

**THE ANALYSIS OF LANGUAGE DISORDER OF STUDENT WITH
DYSLEXIA**

SKRIPSI

*Submitted in Partial Fulfillment of the Requirements
for the Degree of Sarjana Pendidikan (S.Pd)
English Educational Program*

By

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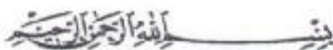
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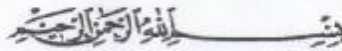


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ABSTRACT

Lailan Syafrina Dewi : “ The Analysis of Language Disorder of Student with Dyslexia”. Skripsi: English Education Program Faculty of Teachers Training and Education University of Muhammadiyah Sumatera Utara, Medan. 2018

This study dealt with the analysis of language disorder of student with dyslexia. The objective of this research were to determine reading problems made by student with dyslexia, to find out the most dominant reading problem made by student with dyslexia and to explain the factors causing reading difficulties and factors causing dyslexia. This study was conducted by using descriptive qualitative method. The data were collected by observation technique, recording technique, questionnaire and documentation technique. After analyzing the data, there were eighteen reading problems experienced by student with dyslexia and classified into three types of reading problems, namely: inability acquiring phonic skills, poor spelling and decoding and omission of letters or words. There were 9(50%) for inability acquiring phonic skills, 7(39%) for poor spelling and decoding and 2 (11%) for omission of words or letters. It can be concluded that inability acquiring phonic skills became dominant the reading problem made by student with dyslexia. There were some factors causing reading difficulties include: dyslexia (reading difficulties) and intelligent factor. The two factors causing dyslexia based on biologist factor such as; (1) problem pregnancy; and (2) health problems are quite relevant. Three factors based on cognitive factor such as; (1) articulation patterns of child language that can affect how to speak; (2) lack of phonological awareness in the individual concerned; and (3) child thoughtful patterns that affect memory and there was one factor based on behavior factor such as; student difficulty in understanding the concept of time.

Key Word: *Language disorder, Dyslexia, Reading Difficulties*

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CHAPTER 1

INTRODUCTION

A. The Background of the Study

Language disorder is a condition where neurological development is not working properly. Language disorder can also be interpreted as a communication disorder that is the main characteristic is the difficulty in understanding or production of vocabulary, sentence structure, and discourse. Deficit language proven in oral communication, written communication, or sign language.

There are some characteristics of language disorder they are has difficulty finding the right words to use, vocabulary is limited, sentences contain grammatical errors and have poor structure, use of the wrong words in sentences, difficulties understanding word meanings, use of short simple sentences rather than longer more complex sentences etc.

One of the problems in language disorder or communication disorder is known as dyslexia. Dyslexia is a learning disability characterized by specific reading and writing difficulties. There are two types of dyslexia: developmental dyslexia and acquired dyslexia. Developmental dyslexia refers to reading and writing disorders of environmental origin (related to learning style). In this case, reduced reading ability is associated with cerebral dysfunction, denoting a specific problem with the development of reading skills, and consequently, with learning to read. In acquired dyslexia, acquired reading and writing skills are lost,

due to brain damage. Dyslexic children have auditory and visual disorders related to spatial orientation.

Students with dyslexia also have problems with language processing. Although they sometimes have problems with spoken language, they always have difficulty with language in its written form, including the reading of and copying of written text. The majority of children with dyslexia do not have problems expressing themselves orally. They often learn communication skills (speaking and listening) at a rate comparable with other children prior to entering school. The problem is usually recognized when a student enters kindergarten or the first grade and is required to read and write using printed instructions and assignments presented from textbooks, the chalkboard, and/or work books. Prior to entering school these students used oral expressive language for communication and were not required to comprehend using printed letters, words or sentences. Books may have been read to them at home or in day-care and through memory or other picture cues they may have been able to recite any pre-primer or primer task presented.

Students with dyslexia have various problems with reading, spelling, and writing. They may have difficulty acquiring phonemic awareness, which is connecting the sounds and symbols of language. They may perceive the shape of letters differently or be unable to remember the names or sounds of the letters. Often students have problems writing letters and words. Their written work will appear messy and include erratic spelling errors. These errors are due to the student not being able to identify the sounds in the word correctly, to remember

the letter representing the sound, and/or to actually make the right movements in order to write a word.

Students with dyslexia sometimes experience problems with social relationships. This can occur if the use of oral language is affected. Also, difficulty remembering or expressing the order of events due to poor sequencing and memory recall may cause a student to struggle in finding the right words to use or pause before answering questions. Therefore, it may be perceived that a student is not truthful, low functioning, or even socially immature. Poor self-image and the lack of peer acceptance are factors that create low self-esteem.

Students with dyslexia commonly feel anxiety. Many times they perform erratically without understanding how they obtain success in one area of school but experience limited or no success in another. As explained previously, a dyslexic student may be very successful in art, band, or even athletics, but fail in academic areas. This is due to problems associated with the processing of information.

In this research, the researcher found the student with dyslexia in Kidz Smile Therapy Center for Kids in Medan Sumatra Utara, which is the source of the data. Most One of the students with dyslexia aged 15 years. In speaking the student always lost the first word in a sentence and when the student read the book or magazine he reads it very slowly and he has difficulty distinguishing the letters or words. for example when the student read the word "Student" is read "Stupent", d is read p, or p is read q. and when the student mentioning alphabet a to z the ability to remember it is very low. The student must be disqualified book to be

able to mention it smoothly. While at the age of 7 years usually children are able to remember the alphabet and basic lessons in reading. But the researcher found abnormalities in this student who can not read smoothly, remembering some things and when writing there are always words that are less or wrong unlike children aged 15 years in general be able to read, remember and write fluently.

According to the explanations above, the researcher would take about the development of student with dyslexia in learning the language to improve their reading ability.

B. The Identification of the Problem

In relation to the background of study, the researcher identified the problems as follows:

1. The student with dyslexia got some problems in reading.
2. The reading problem of student with dyslexia varies depend on the object.
3. There were some factors cause reading difficulties and dyslexia.

C. The Scope and Limitation

The scope of the study in this research was reading problems. This study was limited on student with dyslexia.

D. The Formulation of the Problems

Based on the background of study, the problems were formulated in question as follows:

1. What were reading problems made by the student with dyslexia?
2. What was the most dominant reading problem made by the student with dyslexia?
3. What were the factors causing reading difficulties and factors causing dyslexia?

E. The Objective of the Study

Based on the problems of the study, the aimed of this study were:

1. To determine reading problems made by student with dyslexia.
2. To find out the most dominant reading problem made by student with dyslexia.
3. To explain the factors causing reading difficulties and factors causing dyslexia

F. The Significant of Study

The significance of the study are expected as theoritically and practically:

1. Theoretically, this study can contribute knowledge about language disorders in language processing, develop knowledge about how dyslexia can occur and to develop information about problems with children who have reading difficulty.
2. Practically, the writer expects that this research would provide further information for English Teacher and the parent's in developing the quality of teaching and learning process. While for the students, it can be use as basis to improve their ability in reading comprehension.

CHAPTER II

REVIEW OF LITERATURE

A. Theoretical Framework

In the theoretical framework. Some of important term use in study to be clear in order to avoid understanding. So, the researcher must have same perception in the concept of this study. There are many points to discuss in this chapter as follow.

1. Speech Production

Sound is nothing more than vibrating particles of air whose movements are oscillations within the range 20-20,000 times each second. This is the range within which a young person's hearing will respond. Although the air particles can and do oscillate at rates beyond this range the term sound is reserved for those which fall within the hearing range. The vibrations per second are referred to as cycles per second, or in more modern terms, Hertz (abbreviated to Hz). Thus we speak of a person's range of hearing as being from 20Hz to 20kHz (where k = kilo = 1,000). The higher the number of Hz for a given sound the higher the perceived pitch of the sound when a person hears it.

Speech sounds are described as a complex wave form. This simply means that they can be *thought of* as being made up of many frequencies with differing amplitudes. It is the particular arrangements of frequencies and amplitudes which give speech sounds the differing qualities which, when perceived, enable us to identify them. The aim of articulation is to produce consistently these different

combinations of frequencies and amplitudes such that the corresponding qualities may be perceived as the intended speech sounds. Thus, for example, if you want (a mental process) to communicate the word *I* to another person you direct your vocal apparatus to assume the configuration which results in that sound quality which a listener can perceive as being associated with the word *I*. The speaker is said to encode the word as a particular soundwave, and the listener is said to decode this soundwave back to the word intended to be communicated. Clearly compatibility between encoding and decoding is essential, with the complementary processes meeting at the soundwave produced by the speaker. To produce the sounds of speech a speaker uses his vocal apparatus. The shapes or configurations this must assume to produce sounds of particular qualities, together with how to control the system, are the subject matter of Articulatory Phonetics (see Articulation).

All speech sounds can be best regarded as being produced in two stages. That is, what we hear is the result of a two stage operation:

1. Stage one in the process involves generating or producing some basic sound, called the excitation source.
2. Stage two involves the manipulation (or transformation) of that basic sound into the recognisable qualities of individual speech sounds.

The theory which describes speech production as a two-stage process is called the Source-Filter Theory of Speech Production.

Simonyan K, Fuertinger S (2015: 2967–2978) Speech networks at rest and in action: interactions between functional brain networks controlling speech production. Speech production is one of the most complex human behaviors. Although brain activation during speaking has been well investigated, our understanding of interactions between the brain regions and neural networks remains scarce.

However, speech production preferentially recruited the inferior parietal lobule (IPL) and cerebellum into the large-scale network, suggesting the importance of these regions in facilitation of the transition from the resting state to speaking. Furthermore, the cerebellum (lobule VI) was the most prominent region showing functional influences on speech-network integration and segregation. Although networks were bilaterally distributed, interregional connectivity during speaking was stronger in the left vs. right hemisphere, which may have underlined a more homogeneous overlap between the examined networks in the left hemisphere. Among these, the laryngeal motor cortex (LMC) established a core network that fully overlapped with all other speech-related networks, determining the extent of network interactions. Our data demonstrate complex interactions of large-scale brain networks controlling speech production and point to the critical role of the LMC, IPL, and cerebellum in the formation of speech production network. speech production; resting state; large-scale networks; graph theoretical analysis; hemispheric lateralization patterns and/or networks related to a particular component of this complex behavior.

