo.br/pdf/rcefac/v11s2/16-08>. Acesso em: 20 ago. 2020.

EDIR, A. C. de B.; MATOS, L. A. L.; MEIRA, H. B. B. A Neurobiologia da Dislexia. **Neurociências em debate**, 2016. Disponível em: <http://cienciasecognição.org/neuroemdebate/?p=1126>. Acesso em: 20 mai. 2020.

FORMIGHIERI, F. S. de M.; OLIVEIRA, D. de E.; SBARDELOTTO, D. A. Dislexia, dificuldade de e na aprendizagem. In: **Anais do 13º Encontro Científico Cultural Interinstitucional**, 2015. Disponível em: <https://www.fag.edu.br/upload/ecci/anais/5bab6d790aeb.pdf>. Acesso em: 07 jul. 2022.

GUERREIRO, T. I. B. **A Prática Pedagógica com Alunos Disléxicos na Escola de 1º Ciclo do Ensino Básico**. Dissertação de mestrado. Escola Superior de Educação Almeida Garrett, Lisboa, 2012. Disponível em: <https://core.ac.uk/download/pdf/48578117.pdf>. Acesso em: 25 mai. 2019.



LIMA, I. G. S. A Dislexia e o Contexto escolar. **Anhanguera**, v. 5, p. 1-15, 2012. Disponível em: <http://www.pixfolio.com.br/arq/1401825967.pdf>. Acesso em: 28 ago. 2020.

MARQUES, F. F. de O.; ROSTELATO, T. A. Dislexia: Distúrbio Dificultador da Leitura e da Escrita. **Revista Científica Eletrônica de Ciências Aplicadas**, 2017. Disponível em: [http://fait.revista.inf.br/imagens\\_arquivos/arquivos\\_destaque/8Mh3cx5dnt7Jn8y\\_2017-1-21-11-6-58.pdf](http://fait.revista.inf.br/imagens_arquivos/arquivos_destaque/8Mh3cx5dnt7Jn8y_2017-1-21-11-6-58.pdf). Acesso em: 21 ago. 2019.

MASSI, G.; SANTANA, A. P. de O. A desconstrução do conceito de dislexia: conflito entre verdades. **Paidéia (Ribeirão Preto)**, v. 21, n. 50, p. 403-411, 2011. Disponível em: <https://www.scielo.br/j/paideia/a/jMPbvDzPbLRNGHt3NF8WZVD/?format=pdf&lang=pt>. Acesso em: 11 ago. 2017.

MONTANARI, R. **Uma Análise Sobre Dislexia na Escola**. Trabalho de Conclusão de Curso, Universidade Estadual Paulista, Instituto de Biociências de Rio Claro, 2015. Disponível em <https://repositorio.unesp.br/bitstream/handle/11449/128229/000851153.pdf?sequencia=1&isAllowed=y>. Acesso em: 30 mai. 2020.

MOYSÉS, M. A. A. Dislexia existe? Questionamentos a partir de estudos científicos. In: Conselho Regional de Psicologia (Org.). **Dislexia: subsídios para políticas públicas**. São Paulo, 2010 (Caderno Temático, v. 8). Disponível em: [http://www.crpsp.org.br/medicalizacao/arquivos/caderno\\_8.pdf](http://www.crpsp.org.br/medicalizacao/arquivos/caderno_8.pdf). Acesso em: 13 jun. 2020.

OLIVEIRA, R. de M. A Importância de Analisar as Dificuldades de Aprendizagem no Contexto Escolar – Dislexia, Disgrafia, Disortográfica, Discalculia e Transtorno de Déficit de Atenção e Hiperatividade (TDAH). **Revista Científica Multidisciplinar Núcleo do Conhecimento**, Ano 02, Ed. 01, Vol. 16. pp. 492-521, 2017. Disponível em <https://www.nucleodoconhecimento.com.br/educacao/dislexia-disgrafia->





<https://www.nucleodoconhecimento.com.br/educacao/dislexia-disgrafia-disortografica>. Acesso em: 15 mar. 2019.

OLIVEIRA, R. de. Maioria tem diagnóstico tardio de dislexia. Folha de São Paulo, 2004. Disponível em: <https://www1.folha.uol.com.br/fsp/cotidian/ff0407200426.htm>. Acesso em: 07 jul. 2022.

PAIXÃO, W. do S. B. da; PAIXÃO, R. C. B. da.; PAIXÃO, V. M. Dislexia: Construir-Desconstruir-Reconstruir. *In: Encontro Internacional De Formação De Professores E Fórum Permanente De Inovação Educacional*, v. 8, n. 8, 2015. Disponível em: <https://eventos.set.edu.br/enfope/article/view/1270>. Acesso em: 20 mai. 2020.

POLESE, C. L.; COSTA, G. M. T. da.; MIECHUANSKI, G. P. Dislexia: Um Novo Olhar. *Revista de educação do IDEAU*, v. 6, n. 13, 2011. Disponível em: [https://www.getulio.ideau.com.br/wp-content/files\\_mf/57405f29c8cff4c49ce85404b6a8b76b154\\_1.pdf](https://www.getulio.ideau.com.br/wp-content/files_mf/57405f29c8cff4c49ce85404b6a8b76b154_1.pdf). Acesso em: 10 mar. 2018.

SANTOS, C. S. Intervenção em Casos de Dislexia: Uma Revisão de Literatura. *Revista Virtual Lingu@ Nostr@N*, [S. l.], v. 2, n. 1, p. 113–123, 2019. Disponível em: <http://linguanostra.net/index.php/Linguanostra/article/view/28>. Acesso em: 20 mar. 2019.

TELES, P. Método Fonomímico Paula Teles®. *Actas do 12º Colóquio de psicologia e educação*, 2014. Disponível em <http://dislexiabrasil.com.br/wdforum2014/wp-content/uploads/2014/05/0.-M%C3%89TODO-FONOM%C3%8DMICO-Paula-Teles%C2%AE.pdf>. Acesso em: 02 nov. 2020.

TONELLI, J. R. A. As capacidades de linguagem de um aluno “dislético” aprendiz de inglês. *Revista Brasileira de Educação*, v. 22, n. 68, 2017. Disponível em:



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