

The K–1 Reset

Find the cause before it becomes a decade of remediation

A proposal for the one change in the K–12 system with more leverage than any other — and the honest evidence for why the current response at this age does not work.

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The argument in one page

Kindergarten and first grade are the only point where prevention and school access converge. Before school, the highest-leverage window belongs entirely to families and no principal has jurisdiction over it. After third grade, the work becomes remediation against a widening gap. K–1 is the one place where a school can still prevent rather than repair — and where it actually has the children in the building.

Schools already know which children are at risk. Universal screening at K–1 is close to universal, it is reasonably good at flagging word-level difficulty, and most districts run it three times a year.

The failure is not detection. It is the response. A child flagged at K–1 is given more of the instruction that has already not worked, delivered in a small group, by whoever is available, without anyone ever asking why the first round did not land.

That response has been evaluated at scale, and the results are not ambiguous.

The federal RTI evaluation	Balu et al., 2015 — 24,000 students in 146 experienced schools across 13 states. First graders who fell just below the Tier 2 cut and received intervention scored lower in spring than those just above it. The lead author described it as losing about one-tenth of a year of learning.
Reading First	Gamse et al., 2008 — 248 schools. Significant gains in instructional time and first-grade decoding. No significant effect on reading comprehension in grades 1, 2 or 3.
Reading Recovery	May et al., 2023 — a first-grade one-to-one intervention with large short-term effects. By grades 3 and 4 the effects were negative, between –0.19 and –0.43 standard deviations.

None of that is an argument against teaching reading well, and none of it reflects on the people delivering it. It is evidence that **adding instruction to a child for whom instruction is not landing does not work, and can cost them something.**

The missing step is diagnosis. Nobody asks why. Not because anyone is uncurious — because no role in the building has that as its job, and no instrument in the building is designed to answer it.

What happens now when a child is flagged

The sequence is broadly the same everywhere, and it is worth setting down plainly because the gap between the model and the delivery is where the argument lives.

Step	What happens	What is never asked
Screen	Three times a year. Phonemic awareness, letter sounds, decoding, alphabet knowledge, and usually one language component.	Whether the child can see the page comfortably. Whether they are hearing through fluid. Whether they slept.
Flag	Below a percentile cut. The family receives a letter, often a composite score with no breakdown explained.	What the subtest pattern means. Which specific skill is short.
Assign	Tier 2. Small group, twenty to forty minutes, three to five times a week, for eight to twelve weeks.	Why the first round of instruction did not land.
Deliver	By whoever is available — frequently a paraprofessional rather than a trained interventionist. Fidelity is often unmeasured.	Whether the intervention is aimed at the actual constraint.
Review	At the end of the cycle. Move up, move down, or repeat.	Whether anything outside the classroom changed, or could.

Three things follow from this

- **The response is identical regardless of cause.** A child who cannot track a line of print, a child who is hearing through fluid, a child who slept five hours, and a child who genuinely needs more phonics all receive the same twenty minutes in the same small group.
- **Pull-out can displace the thing that was working.** The most plausible reading of the negative first-grade RTI finding is that time out of core instruction cost more than the intervention returned.
- **And the family is informed rather than engaged.** A letter goes home. Nothing in the process asks the family for what only they have, and nothing gives them anything to do.

That last point is the largest missed opportunity in the K–1 system. The parent holds the entire history — ear infections at two, how the child sleeps, what happened last year, whether they have ever had a proper eye exam. None of it is recordable in any system the school operates, so it never enters the analysis.

What we do instead

We do not deliver more instruction. We find out why the instruction is not landing, and we do it in a fixed order — cheapest and most reversible first, because a measurement taken through an uncorrected condition is not a measurement of the child.

Step one · Read the data the school already owns

No student time, no cost, and it is almost never done. **The subtest breakdown rather than the composite.** Accuracy and rate separated rather than reported as one fluency number. The oral vocabulary component, which is the only part of the screener that touches language and the one that predicts later comprehension failure. Attendance, cross-tabulated against reading.

Step two · Check the conditions

Nine questions, five minutes, answered by the family. This is the step no school performs and the one that most often changes the picture.

Seeing	Not an eye chart. Whether the two eyes work together and track a line. A child can pass a school vision screening and still find a page exhausting.
Hearing	And specifically the ear infection history before age three — fluid during the years phonological representations form. It leaves no trace at the time.
Sleep and breathing	Snoring and mouth breathing produce restlessness and poor concentration that look exactly like an attention problem.
Food	Whether they eat before the school day starts.
Attendance	Which the school has and nobody crosses against reading.
Attention	Screened, never interpreted. That is the doctor's work.
Safety and stability	What has happened, and whether the child is spending energy staying on guard.
How they feel about reading	Whether a five-year-old has already concluded they are the one who cannot do this.
Lead	A simple blood test, usually free, and very often never done.