Examinations of speech production and comprehension networks revealed that they show an extensive overlap (Papathanassiou et al. 2000) and are coupled in the superior and middle temporal gyrus (STG/MTG), temporal pole, angular gyrus, temporal-parietal junction, inferior frontal gyrus (IFG), premotor and medial prefrontal cortex, insula, precuneus, thalamus, and caudate nucleus (Silbert et al. 2014). In addition, speech monitoring was found to be maintained by functional coupling between different speech production and comprehension networks, involving the Heschl's sulcus, parietal cortex, and supplementary motor area (SMA) (van de Ven et al. 2009). Further studies of language-related networks have mapped anticorrelated but overlapping left posterior STG and ventral anterior parietal lobe networks controlling speech production (Simmonds et al. 2014b) as well as a specific left-lateralized fronto-temporal-parietal network (FTPN) within the overlapping FTPNs of cognitive and linguistic control, which was activated during speech production but not during counting, nonverbal decision-making, or resting (Geranmayeh et al. 2014). However, despite these recent advances, our understanding of how multiple large-scale networks are being integrated during normal speaking still remains unclear

2. Language Disorder

A language disorder is marked by language that is slow to develop and the way in which language is developing does not reflect the normal sequential development pattern. Language can be defined as a set of symbols which are usually words or signs that are used in an organised way to communicate ideas

and thoughts. It is made up of two components including receptive language (i.e. the understanding of gestures, words and language) and expressive language (i.e. the use of gestures, words and written words to communicate).

A language disorder is an impairment that makes it hard for someone to find the right words and form clear sentences when speaking. It can also make it difficult to understand what another person says. A child may have difficulty understanding what others say, may struggle to put thoughts into words, or both. It's important to note that a language disorder is *not* the same as a hearing issue or a speech disorder. Children with language disorders typically have no trouble hearing or pronouncing words. Their challenge is mastering and applying the rules of language, like grammar. They aren't simply "late talkers." Without treatment, their communication problems will continue and may lead to emotional issues and academic struggles.

According to Rhea Paul & Courtenay F. Norbury (2012 :2) defined "Language Disorder as an impairment in "comprehension and/or use of a spoken, written and/or other symbol system. The disorder may involve (1) the form of language (phonology, morphology and syntax); (2) the content of language (semantics); and /or (3) the function of language in communication (pragmatics) in any combinations". For instance a child with a speech sound disorder typically produce a restricted range of speech sounds, rendering spoken output unintelligible, this is likely to affect the ability to communicate, a partners conversational may not always understand the indeed meaning.

A child with language disorder may not have difficulties producing speech sounds, but his ability to communicate may be limited by his poor understanding of what others say to him, by his limited vocabulary and his reliance on simple and immature sentences. However, he may still use these limited language skills to share his thoughts and experiences with other people. In contrast, some children have perfect articulation, exceptional vocabularies, can express themselves using long and grammatically complex sentences, yet their communication skills are limited by odd and tangential speech, receptive language, and reduced ability to repair breakdowns in conversation, As in the case of some children with autism spectrum disorders (ASD).

All types of language disorder relate to specific problems in receptive or expressive language and might have a variety of neurological or physiological causes. Characteristics of language disorders might differ from one child to the next, depending on the causes and the nature of the problem. They may include an improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary, inability to follow directions, or a combination of the characteristics.

According Christison Lagay (in Modjeh Bayat,2012)There are certain warning signs that might indicate a delay or a language disorder in the young child. During infancy and early toddler years, these warning signs are generally related to cognitive-prelinguistics areas of development. As children grow, other signs of possible speech and language problems become directly related to receptive and expressive areas of language development. Children diagnosed with speech or

language disorders are at risk for a variety of learning problems and are likely to continue to show learning and language issues later in life.

The common features of a Language Disorder

1. Often has difficulty finding the right words to use.
2. Vocabulary is limited.
3. Sentences contain grammatical errors and have poor structure.
4. Use of the wrong words in sentences.
5. Difficulties understanding word meanings.
6. Use of short simple sentences rather than longer more complex sentences.
7. Difficulties retelling stories.
8. Difficulties providing information to others.
9. Difficulties listening.
10. Difficulties understanding stories and more complex language.
11. Reliance on visual information to gain meaning from a situation.
12. Repeating words or phrases (“parroting”).
13. Mixing up the order of words in sentences (e.g. “I please can have that one?” instead of “Can I please have that one?”).

Common difficulties often (but not always) experienced by the child with a Language Disorder

1. Being able to follow instructions at home and school.
2. Adequately expressing ideas, thoughts and feelings using language.

3. Attending within language based activities at school.
4. Learning to comprehend written language and write paragraphs and stories.
5. Engaging in meaningful interactions with peers.
6. Accessing information as it is often in the form of language.
7. Sensory processing.
8. Poor planning and sequencing.
9. Poor executive functioning.
10. Poor working memory.
11. Poor attention and concentration.
12. Poor fine motor skills.
13. Poor organisational skills.

Speech therapy approaches and activities that can support the child with a language disorder and/or their carers include:

1. Daily activities : Providing parents with interaction strategies to develop language that can be implemented during daily activities within the home.
2. Multi-sensory approach : Using a multi-sensory approach (e.g. sight, taste, smell, touch) to learn new words and concepts.
3. Motivating tasks : Using the child's interests to help develop their language skills.

4. Fun activities : Using fun play based activities or games to help motivate the child to learn.
5. Visuals (e.g. pictures, signs) can be used to help develop/aid understanding and expressive language where appropriate and to help develop oral language in story telling.
6. Books : Teaching how to use books and stories to aid language development.
7. Vocabulary : Developing strategies for improving vocabulary knowledge and use.
8. Sequencing : Developing strategies for improving the ability to sequence events and stories.
9. Grammar : Completing activities to improve the appropriate grammatical elements of language (e.g. use of past tense –ed, plural ‘s’).
10. Alternative forms of communication : Teaching alternative ways of communicating whilst language is developing (e.g. sign language, Picture Exchange Communication System – PECS).

2.1 Receptive Language Disorder

Receptive language disorder refers to children who have difficulty attending to processing and comprehending spoken language. Children with receptive language disorder have great difficulty understanding what is said to them despite having normal hearing. Receptive language difficulty occurs because the child is not receiving and interpreting speech signals efficiently, which can lead

to an impoverished semantic word knowledge and understanding of grammatical rules. Children with language disorder are thus doubly affected - difficulty in *understanding* the meaning of words correlates to difficulty *using* words. It's rare to diagnose a child that only has receptive language impairment.

According to Morrisey, B. (2012) “When a child has receptive language disorder, he or she exhibits significant deficits in the level of development of comprehension of language”. These deficits affect how the child functions socially or academically. Children with receptive language problems can have great difficulty understanding what is said to them. Most children with a receptive language disorder will also have an expressive language disorder (difficulty using language to express ideas). The cause of a Receptive Language Disorder is often unknown, though it may be related to genetic factors, amount of exposure to speech and language and/or delays in general development. Receptive Language Disorders may also exist in children with developmental disorders such as Autism and Down Syndrome or medical problems such as a brain injury or brain tumor.

Receptive language disorder is diagnosed when an individual does not demonstrate the ability to comprehend age-appropriate vocabulary, follow instructions or understand foundational communication skills such as turn-taking and perspective-taking during conversation. Careful diagnosis is important to distinguish receptive language disorder from other communication disorders and other diagnoses such as intellectual disability, autism and/or other physical and developmental problems which may first manifest as language problems. Children with a receptive language disorder have difficulty understanding language. They

have trouble grasping the meaning of words they hear and see. This includes people talking to them and words they read in books or on signs. Children with a receptive language disorder also have difficulty understanding and following directions or instructions, becomes overwhelmed when given 2 or multi step directions,often doesn't understand longer more complex sentences, thus becomes confused easily,struggles with figurative versus literal language and will usually need explanations, regularly requires clarification and to have the instruction or directions repeated, often use the term 'I don't know' or 'I forget'. The child maybe able to read but when questioned about the passage just read, he/she has limited understanding.

2.2 Expressive Language Disorder

Expressive Language Disorder, or ELD, is mostly a childhood disorder that affects more boys than girls (American Psychiatric Association, 2000). It is a condition that is described as not having the ability to express thoughts and feelings with the use of words although the child's chronological age should allow him to do so (Johnson & Beitchman,2005). A child with ELD is able to understand language to a great degree but is not able to communicate (Johnson & Beitchman). In other words, the child has a hard time remembering words and putting them together in a sentence to express what he or she wants to say. In fact, the child's speech skills may be similar to those of a child of a younger age.

Expressive language disorder is any difficulty formulating and using utterances associated with the process of using words in sentences. Some children can formulate utterances but do not know the correct way to use their expressive

language in different situations and with different people, also called pragmatic language impairment (Gibson *et al.* 2013).

Children with expressive language difficulties should be assessed for receptive language disorder. Children with expressive language disorder have low nonverbal skills or learning difficulty (Broomfield and Dood, 2004). Children with genetic conditions affecting development are at high risk of language, including expressive language disorder. Children and young people with Down's syndrome often have language disorder including expressive language disorder, which can not be explained by their cognitive delay (learning difficulties).

Children with expressive language disorder have difficulties with the grammatical aspects of spoken language such as using the correct verb tense (they might say 'I go' when they mean 'I went') and combining words to form accurate phrases and sentences. They typically produce much shorter phrases and sentences than other children of the same age, and their vocabulary (the number of words they know and use) is smaller and more basic. Children with expressive language disorder are usually below the average level for their age in:

- a. Putting words and sentences together to express thoughts
- b. Recalling the names of words
- c. Using language appropriately in a variety of settings with different people (for example, at home, in school, with parents and teachers).

Specific examples of expressive language impairment include a seven-year-old child being unable to join sentences with words like 'and', 'but' or 'if', and a three-year-old child who speaks in two-word sentences.

