UNDERSTANDING YOUR DIAGNOSIS

Learning Disability

Also called Specific Learning Disorder

Your child works hard but struggles far more than expected with reading, writing, or math, and teaching helps.

HOW COMMON	OFTEN STARTS	MOST COMMON KIND	TREATABLE
5 to 15 of every 100 kids	In the early school years	Reading - about 80%	Yes - teaching works

What this is

- A learning disability means one specific skill, like reading, writing, or math, is far harder than everything else your child does.
- It has nothing to do with how smart your child is. Very bright children can have severe dyslexia, and many of them do.
- It is not laziness or a bad teacher. The difficulty stays even after good instruction and extra help have been tried.
- There are three kinds: reading, often called dyslexia; written expression; and math, sometimes called dyscalculia.

What it can look and feel like

- Reading is slow and effortful. Your child sounds out the same word over and over and cannot recall what the page just said.
- Spelling stays poor, and writing is short, disorganized, and full of errors that never show up in your child's talking.
- Math facts do not stick. Your child still counts on fingers well past the early grades and gets lost in word problems.
- Homework takes hours and needs you sitting right there. The effort put in is huge and what comes out looks small.
- Stomachaches on school mornings, clowning around, or flat refusal to work often hide the real problem underneath.
- Your child may dodge reading out loud, avoid books, or say they are stupid after years of falling behind classmates.
- Adults often cope quietly, using audiobooks and dictation, or picking work that steers around the difficult skill.

What is happening in your brain and body

- In dyslexia, the reading areas on the left side of the brain are underactive, so letters do not link to sounds automatically.
- The core problem is hearing and handling the small sounds inside words. This can be tested before your child even reads.
- So much effort goes into figuring out the words that little is left over for understanding what the sentence means.
- Good, intensive teaching actually changes activity in those reading areas, which is why the right instruction matters so much.
- Math difficulty is linked to a different brain area that handles number sense and judging how big a quantity is.

What can make it more likely

- It runs in families. Roughly **half** of the risk is inherited, and one parent often had the very same struggle at school.
- The genes involved shape how brain cells settle into place before birth. This is set up early, not caused by school.
- Being born very early, a speech or language delay in the preschool years, or little exposure to books all raise the chance.
- Screens and laziness do not cause this, though weak instruction can make an existing problem a great deal worse.

What to expect

- This does not disappear, but skills improve a lot with the right teaching. Many adults read well, just more slowly.
- Expect **20 or more weeks** of daily small-group instruction before you see real gains. Earlier grades bring bigger results.
- Supports like extra time and audiobooks keep your child learning grade-level content while the missing skill is rebuilt.
- Anxiety and low confidence often follow years of struggle. These lift as your child starts to feel capable again.

What helps

Treatment works. Most people get better.

Talking therapies

- For reading, ask for **structured literacy**, sometimes called Orton-Gillingham. It teaches sounds and spelling patterns step by step.
- The best results come from small groups, **30 to 45 minutes** every school day, with progress measured every few weeks.
- For math, look for teaching that moves from real objects, to pictures, to numbers, plus steady practice of basic facts.
- For writing, strategy programs teach planning, drafting, and revising as a routine your child can use on any assignment.
- **Talk therapy** helps with the anxiety and self-blame that build up, but it never replaces direct teaching of the skill.

Medicines

- No medicine treats a learning disability. Teaching is the treatment, and that is where your energy and money should go.
- If your child also has **ADHD**, stimulant medicine can help them sit, attend, and get much more out of the instruction.
- If anxiety or low mood is blocking school, **antidepressants** and therapy may help your child take part in class again.
- Skip colored lenses, eye exercises, ear training, and supplements sold for dyslexia. Studies show these do not work.
- If school skills drop suddenly rather than always being hard, ask your doctor to check sleep, hearing, vision, and thyroid.

Everyday things that help

- Request a school evaluation in writing. That starts a legal timeline for testing and for an **IEP** or a **504 plan**.
- Use audiobooks, text-to-speech, speech-to-text, and calculators. These give access to content while the skill is still growing.
- Read together daily, even in short bursts. Take turns, keep it low pressure, and stop before frustration takes over.
- Agree a homework time limit with the teacher. Two hours of struggle teaches less than **30 minutes** of focused work.
- Protect what your child is great at, whether sports, art, music, building, or animals. Confidence carries them through.

Get help right away if

- Your child talks about dying or hurting themselves. Call or text **988**, or go to the nearest emergency room.
- Refusing school, panic every morning, or hopeless talk about being stupid. Call your care team this week.
- A sudden drop in school skills your child already had. Ask for a medical check right away.

Questions to ask your care team

- *Which area is affected, how far behind is my child, and what were the actual test scores?*
- *Does my child qualify for an IEP or a 504 plan, and what do we do if the school says no?*
- *What reading program will be used, how many minutes a day, and who will teach it?*
- *How often will progress be measured, and when should we expect to see change?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.