3. Dyslexia

The term dyslexia itself comes from the Greek *dys* which means “impaired” and *lexis* which means “word”, and refers to impairment of reading and spelling that is not due to low intelligence or lack of educational opportunity (Brunswick 2009: 1). Berlin (1887) in Beaton (2004: 3) argues that the term dyslexia refers to reading difficulties caused by cerebral disease or injury. In other words, people are unable to read because their brain is damaged. Gavin Reid (2005: 6) argues that dyslexic children have problems with their left hemisphere. As the result, they will find it more difficult and exhausting when they have a task which is involving phonics, accuracy, sequencing and remembering. Basically, dyslexic children may have a collection of reading, spelling, naming, and memory impairments caused by problems of perceiving and manipulating the sounds of language, and with associating written letters with their spoken representations. It may occur in people with average or above average intelligence. Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling despite appropriate teaching (Leicester City Education and Children’s Services, 2017).

(The International Dyslexia Association, 2002) defines “dyslexia” as a specific learning disability that is neurological 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 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.

According to Pennington B.F (2009:46) “Children with reading difficulties (Dyslexia) have difficulties with accurate and/or fluent word recognition. The current definition of RD has two parts: (1) a diagnostic threshold; and (2) a list of exclusionary conditions, which usually include a peripheral sensory impairment (e.g., deafness), acquired neurological insults, environmental deprivation, and other more severe developmental disorders (e.g., intellectual disability [ID] and autism spectrum disorder [ASD]). Setting a diagnostic threshold for RD on what is essentially a continuum is inevitably somewhat arbitrary. A further issue is whether the diagnostic threshold should be relative to age or IQ expectations for the particular ability involved”.

Students identified as having dyslexia typically experience primary difficulties in phonological awareness, including phonemic awareness and manipulation, single-word reading, reading fluency, and spelling. Consequences may include difficulties in reading comprehension and/or written expression.

These difficulties in phonological awareness are unexpected for the student's age and educational level and are not primarily the result of language difference factors. Additionally, there is often a family history of similar difficulties. Actually, signs of dyslexia vary and depend on the person's age, sex, family background, educational experience, level of intelligence, and whether

they also have other developmental problems. There are some characteristics of dyslexia:

1. Having difficulties with accurate and/or fluent word recognition;
2. Having poor spelling and decoding abilities;
3. Having problem with rapid naming, working memory, and processing speed;
4. Having problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge;
5. Having poor pronunciation of long words;
6. Facing difficulty of writing in a structure manner, whether it is slow and messy handwriting;
7. Facing difficulty with counting, performing mental arithmetic, understanding and applying mathematical concepts; and
8. Having movement disturbance which makes them difficult to organize strategies for learning co-ordination and task such as tying shoelaces.

3.1. The cognitive characteristics of dyslexia

Dyslexia is a variable condition and not all people with dyslexia will display the same range of difficulties or characteristics. Nevertheless, the following characteristics have been widely noted in connection with dyslexia.

- a. *Inadequate phonological processing abilities*, which affects the acquisition of phonic skills in reading and spelling so that unfamiliar words are frequently misread, which may in turn affect comprehension. Not only has it been clearly established that phonological processing difficulties are seen in the

majority of children with dyslexia, but recent research has also indicated that this occurs in many adults with dyslexia.

- b. *A marked inefficiency in the working or short-term memory system*, which can affect many aspects of speaking, reading and writing. These difficulties can include problems in retaining letter-sound associations (which will affect acquisition of phonic skills), errors in the processes of accessing the mental lexicon (which will result in incorrect words being used or read – ‘lexical access errors’) and/or delays in access to the mental lexicon (which will tend to slow down the rate of reading and writing). Memory problems may also cause problems in retaining the meaning of text (especially when reading at speed), failure to organise learned facts effectively in examinations, disjointed written work or in omission of words and phrases in written examinations, because the individual has lost track of what s/he is trying to express.
- c. *Difficulties with automatising skills*. It has been found that dyslexics do not tend to automatise skills very well, with the result that a high degree of mental effort has to be expended by the dyslexic when carrying out skilled tasks that non-dyslexic individuals generally find requires little effort. This is particularly the case when the skill is composed of several subskills (e.g. reading, writing, driving). In the classroom situation this might mean that the dyslexic child cannot concentrate on *both* the mechanics (spelling, grammar, punctuation) *and* the content of written work. The dyslexic individuals is

likely to experience difficulties in listening to the teacher with understanding whilst making notes.

- d. *Problems connected with visual processing*, which can affect reading generally, but especially when dealing with large amounts of text. Problems can include *binocular instability* and susceptibility to *visual discomfort*. Visual discomfort is a generic term for the effects of hypersensitivity to the irritating effect of strong visual contrast or rapid flicker (e.g. where parallel lines of text create the appearance of a black-and-white grating or consciously or subconsciously perceived flicker of fluorescent lighting or some computer monitors). Movement and colour illusions can be perceived, or the text may appear unstable or obscured. Reading for any length of time may cause headaches and eyestrain, and so can be done only in short bursts, which can disrupt the comprehension process.

3.2. Main educational effects of dyslexia

Reading and perceptual difficulties

These can include:

- a. early difficulties in acquiring phonic skills
- b. a high proportion of errors in oral reading
- c. difficulty in extracting the sense from written material without substantial re-reading
- d. slow reading speed
- e. inaccurate reading, omission of words

- f. frequent loss of the place when reading
- g. an inability to skim through or scan over reading matter
- h. a high degree of distractibility when reading
- i. perceived distortion of text (words may seem to float off the page or run together)
- j. a visually irritating glare from white paper or white-boards.

Writing problems

These can include:

- a. an intractable spelling problem
- b. confusion of small words such as which/with
- c. omission of words, especially when the writer is under pressure
- d. awkward handwriting and/or slow writing speed
- e. an unexpected difference between oral and written expression, with oral contributions being typically of a much higher quality than written accounts of the same subject matter in terms of structure, self expression and correct use of words.

3.3. Dyslexia Based on Function Impairment

Based on function impairment, dyslexia is divided into three types such as visual dyslexia, auditory dyslexia and visual-auditory dyslexia (Letchumy, 2008).

a. Visual Dyslexia

Visual dyslexia is defined by visual errors in reading. Visual errors are substitutions, omissions, and additions of some of the letters in the target word (when at least half of the letters in the error are present in the target word, Morton & Patterson, 1980). Within the framework of the dual-route model, Ellis and Young (1996) suggest that visual dyslexia stems from a deficit in the visual analysis system, specifically at the function of letter identification, or from “a problem internal to the visual input lexicon, whereby the correct input in terms of positionally coded letters sometimes triggers the wrong representation.” (p. 202). Individuals with visual dyslexia make predominantly visual errors, such as reading read as road, or words as worse.

According to Letchumy (2008: 119) “visual dyslexia is a disorder that can see a word which consists of some letters as well but cannot differentiate and make interpretation what he has seen”. Then Stein (2009) argues that it is caused by visual magnocellular weakness. In short, visual dyslexia is a visual disorder which affects learning process of a dyslexic in grasping the meanings of printed materials that have to be seen.

Based on extensive research on the identification of children with visual problems through observation, with subsequent validation by an eye specialist, Knox (1953) believes that the following behavioral symptoms are most useful. Those are, facial contortions, book held close to face, tenseness during visual work, head tilting, head thrust forward, body tenseness while looking at distant objects, poor sitting position, head moving excessively while reading, eyes rubbed

frequently, tendency to avoid close visual work and tendency to lose place in reading. (as cited in Bond, 1984: 54)

b. Auditory Dyslexia

According to Letchumy (2008: 119) “auditory dyslexia is a disorder that cannot differentiate the similarity and difference between sounds they heard, be familiar with sounds of every word, and combine words in a sentence. Dyslexics cannot hear similar sounds in the beginning and ending such as boy and big, cat and math, and differentiate some words with the same vocal such as pin, pan, and pen”. Then Stein (2009) argues it is caused by auditory magnocellular weakness. Weintraub (1972) identifies three major areas of concern. Those are, auditory acuity (hearing), audition (listening) and auditory processing (working with sounds). Often a student may have difficulty with all three aspects of hearing, but sometimes the difficulty may be specific. For example, some children with no measurable hearing loss have difficulty hearing sounds in words but no difficulty understanding the meaning of spoken sentences. Other children with hearing loss have difficulty with all the auditory aspects of language, speech and reading. Still other children have specific difficulty blending sounds into whole words and recognizing the meaning of the words.

In short, auditory dyslexia is an auditory disorder which affects learning process of dyslexic in understanding instructions or explanations that are delivered by interlocutor for instance his/her teacher.

c. Visual-Auditory Dyslexia

According to Letchumy (2008: 120) “visual-auditory dyslexia is combined between visual and auditory dyslexia also refers to as "Deep Dyslexia". A dyslexic or a person on this type has a problem in writing letters and words, grasping word-meanings, integrating the sounds of letters, and in pronouncing unfamiliar, and sometimes, even familiar words”. In short, visual-auditory dyslexia is a disorder of visual and auditory which affects learning process in understanding of materials that have to be seen or heard.

3.4 Dyslexia Syndrome Theory

From definition and explanation about dyslexia division based on the problem above, there is another theory that is appropriate for this study. It is Dyslexia Syndrome Theory by Levinson (1994). According to Levinson, dyslexia is divided into three types based on the difficulties; reading dyslexia, writing dyslexia (dysgraphia) and arithmetic dyslexia (dyscalculia) (as cited in Letchumy, 2008).

3.4.1. Reading Dyslexia /Reading Disability

In reading, children should have increased their both auditory and visual abilities to discriminate, remember and concentrate because those are very important to recognize the concept of symbols, alphabets and numbers, and meaning as well (Abdurrahman, 2003:12). If they increase neither auditory nor visual abilities, they will face any mistake in reading, for example children cannot

discriminate word snack and snake even grasping meaning of the words. This disability/difficulty is called reading disorder or reading dyslexia.

Normal/typical readers and dyslexic readers use different part of brain. Usually, normal readers use their part of brain appropriately. According to BRSS (2004) “brain imaging studies have revealed that when they are reading, typical readers activate areas of the brain that are mostly in the back of the left side of the brain. Dyslexic readers, on the other hand, under activate these reading pathways”.

Based on Lyon (1999) “reading problem should be identified early, ideally between the ages of 5 and 7, when brain circuit and reading skills are being developed and can be most easily influenced” (as cited in Plotnik, 2005:320). When children with reading disorder read a text, they will see that the letters are dancing or spread out. Then Child Development Institute (2010) argues that reading disorder is caused by ineffective reading instruction, auditory perception difficulties, visual perception difficulties, and language processing difficulties. Because of that, they always delete, insert, substitute, invert, and do mirror imaging (Abdurrahman, 2003:205). Moreover, they do mirror imaging because they are confused with the letters position either right-left or up-down. They do mirror imaging if they see similar form of letters such as b - d, m – w, p – q, and n – u. Those cause dyslexics mention wrong word and meaning, different word but similar meaning, or wrong word and no meaning (Abdurrahman, 2003:207).

In short, reading disorder or dyslexia is an inability to understand the meaning of passage from what they read using their eyes. This inability is caused by

unfamiliar with words even letters and lack for visual memory. Because of that, children who suffer reading disorder do deletion, insertion, substitution, inversion, and mirror imaging.

3.4.2. Writing Dyslexia/Writing Disability

Since children are in school age, at least they should have reading skill and writing skill. Academically, writing skill is important because academicians must be able to put down their ideas in papers to explain the world whether change or judge the previous theory with the new one. In writing, someone needs to have visual, kinesthetic, and motor sensitivities, but dyslexics have them in low quality. In consequent, it affects their writing skill, called writing disorder.

Writing disorder is considered as dysgraphia. Dysgraphia is an inability to compose complete grammatical sentences. Yet, National Institute of Neurological Disorder and Stroke (2009) concludes that, “dysgraphia is characterized by wrong or odd spelling, and production of words that are not correct (i.e., using "boy" for "child"). They make inappropriately sized and spaced letters, or write wrong or misspelled words, despite thorough instruction”.

In his conclusion, Hornsby (as cited in Abdurrahman, 2003:204) points to the connection between reading and writing because when children study how to read they also study how to write what they read. That is why, what is happened to children with reading disorder/dysgraphia is happened to children with writing disorder as well. Children with writing disorder produce writing with misspelled words, inappropriately sized, delete or omit, substitute, invert, insert and do mirror imaging. One example of this difficulty is if children who do not experience

this disorder/difficulty write “was” they will write “was” but children with this difficulty will write “saw”.

Abdurrahman (2003: 227) has two conclusions; first writing disorder is caused by visual and auditory perception impairment, second children with visual perception impairment will be difficult to discriminate the same letters forms, such as b and d. In addition, dyslexics will be difficult in reminding what they just heard because of auditory impairment.

In short, writing disorder or dysgraphia is a disability to recognize letters with appropriate size, understand what he writes. This disorder happened because of visual and auditory impairment.

3.4.3. Arithmetic Dyslexia /Arithmetic Difficulty

Arithmetic is mathematics. Arithmetic is about using numbers, letters and symbols. Many students are not interested in learning mathematics because arithmetic or mathematic is difficult. In fact, arithmetic is important to practice our thought logically.

According to *DSM-IV-TR* (2000) mathematic disorder may be evident in problems understanding or naming mathematical concept, operation, and functions (as cited in Wilmshurst, 2005: 210). Thus, *DSM-IV-TR* argues that children with arithmetic difficulty/disability are difficult in memorizing of addition and subtraction, multiplication table, remembering the sequence of steps in division. They do not show their mathematical work but they keep it in their mind.

There are some characteristics of children with arithmetic disability; spatial relation impairment, visual discrimination impairment, visual-motor association impairment, perseveration, object recognition impairment, and language and reading difficulties (Abdurrahman, 2003: 261). In spatial relation impairment, children are difficult in understanding whole numbers system. Then, visual discrimination impairment makes children are unable to discriminate geometry and other symbols. Besides, visual-motor association impairment makes children cannot count things orally in order. Furthermore, perseveration makes children deceived then they just give attention to one object for long time. Also, object recognition impairment makes children cannot remember what they have seen. In addition, language and reading difficulties make children in a big problem to understand the numbers system, symbols concepts, and so on.

In short, arithmetic disability or dyscalculia is a disability of understanding of symbols, concept of number, mathematical operation, and shape. In addition, children with arithmetic disability do not use essential element of visual perception, spatial relation, to learn arithmetic.

3. The Factors Causing Reading Difficulties and Factors Causing Dyslexia

Jamaris (2014:137) states that "Reading difficulty is caused by the development of central nervous system with minimal dysfunctional". Although this problem can not be eliminated, it does not mean it can not overcome reading difficulties experienced because there are several factors that cause reading difficulties including:

a. Physical factors

- 1) Visual Difficulty (sight)
- 2) Difficulties auditory perception (hearing)
- 3) Neurological problems (nerves)
- 4) Dyslexia (reading difficulties)

b. Psychological Factors

- 1) Emotion Factor
- 2) Intelligence Factor
- 3) Self Concept Factor

c. Socio-economic factor

The socio-economic factor is the factor that causes the situation the house is not conducive to learning.

d. Factor of education management.

This factor is related to things as follows:

- 1) Expectations of teachers who are too high not with ability of the child.
- 2) Less effective classroom management.
- 3) Teachers who often criticize children too much.
- 4) The curriculum is too dense.

(Jamaris, 2014: 137-139)

Various theoretical research according to Frith (in Anggun, 2015:175) explain some of the causes of dyslexia are as follows:

a. Biologist

Among the included difficulty reading that caused by a biological factor, which is a family history ever experienced dyslexia, a troubled pregnancy, and health issues are quite relevant.

b. Cognitive

Cognitive factors that serve as the cause of dyslexia include, the pattern of language articulation and lack of phonological awareness in the individual concerned.

c. Behavior

Behavioral factors that can be used as factors causing dyslexia are problems in social relationships, stress which is the implication of learning difficulties, as well as Motor Disorder.

A. The Relevant Study

1. Reny Andari (2015) conducted a research. This study is only focus on learning disability and learning method. To get the data of difficulties and the method to overcome those difficulties, this study used descriptive qualitative approach. Besides, this research used Levinson's Syndrome of Dyslexia theory (1994) and Lerner's Perception theory (1988) to analyze data related to slearning difficulties and Gillingham and Stillman's theory (1997) to analyze the method which is used by teacher in Kidz Smile Therapy Center for Kids to overcome children's learning difficulties. As a result, two of five dyslexic children experienced all kinds of dyslexia and learning difficulties as well.
2. Haira Rizka (2012) conducted a research. The aim of this study is to analyze linguistic phenomena of dyslexia suffered by Brian, the main characterin Backwards: The Riddle of Dyslexia . This study has three objectives : (1) to identify and explain the types of linguistic errors experienced by the main character in Backwards: The Riddle of Dyslexia ; (2) to examine the environmental factors which occur in the movie; and (3) to describe the kinds of teaching approaches used to recover the main character in the movie from dyslexia. The data findings were triangulated by two linguistics students who were keen on psycholinguistics. This study reveals three findings. First, of eight types of miscues, only six types occur in Backwards: The Riddle of Dyslexia. They are substitution, hesitation, omission , non-response, addition, and self -corrections.

3. Friska Esthi Prasanti (2013) conducted a research. In this study, the writer only investigates the developmental disorder because the subject of this study suffers from developmental disorder called as developmental dyslexia. This disorder will trouble someone in reading and writing. In this situation, a dyslexic can do miscue when they read something. To investigate the miscue reading from a dyslexic the writer did miscue analysis by using Reading Miscue Inventory (RMI). The reasearcher focuses on the miscue action during oral reading from Amelia Septiarisa. The aim of this study is to find out the types of errors from reading miscues produced by Amelia Septiarisa as a dyslexic. This study uses qualitative approach because it analyzes the reading miscue from a dyslexic student in Faculty of Cultural Studies, Universitas Brawijaya. Case study is applied in this study to get the detail description from the subject. The data of this study is miscue reading from a dyslexic, Amelia Septiarisa. This study reveals that there are five types of errors which occur in miscue analysis. Those are substitution, omission, self-correction, hesitation and repetition.
4. Ibrahim (2013) conducted a research . This study is aimed to find out the characteristics of dyslexic student found in film Taree Zameen Par' and teaching techniques applied to teach student who suffers dyslexia in film Taree Zameen Par'. The researcher chooses this topic because he wants to study dyslexia and how to teach dyslexic student. The research problems of this study are: What are the characteristics of student with dyslexia found in the film Taree Zameen Par' and what are teaching techniques applied by the teacher to teach student with dyslexia found in film Taree Zameen Par'. This

study is focused on the characteristics of Ihsaan as dyslexic student and teacher teaching techniques to teach dyslexia student in film Taree Zameen Par'. The research design of the study is descriptive qualitative. The object of this study is film Taree Zameen Par'. In this study, the researcher uses objective approach and acts as the human instrument. The result was found that Ihsaan as dyslexic student has some characteristics. Those characteristics are; he has his own life, he has difficulty in analyzing the letter or word, he has difficulty in ordering the letter or word, the dyslexic student has attention and concentration problem. In addition, Mr. Nickhum as the teacher teaches dyslexia student using two techniques. First technique is spell reading technique that focuses on teaching the letter first before reading a lot. The second technique is picture at punctuation that focuses in getting dyslexia attention in learning process. From those techniques, Ihsaan can learn reading and writing well.

B. Conceptual Framework

According to IDEA (2004), language disorders fall under the broad category of speech or language impairment, which is defined as a “communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.

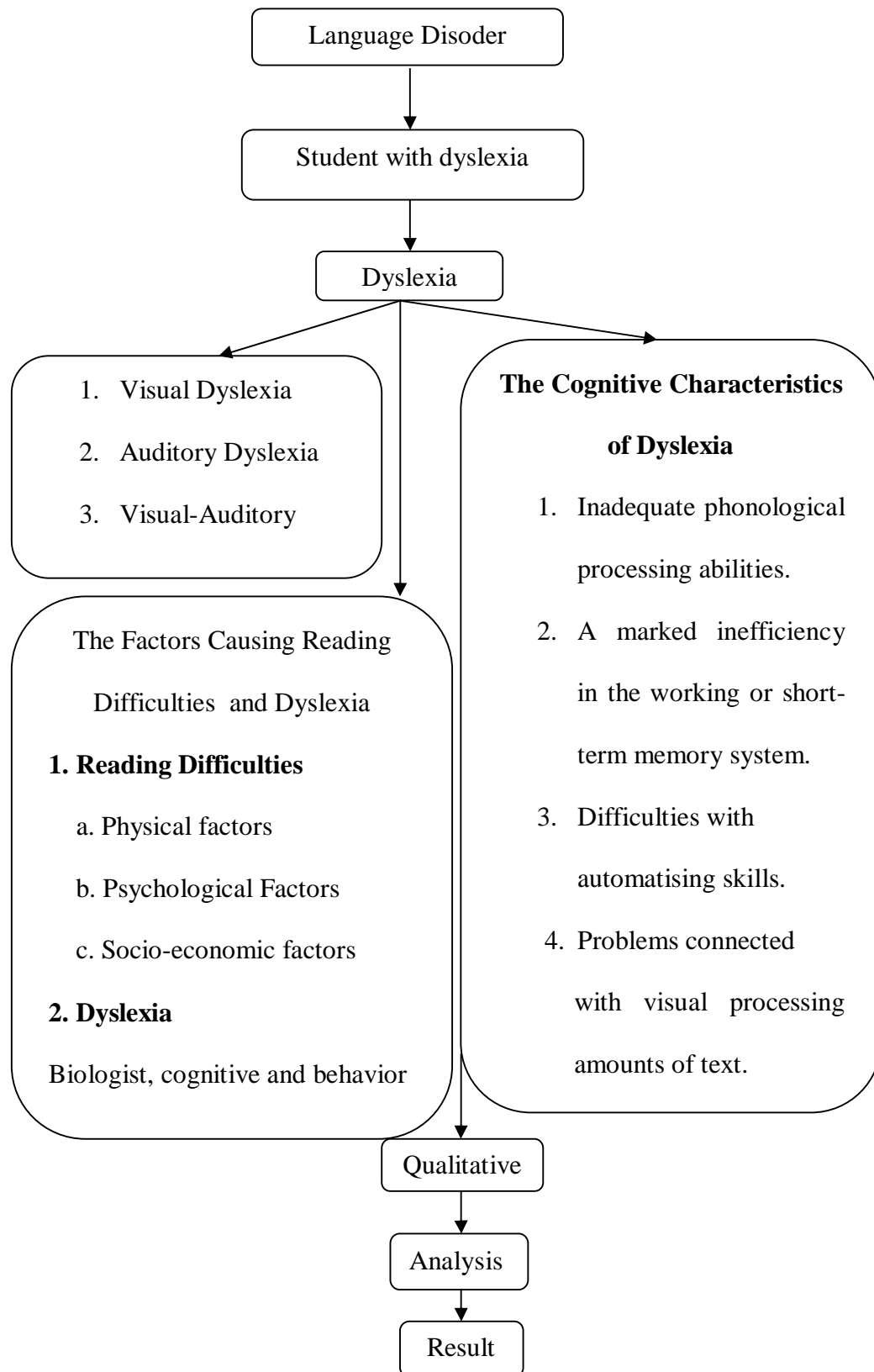
Language disorder occurs because of some reasons either brain damage, injury, genetic or developmental problems, cleft lip or palate, and diseases such as stroke or cancer. Individuals who suffer from a language disorder are often treated as mentally inferior although they have above average IQ. Many people make them as objects of jokes, curious stares, or ridicule. Moreover, they often become victims of impatient listeners who do not want to wait for them to finish speaking. Therefore, many people suffering from a language disorder feel to have poor self-image and become depressed. People suffering from this illness need help from others to recover and fortunately, many scientists have developed approaches dealing with language disorders.

One type of language disorders is dyslexia. This illness refers to reading difficulties caused by cerebral disease or injury. Reading process undergoes complex and complicated stages. It must successfully combine the ability of visual auditory ability, memory, and concentration. If a reader has one or more impairments in those four elements, he/she will be unable to read correctly. Generally, the characteristics of this disorder are having phonological disturbance, poor spelling and decoding abilities, difficulty in reading comprehension, and problem on memory.

Dyslexia refers to learning disability which affects reading, writing, and speaking abilities and difficulty to interpret words, letters, numbers even sounds. This language disorder can affect both spoken and written language. Primarily, rudimentary dyslexic appertains to the low average of identifying single words, incorrect and delayed decoding of words (as cited in Nijakowska, 2010). Dyslexic children have problems in recognizing phonemes in reading and as a result they are unable to understand what they read or write. This ailment is a type of learning disability with a neurological base which is genetic. Actually, the way dyslexic children see the letters same as other people. But they have a trouble to activate some parts of their brain which have a function to mention the sound that spoken and unify the letters with the words.

This research will be focused on analyzing language disorder of student with dyslexia, and identification the reading problems made by student with dyslexia ,the most dominant reading problem made by student with dyslexia and the factors causing reading difficulties and factors causing dyslexia.

Figure 1. Conceptual Framework



CHAPTER III

RESEARCH METHOD

A. Research Design

This research was conducted by applying qualitative research design. Qualitative research used a qualitative approach or method. According to Sugiyono (2017:7) qualitative research method is a research method based on postpositivism philosophy, used to examine the condition of natural objects, (as opposed to experiments) in which researchers are as a key instrument, the sampling of data sources is done purposively and snowball, data collection techniques with triangulation (combined), data analysis is inductive / qualitative, and qualitative research results more emphasis on the meaning of the generalization.

This qualitative method has chosen learning disability which concerned on language disorder and then it focused to determine the reading problems made by student with dyslexia on language learning difficulties, finding out the most dominant reading problem made by student with dyslexia and explaining the factors causing reading difficulties and dyslexia.

In this research, language disorder theory by Rhea Paul & Courtenay F. Norbury (2012) has been used in analyzing language disorder. This study also used Miles and Huberman Models (in Sugiyono, 2017:246-253), to lead in doing research. Those data could help to draw the conclusion and suggestion of this research.

B. Sources of Data

The object of this research was conducted in Kidz Smile Therapy Center for Kids and the subject is the student with dyslexia. According to the teachers, the student with dyslexia produce some mistakes whether in writing, reading, arithmetic operation or remembering something in sequence. Source of data obtain from the student with dyslexia with age 15 years. The main data source of this study was taken from the result of the questionnaire that answered by 3 teachers in Kidz Smile Therapy Center for Kids and recording activities the subject of source data. The data was in the form of the answers based on the questionnaire's result. Besides getting data from recording, the secondary data has been found from textbooks, journal, abstracts, language disorder and dyslexia articles.

C. Technique of Data Collection

In an effort to collect data in order to support the process of analysis, the researcher take a few steps that can help in the process of collecting research data. the researcher propose several steps / data collection techniques: Data collection techniques used are observation, recording, documentation and questionnaire.

- 1) Observation technique; before conducting data collection, the researcher observed the student with dyslexia and the teacher of student with dyslexia. The researcher chose this technique and consideres some reasons to guarantee the validity of data (Moloeng, 2005:174). These reasons requires observer to:

- a) ask permission to investigate the case in real condition,
 - b) see and observe the actual teaching and learning process, and
 - c) record the data happening based on real situation.
- 2) Recording technique; in this study the researchers recorded all the answers from teachers about such as oral speech of student with dyslexia in language such as reading and spelling.
 - 3) Documentation techniques; are used to make data more accurate. In the documentation data, document the photographs of student with dyslexia.
 - 4) Questionnaires were used to supplement the data obtained from observation on the main characteristics of student with dyslexia, reading problems and factors causing reading difficulties and factors causing dyslexia.

C. Technique of Data Analysis

Qualitative data analysis techniques according to Bogdan and Biklen is an effort done by working with data, organizing data, sorting data into manageable units, synthesizing, searching, and finding patterns, finding what is important and what is learned and decide what can be told to others. The next step is to process the data collected by analyzing the data, describing the data, and drawing conclusions. Analyze this data using qualitative data analysis techniques, because the data obtained are descriptions. The process of data analysis begins by reviewing all available data from various sources, ie from interviews, records, and observations that have been written in field notes, official documents, images, photos, and so forth.

Data analysis in qualitative research was conducted at the time of data collection as proposed by Miles and Huberman(in Sugiyono, 2017: 246-253) that activity in qualitative data analysis was done interactively and lasted continuously until thoroughly, so the data is saturated.

Step by step data analysis Miles and Huberman (in Sugiyono, 2017: 246-253), are as follows:

1. Data Reduction

Reducing data means summarizing, choosing the things that matter, focusing on the things that are important, sought the theme and pattern. Thus the reduced data will provide a clearer picture and make it easier for researchers to do further data collection and search for it when necessary.

Technically, the data reduction activities that have been done in this research include: recording the results of interviews and then observation of the results of document collection related to the research focus.

2. Data Presentation (Data Display)

Presenting data is the preparation of a set of information that gives the possibility of drawing conclusions and withdrawal of action. In qualitative research, the presentation of data can be done in the form of brief descriptions, charts, relationships between categories, flowcharts or the like. In this study, technically the data will be presented in the form of narrative text, tables, photos and charts.

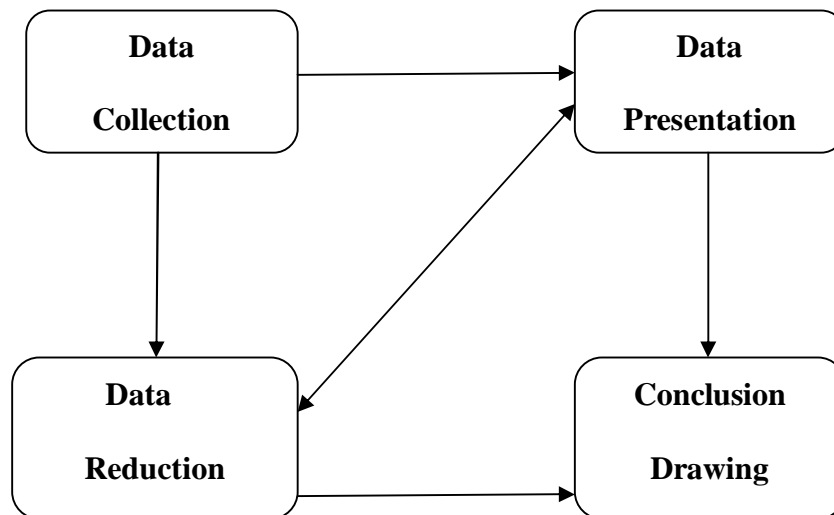
3. Conclusion Drawing /Verification

The third step in data analysis according to Miles and Huberman is the conclusion and verification. The conclusion in qualitative research is a new finding that had not previously existed. Thus the conclusions in qualitative research may be able to answer the formulation of the problem formulated from the beginning, but probably not because the problem and problem formulation in qualitative research is still temporary and will develop after the research is in the field. Technically the process of drawing conclusions in this study will be done by discussing the findings data field with theories included in the literature review chapter.

The following is an interactive data analysis model according to Miles and Huberman. The chart will explain that in performing qualitative data analysis can be done simultaneously with the data retrieval, the process will take place continuously until the data is found saturated.

Figure 2. Data Analysis Techniques Model

(Matthew B. Miles and A. Michael Huberman)



Source: Miles and Huberman in Sugiyono

Interactive model data analysis chart Miles and Huberman above explained that in conducting qualitative data analysis can be done simultaneously with the data collection process. These concurrent processes include data reduction, data presentation, and conclusions.

CHAPTER IV

DATA ANALYSIS AND RESEARCH FINDINGS

A. Data Analysis

In data presentation and analysis, the data presented are the table of questionnaire's result which is answered by teachers in Kidz Smile Therapy Center for Kids and answered based on their observation and experiences on one student with dyslexia. The explained data is compiled based on the parts of questionnaires. Those are in order to make readers easy in understanding the data without reading the questionnaires.

Besides, this research analysis only used questionnaires because of the direct research and analysis are not allowed because terms of privacy. Finally, it presents the data analysis using Miles and Huberman (in Sugiyono, 2017: 246-253) by data reduction which consist summarizing, choosing the things that matter, focusing on the things that are important, sought the theme and pattern.

The data reduction activities that have been done in this research include: recording the results of interviews and then observation of the results of document collection related to the research focus. Then the data display by using narrative text, tables, photos and charts in order to get easy analyzing the data and also answer the problem of the study as had been mentioned in the problem of the study at the first chapter namely the main characteristics of student with dyslexia. In order to answer the question of the reading problems made by student with dyslexia, the most dominant reading problem made by student with dyslexia and

factors causing reading difficulties and dyslexia. And the last steps of data analysis were verification and conclusion drawing.

This study focus to explain language disorder made by student with dyslexia especially the reading problems, one of focus dyslexia as have been explained “Dyslexia refers to learning disability which affects reading, writing, and speaking abilities and difficulty to interpret words, letters, numbers, even sounds. This language disorder can affect both spoken and written language.

In analyzing the data, there are three questions to be explored of. The data analysis can be seen as follows:

1. The reading problems made by student with dyslexia
2. The most dominant reading problem made by student with dyslexia
3. Factors causing reading difficulties and factors causing dyslexia

One type of language disorders is dyslexia. This illness refers to reading difficulties caused by cerebral disease or injury. Reading process undergoes complex and complicated stages. It must successfully combine the ability of visual auditory ability, memory, and concentration. If a reader has one or more impairments in those four elements, he/she will be unable to read correctly. Generally, the characteristics of this disorder are having phonological disturbance, poor spelling and decoding abilities, difficulty in reading comprehension, and problem on memory.

Before discussing about the reading problems made by the student with dyslexia and factors causing reading difficulties and factors causing dyslexia, the writer explained about the characteristics of student with dyslexia.

There are some characteristics of student with dyslexia in reading and writing difficulties. The first, student with dyslexia has intellectual ability equal to or above level peers; second, student has reading difficulties that are unexpected compared to other abilities; third, student with dyslexia showed difficulty understanding verbal directions; fourth, student with dyslexia can not be able to comprehend stories read to him/herself; fifth student can not be able acquiring new oral vocabulary; sixth, in speaking the student difficult to make correct sentences in grammatically; and then student with dyslexia can not be able to explaining ideas or elaborating on thoughts ; and the next characteristics of student with dyslexia inconsistency in doing homework and school work assignments; Moreover, the student with dyslexia also easily distracted by sights or sounds and the last characteristics of student with dyslexia in reading difficulties, student with dyslexia often overactive or fidgetly when doing something. In short, the data experiences reading difficulty.

In this case, the data find the difficulty in writing. It could be include student showed when he/she wrote looks slow with handwriting and copying tasks; student with dyslexia displaying poor handwriting quality overall / illegible on written assignments and based on the data student with dyslexia in this research has been in special programs especially in special education, reading recovery.

1. The Reading Problems Made by Student with Dyslexia

Based on interview to teachers in Kidz Smile Therapy Center For Kids there were eighteen reading problems made by student with dyslexia. The reading problems used are a summary from an informal assessment as written in Abdurrahman's book (2003, 204-208).

1. The student with dyslexia get difficulty in recognizing or reproducing rhyming words

Example:

(1) “*da/tang*” → “*dtang*”

(2) “*geli/sah*” → “*gelsah*”

From the data above, it was shown that when the student with dyslexia mention some words they eliminate one of the letter sounds on the word as the word “*da/tang*” they mention it to be “*dtang*” and when they mention word “*gelisah*” they mention it to be “*gelsah*”.

2. The student with dyslexia get difficulty in reading isolating sounds in beginning, final, and/or medial position.

Example :

(3) “*khusus*” → (*kh*) → *in beginning position*

(4) “*banyak*” → (*ny*) → *in the medial position*

(4) “*senang*” →(*ng*) → *in the final position*

Based on the data above, it can be showed that student can not be able to determine the location of the sound on word “*khusus*” the data above showed that the sound is located in beginning of the word, and the second word” *banyak*” the sound is located in the middle and third,the word “*senang*”the sound is located in the final/end of the word.

3.The student with dyslexia get difficulty in sounding out unfamiliar words.

Example :

(6) “*nuansa*” → “*suasana*”

(7) “*gamang*” → “*khawatir*”

(8) “*akrab*” → “*dekat*”

Based on the sample above, it was shown that the student get difficulty sounding word “*nuansa* “ which has been commonly heard “*suasana*”, “*gamang*” which has been commonly “*khawatir*”, and “*akrab* it means *dekat*”.

4.The student with dyslexia can not be able to read words in isolation.

Example:

(9) “*di+pegang*” → “*pegang*”

(10) “*ke+satu* “ → “*satu*”

(11) “*me+nulis*” → “*tulis*”

From the data above it was shown that student ignore word prefix at reading time for instance: mention the word “*di+pegang*” read into “*pegang*”, *ke+satu* read into “*satu*”, can not able to read “*me+nulis*” read into “*tulis*”.

5. The student with dyslexia get difficulty in reading accurately.

Example :

(12) “*Tidak*” → “*enggak*”

(13) “*senang*” → “*seneng*”

Based on the data above, it was shown that student with dyslexia can not be able to read accurately word “*tidak*” the student read into “*enggak*”, and when the student read word “*senang*” the student read into “*seneng*”.

6. The student with dyslexia get difficulty in memorizing words for spelling tests.

Example :

(14) “*energi*” → “*enerji*”

(15) “*aktif*” → “*aktip*”

From the data above, “*energi*” of the correct pronunciation and “*enerji*” of the wrong pronunciation and “*aktif*” of the correct pronunciation and “*aktip*” of the wrong pronunciation, it was concluded that the student made mistakes to memorizing the correct words for spelling test.

7. The student with dyslexia has difficulty with reading comprehension.

Example (16) “*Reading narrative text*”

→ *find the main idea of the story*

→ *determine the correct generic structure of the story*

Based on the data above, it can be showed that the student with dyslexia get difficulty to comprehend for reading the narrative text especially finding the main idea and determine the correct generic structure of the story.

8. The student with dyslexia can not pronounce some consonants.

Example :

(17) “*F, Q, V, Z*”

“*F*” → “*V*”

“*Q*” → “*K*”

“*V*” → “*P*”

“*Z*” → “*S*”

The data above showed that the student with dyslexia get difficulty to pronounce letters “*f*” read into “*v*”, “*q*” read into “*k*”, “*v*” read into “*p*” read into , and “*z*” and “*s*”. It was shown that the student made errors in pronouncing some consonants.

9. The student with dyslexia can not pronounce a mixture of diphthong letters (au, a i, oi) and consonant letters (nya, ngu, sya).

Example:

(18) “*nyata*” → “*nya*”; “*bangun*” → “*ngu*”; “*syarat*” → “*sya*” → consonant letters

(19) “*aula*” → “*au*”; “*malaikat*” → “*ai*”; “*amboi*” → “*oi*” → diphthong letters

Based on the data above, it was shown that the student with dyslexia can not identification the consonant letters of word *nyata* is “*nya*”, *bangun* is “*ngu*” and *syarat* is “*sya*” each representing a consonant sound. It could be concluded that the diphthong letters of word *aula* is “*au*”, the second word *malaikat* is “*ai*” and the last word “*amboi* is “*oi*” each representing a diphthong letters.

10. The student with dyslexia often made replacement of words, but the words have fixed meanings.

Example :

(20) "*ayah menulis surat*" → "*bapak menulis surat* "

The data above can be showed that the replacement of words "*ayah*" into "*bapak*" in sentence "*ayah menulis surat*" into "*bapak menulis surat*" made by student with dyslexia which can be said as a word is not standard, but the words have fixed meanings, from the data it can be concluded that the student find it difficult to use the right words in the language.

11. The student with dyslexia made replacement of words, but the words have different meanings.

Example:

(21) "*itu kucing ali* " → "*itu kacang ali* ".

The data above can be showed that the student made replacement of words "*kucing*" into "*kacang*" it was shown student made errors because the both of them have different meanings.

12. The student with dyslexia made pronunciation of the wrong word, but the words have the same meaning.

Example:

(22) "*hati saya senang*" → "*hati saya seneng*"

Based on the sample above, it was shown that the sentence "*hati saya senang*" and the sentence "*hati saya seneng*" have the same meaning but student with dyslexia made the pronunciation of wrong word as with pronounce the word "*senang*" into "*seneng*". It can be shown that the student made errors in reading.

13. The student with dyslexia made wrong pronunciation, which has no meaning.

Example:

(23) "*mama beli nenas*" → "*mama beli memas*"

In the data above, the word "*nenas*" is one of fruits " but in this case the student made error as with pronounce the word into "*memas*" because the word have no meaning so it can be concluded that student with dyslexia made mistakes in pronouncing a word, it was shown that the student has reading problem.

14. The student with dyslexia made reversal of sentences, subjects, predicates, objects.

Example:

(24) "*baju saya dicuci bibi*" → "*baju saya bibi dicuci*"

According to the data above it can be showed, that the sentence "*baju saya dicuci bibi*" is the correct order based sentences, subjects, predicates and objects, but the data showed that student made reversal of subject "*bibi*" into predicate in sentence "*baju saya bibi dicuci to be*". it can be concluded the sentence is wrong sentence, and student made error in arranged a sentences.

15. The student with dyslexia read hantingly

Example:

(25) “*bu Ita guru Nani*” → “*bu i ...tagu ... gu ... ru na ... na ... ni*”.

According to the data above it can be showed that in reading student made errors the student read the sentence “*bu Ita guru Nani*” into “*bu i ...tagu ... gu ... ru na ... na ... ni*”. This data make a clear that student with dyslexia have reading problems .

16. The student with dyslexia made omission of letters or words.

Example:

(26) “*bunga mawar itu merah*” → “*bunga itu merah*”, “

(27) “*bapak membaca buku*” → “*bapak baca buku*”.

From the data above, it was shown that student with dyslexia made omission of word in sentence “*bunga mawar itu merah*” the student read the sentence into “*bunga itu merah*”, it was shown that student remove one of the words of the sentence that is “*mawar*”, and the sentence “*bapak membaca buku*” the student reduce the word “*membaca*” into “*baca*” so, it becomes “*bapak baca buku*”

17. The student with dyslexia nan not distinguish similar letters (b-d, p-q, m-n-u-w).

Example:

(28) “*buku*” → “*duku*”

(29) “*mobil*” → “*wodil*”

Based on the data above, the data showed that student can not be able to distinguish the letters “b” and “d”, the word “*buku read into duku*” and the student showed made errors in distinguish the letter “m” and “w” it can be showed, the word “*mobil*” read into “*wodil*”. From the above explanation it can be concluded that students have difficulties in distinguishing similar letters so that many students make mistakes in reading.

18. The student can not sort the array reading news.

Example:

(30) a. *Terjadi banjir bandang disekitar sungai ciliwung*

b. *Banjir tersebut diduga karena hujan deras dari jam 19.00 WIB hingga pagi jam 09.00 WIB*

c. *Desa terendam dan banyak keluarga yang mengungsi*

↓

a. *Terjadi banjir bandang disekita sungai ciliwung
obat-obatan dan pakaian*

b. *Desa terendam dan banyak keluarga yang mengungsi*

c. *Banjir tersebut diduga karena hujan deras dari jam 19.00 WIB hingga pagi jam 09.00 WIB.*

Based on the data above, it can be concluded that student still confused in sorting a news reading into news in order. From the explanation above the more visible reading problem made by student with dyslexia.

From eighteen reading problem made by student with dyslexia can be classified into three types of reading problems, namely: Inability Acquiring Phonic Skills, Poor Spelling and Decoding and Omission of Letters or Words.

2. The Most Dominat Reading Problem Made by Student with Dyslexia

Having analyzed data, the researcher found the most dominat reading problem suffered by student with dyslexia in Kidz Smile Therapy Center for Kids. Based on analysis on reading problems made by student with dyslexia it was found three types of reading problems made by student with dylexia. For make it clear, it can be seen in table 4.1 below:

Table 4.1

The Dominant Reading Problem Made by Student with Dyslexia

No.	Types of Reading Problem	Amount	Percentage
1.	Inability Acquiring Phonic Skills	9	50%
2.	Poor Spelling and Decoding	7	39%
3.	Omission of Letters or Words	2	11%
TOTAL		18	100%

From Table 4.1 it can be found that there are 9 (50%) for inability acquiring phonic skills, 7 (39%) for poor spelling and decoding and 2 (11%) for omission of word. It can be concluded that inability acquiring phonic skills dominantly was made by student with dyslexia in Kidz Smile Theraphy Center for Kids. For make it clear, it can be drawn in chart below:

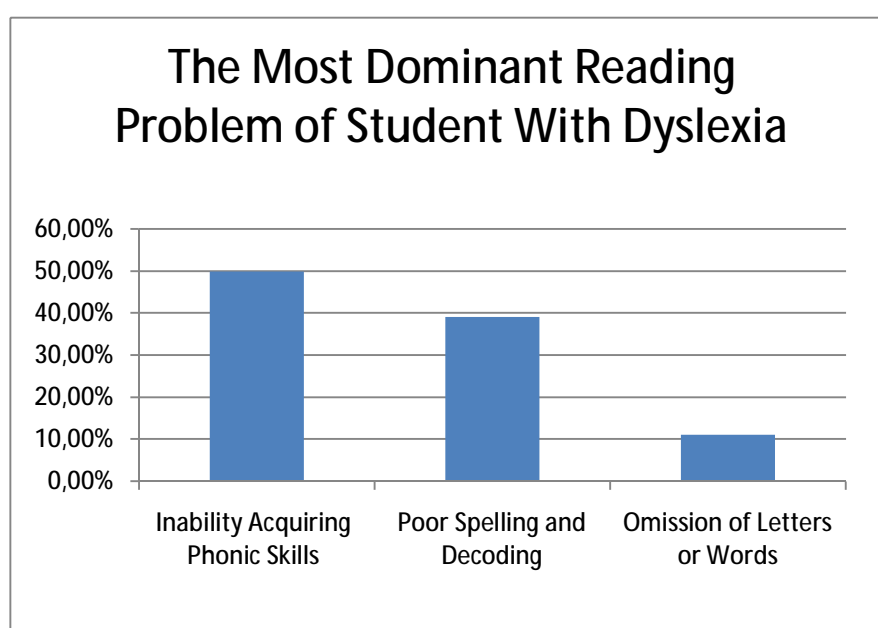


Chart 1: The Most Dominant Reading Problem of Student with Dyslexia

3. The Factors Causing Reading Difficulties and Factors Causing Dyslexia

Based on the theory of Jamaris 2014: 137-139 and Frith (in Anggun, 2015 :175) the most factors that causes reading difficulties and dyslexia. It was found some factors below:

There were two factors causing reading difficulties based on physical factor which were dyslexia (reading difficulties) where we have been know dyslexia is a learning disorder where a person has difficulty reading, writing or spelling. Based

on the analysis, the student suffered dyslexia and the other factors that physiological factor can be showed that student with dyslexia has difficulty in reading that was intelligence factor such as: the ability to remember some objects, understanding a story, remembering and feeling, the ability to solve problems and doing tasks and the other different levels of difficulty.

There were two factors causing dyslexia based on biological factor such as: problem pregnancy and health problems are quite relevant. There were 3 factors based on cognitive factor such as: articulation patterns of child language that can affect how to speak, lack of phonological awareness in the individual concerned and child thoughtful patterns that affect memory and the last data there was one factor based on behavior factor such as students difficulty understanding the concept of time.

B. Research Findings

After analysis of the data obtained in this study, it can be argued some of the findings as follows:

1. There were eighteen the reading problems made by student with dyslexia of twenty three data of this study and and classified into three types namely; inability acquiring phonic skills, poor spelling and decoding and omission of words or letters.
2. There were 9(50%) for inability acquiring phonic skills, 7(39%) for poor spelling and decoding and 2(11%) for omission of words or letters. It can be concluded that inability acquiring phonic skills became dominant the reading problem was made by student with dyslexia.
3. There were two factors causing reading difficulties, the first dyslexia (reading difficulties) and the second intelligence factor. There were two factors causing dyslexia based on biologist factor, three factors based on cognitive factor and one factor based on behavior factor of this study.

CHAPTER V

CONCLUSIONS AND SUGGESTION

A. Conclusions

After the writer collected, classified and the analyzed the data, it can be concluded that:

1. There were eighteen the reading problems made by student with dyslexia of twenty three data of this study and and classified into three types namely inability acquiring phonic skills, poor spelling and decoding and omission of words or letters.
2. There were 9(50%) for inability acquiring phonic skills, 7(39%) for poor spelling and decoding and 2(11%) for omission of words or letters. It can be concluded that inability acquiring phonic skills became dominant the reading problem was made by student with dyslexia.
3. There were two factors causing reading difficulties, the first dyslexia (reading difficulties) and the second intelligence factor. There were two factors causing dyslexia based on biologist factor, three factors based on cognitive factor and one factor based on behavior factor of this study.

B. Suggestion

1. It is better for them who are interested in Psycholinguistics especially the topic of learning disability that is language disorder and dyslexia.
2. For the future researcher can analyze language disorder of student with dyslexia especially in therapy by paying attention to the context of situation.
3. It is suggested for other researchers to make detail analysis of language disorder of student with dyslexia. This can enlarge their knowledge as well. This research would be place as main reference in order to make further research about language disorder and dyslexia.

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APPENDIX A

OBSERVATION SHEET

I. INSTRUCTION

READ THE STATEMENT BELOW CLEARLY, THEN GIVE SIGN (√) IF

YOU CHOOSE:

1 : BAD

2: GOOD

3: VERY GOOD

	STATEMENT	SKOR		
T E A C H E R S	1. Teachers come on time.	3	2	1
	2. Teachers greet to students.			
	3. Teachers give information about the material to be learned			
	4. Teachers interact well with students			
	5. Teachers provide materials and therapists based on the rules.			
	6. Teachers deliver the material clearly.			
	7. Teachers have a neat and clean appearance.			
	STATEMENT	SKOR		
S	1. Students respond well to what teachers say in class.	3	2	1

T	2. Some students are able to interact with their teachers / and their friends.			
U	3. Students have difficulty speaking in class.			
D	4. Students follow the learning process well.			
E	5. Students are friendly, polite and respect each other in the class.			
N	6. Students discipline in the class.			
T	7. Students go home on time.			

APPENDIX B

DOCUMENTATION



APPENDIX C

**QUESTIONNAIRE RESEARCH FOR TEACHERS / THERAPIST
STUDENT WITH DYSLEXIA-FIRST INFORMAL ASSESSMENT
THE ANALYSIS OF LANGUAGE DISORDER OF STUDENT WITH
DYSLEXIA**

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UNIVERSITY OF MUHAMMADIYAH SUMATERA UTARA

I. Instructions

1. Before you answer the list of questions that have been prepared in advance the contents of the identity that has been available.
2. Answer this list of interviews honestly and thoroughly because the answers of Mr./Ms Teachers will help the completeness of the data the author needs. And before don't forget me to say thank you for all your help.

Student Name : _____

Grade : _____

Teacher : _____

School/Therapy: Kids Smile Therapy Centre For Kids

Date : _____

THE MAIN CHARACTERISTICS OF STUDENT WITH DYSLEXIA

(DATA SOURCE)

Please circle the term that indicates the degree of your concern regarding each skill area.

QUESTION

Cognitive/Academic Ability

This student appears to have intellectual ability equal to or above grade level peers. No Yes

This student has grade level math calculation skills. No Yes

This student has grade level math reasoning skills No Yes

This student has reading difficulties that are unexpected compared to other abilities. No Yes

Oral Language

When listening, this student has:

Difficulty understanding verbal directions Rarely Often

Difficulty understanding stories read to him/her Rarely Often

When speaking, this student has:

Difficulty acquiring new oral vocabulary Rarely Often

Difficulty finding the right word Rarely Often

Difficulty speaking in grammatically correct sentences Rarely Often

Difficulty explaining ideas or elaborating on thoughts Rarely Often

Attention

This student:

Displays difficulty organizing time and materials	Rarely	Often
Is easily distracted by sights or sounds	Rarely	Often
Does many things too quickly	Rarely	Often
Is often overactive or fidgety	Rarely	Often
Is in consistent with production of classwork and homework assignments		
	Rarely	Often

Handwriting

This student:

Is slow with handwriting and copying tasks	Rarely	Often
Displays overall poor quality/illegible handwriting on written assignments		
	Rarely	Often

Student's Academic Development

English is a second language for this student.	No	Yes
This student was retained in classical grade.	No	Yes
This student has been in special programs. (<i>Special Education, Reading Recovery, etc.</i>)	No	Yes

**QUESTIONNAIRE RESEARCH FOR TEACHERS / THERAPIST
STUDENT WITH DYSLEXIA– SECOND INFORMAL ASSESSMENT
THE ANALYSIS OF LANGUAGE DISORDER OF STUDENT WITH
DYSLEXIA**

LAILAN SYAFRINA DEWI

NPM: 1402050192

ENGLISH DEPARTMENT

FACULTY OF TEACHERS TRAINING AND EDUCATION

UNIVERSITY OF MUHAMMADIYAH SUMATERA UTARA

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Student Name : _____

Teacher : _____

Date : _____

Grade : _____

School/Thereapy: _____

Fluency

This student has:

Difficulty reading accurately	Rarely	Often
Difficulty reading grade level material at expected rate	Rarely	Often

Spelling

This student has:

Difficulty memorizing words for spelling tests	Rarely	Often
Difficulty spelling in context	Rarely	Often

Comprehension

This student has difficulty with reading comprehension	Rarely	Often
--	--------	-------

Reading Dyslexia / Reading Difficulty

According to Mercer (1983: 309) there are four groups of learning disabilities characteristic of reading, namely with regard to reading habits, mistakes to know the word, misunderstanding, and the symptoms of various.

Children with learning disabilities often exhibit unusual habits of reading such as tensionful movements, frowning, anxiety, elevated rhythm, or biting their lips; they also show an insecurity characterized by rejection behavior to read, cry, or try to fight teacher (Abdurrahman 2003: 204).

Based on the results of previous questionnaires, the authors found the existence of symptoms that fit very well with the criteria of dyslexic children as described above. Therefore, the author will conduct further research with spreading a second questionnaire. Questionnaire is a list of questions that will serve as the main data source. The data obtained is filled by teachers / teachers in Medan Teraphy Kids Center. This data is very supportive for the results of research authors.

Oral Reading List Errors of Students in Kidz Smile Therapy Center For Kids

(Source: Abdurrahman 2003: 210-212)

No.	Types of Errors	Check	Information
1	Can not pronounce all vowels (a, i, u, e, o).		
2	Can not pronounce some vowels		
3	Can not pronounce all consonants (b, c, d, f, g, h, j,k, l, m, n, p, q, r, s, t, v, w, x, y, z).		
4	Can not pronounce some consonants.		
5	Can not pronounce the diphthong letters (ny, ng).		
6	Can not pronounce consonant-vowel combinations (ba,pa, ...).		
7	Can not pronounce a mixture of diphthong letters – vowel letters (nya, ngu,sya ...).		
8	Can not pronounce double vowels (he, oi, ua, ...).		
9	Can not pronounce consonants of consonants – consonants (ba- pak , ka- pal , pas -ti,...)		
10	Can not recite vowel-consonant combined (as-pal, ir-na, ...)		
11	Can not distinguish similar letters (b-d, p-q, m-n-u-w).		
12	Ommission of letters or words ("("bunga mawar itu merah" read "bunga itu merah" , "bapak membaca buku" read"bapak baca buku").		
13	Insertion of words ("rumah paman di Semarang " read " rumah paman ada di Semarang ").		
14	Replacement of words, fixed meanings ("ayah menulis surat" read " bapak menulis surat ").		
15	Replacement of words, different meanings ("itu kucing ali " read " itu kacang ali ").		
16	The pronunciation of the wrong word, the same meaning ("hati saya senang" read "hati saya seneng").		
17	Wrong pronunciation, meaningless ("mama beli nenas"read "mama beli memas ").		
18	Pronunciation with the help of the teacher ("kuda itu lari kencang" read "kuda itu lari....kencang").		
19	Repetition ("Wati main bola" read "Wati ma-ma-ma-ma-in bo-bo-la").		

20	Reversal of sentences, subjects, predicates, objects ("baju saya dicuci bibi "read" baju saya bibi dicuci")		
21	Not paying attention to punctuation ("bapak dan ibu pergi ke kantor. Saya pergi ke sekolah" read "bapak dan ibu pergi ke kantor saya pergi ke sekolah").		
22	Hesitant in reading Iwan bermain layang-layang" read "Iwan ... bermain ... layang ... layang").		
23	Can not sort the order of news readings.		

**QUESTIONNAIRE RESEARCH FOR TEACHERS / THERAPIST
STUDENT WITH DYSLEXIA–THIRD INFORMAL ASSESSMENT
THE ANALYSIS OF LANGUAGE DISORDER OF STUDENT WITH
DYSLEXIA**

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Student Name : _____

Teacher : _____

Date : _____

Grade : _____

School/Thereapy: _____

**FACTORS CAUSING READING DIFICULTIES AND FACTORS
CAUSING DYSLEXIA (DATA SOURCE)**

(Data Source: Jamaris, 2014: 137-139 and Frith (in Anggun, 2015 :175))

Please circle the term that indicates the degree of your concern regarding each skill area.

DESCRIPTION

SB : EXCELLENT

B : GOOD

KB : POORLY

FACTORS CAUSING READING DIFICULTIES(DYSLEXIA)

QUESTION

a. Physical factors

This student has:

- | | | | |
|---|----|---|----|
| 1. Visual Difficulty (sight) | SB | B | KB |
| 2. Difficulties auditory perception (hearing) | SB | B | KB |
| 3. Neurological problems (nerves) | SB | B | KB |
| 4. Dyslexia (reading difficulties) | SB | B | KB |

b. Psychological Factors

This student has:

- | | | | |
|------------------------|----|---|----|
| 1. Emotion Factor | SB | B | KB |
| 2. Intelligence Factor | SB | B | KB |
| 3. Self Concept Factor | SB | B | KB |

c. **Socio-economic factor**

The house is not conducive to learning. SB B KB

d. **Factor of education management.**

This factor is related to things as follows:

Expectations of teachers who are too high not with ability of the child

SB B KB

Less effective classroom management

SB B KB

Teachers who often criticize children too much

SB B KB

The curriculum is too dense

SB B KB

A. INSTRUCTIONS

I. GIVE (√) IF YOU AGREE WITH THE STATEMENT BELOW.

II. GIVE (×) IF YOU DO NOT AGREE WITH THE STATEMENT BELOW.

FACTORS CAUSING DYSLEXIA

QUESTION

Biological Factors

Family History Experiencing Dyslexia ()

Problem Pregnancy ()

Health Problems are Quite Relevant ()

Cognitive Factors

Articulation Patterns of Child Language that Can Affect How to Speak ()

Lack of Phonological Awareness in the Individual ()

Child Thoughtful Patterns that Affect Memory ()

Behavior Factor

Bad Social Relations ()

Stress is Implications and Learning Difficulties ()

Motor Disorder ()

Difficulty Interacting With Others ()

Students Difficulty Understanding the Concept of Time ()