One condition cleared is the most common good outcome there is, and the one most often missed. It costs a phone call and a referral. It is not an instructional intervention and no reading program addresses it.

Step three · Separate the two halves of reading

Ten minutes. An adult reads one short passage aloud to the child; the child reads a matched passage. Three questions each. The comparison routes everything that follows.

Understands what was read to them, not what they read	The difficulty is at the word level. Their understanding is intact and was never actually being measured — the words never got through to reach it.
Struggles with both	The difficulty is above the word level. Language, vocabulary, knowledge. Nothing the school runs in these years is looking for this, and more phonics will not touch it.

Accurate but slow, and tired afterwards	The words are there but cost too much, leaving nothing for meaning. More phonics makes this worse.
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Step four · Match the response to the cause

Correct it	A condition is blocking. Clear it and the capability is available immediately. Days to weeks.
Route around it	Reduce the load while the fault is repaired — read-alouds and audio, so knowledge keeps growing meanwhile. Immediate.
Train it	A processing skill is genuinely weak. Practice at the edge of ability, with an adult present. Months.
Build it	It was never built. Words, knowledge, questions. Years, and there is no shortcut.

The current system has one response. We have four, and which one we use depends entirely on what we find. **Giving a child who needs the first one a course of the fourth is most of why nothing moves.**

The parent is the delivery system

This is the part that makes a K–1 Reset possible without new staffing — and it is the part the evidence supports most clearly.

Parents who tutor their child on specific skills produce large effects. Parents who simply read to their child do not produce significant reading gains. Sénéchal and Young, 2008 — sixteen intervention studies, 1,340 families, kindergarten through grade three. Overall effect size 0.65. Tutoring specific skills was substantially more effective than listening to a child read, and reading to the child produced no significant reading gains at all.

That finding is usually read as an argument for parent training programs. We read it differently: **it means the family is capable of delivering the intervention, and what they lack is not willingness but instruction in what to do.**

What families can run themselves

The conditions check	Nine questions, five minutes. Free, printed or online.
The listening-versus-reading check	Ten minutes, matched passages supplied, no training needed. Routes everything.
Seven short checks	Question level, naming fluency, definition quality, three-step instruction, accuracy and speed, the closing question, reading comfort. One to three minutes each.
Targeted daily practice	Whatever the finding indicates — read-alouds above level, question practice, volume of easy text, or specific skill games.

All of it is free, all of it exists now, and none of it requires school staff time.

What this asks of the school

- **Referral, not delivery.** Give the family our details. That is the whole of it in the lightest version.
- **Access to their own data.** Help the family read the subtest breakdown they are already entitled to.
- **And a willingness to act on what comes back.** If a child turns out to need an eye exam rather than more phonics, the intervention plan should change.

Nothing in this asks a school to change its curriculum, retrain its teachers, or spend money it does not have. It asks that when a child is flagged, somebody finds out why — and that the somebody can be their parent.

Why this is the highest-leverage change available

Because the work is genuinely easier at this age

Effect sizes are larger	Extensive early interventions at K–1 have reached effect sizes around 0.84 in synthesis, against roughly 0.27 at grades 2–3 (Wanzek and Vaughn, 2007). After grade three, extensive intervention drops to 0.10–0.16 (Wanzek et al., 2013).
The population is reducible	Torgesen’s synthesis of twelve studies concluded the incidence of serious early reading difficulty could fall from roughly eighteen percent of children to between two and six percent — under conditions of explicit, sustained, well-delivered early instruction.
Nothing has compounded yet	A five-year-old has not spent four years concluding they are stupid, has not built elaborate avoidance strategies, and has not missed four years of knowledge that was supposed to arrive through reading.
And the conditions are still correctable	Vision, hearing, sleep and attention are as treatable at five as at fifteen — but at five, correcting them prevents the gap rather than trying to close one.

Because after third grade the arithmetic changes

From fourth grade, nearly all new vocabulary and background knowledge is supposed to arrive **through** reading. A child who cannot read is not standing still — they are falling further behind every day, in the very thing that would let them read better.

The same child, addressed at five, needs a referral and some daily practice. Addressed at eleven, they need years of remediation, a decade of accumulated belief about themselves undone, and knowledge rebuilt that their classmates acquired incidentally.

And because the alternative is already being paid for

Special education	Per-pupil costs for students with IEPs run far above general education — in one state analysis, roughly \$27,000 against \$10,000. A meaningful share of specific learning disability identifications begin as unaddressed early reading difficulty.
Retention	Roughly one additional year of per-pupil expenditure per retained student, and third-grade retention gates now exist in more than a dozen states.
Years of intervention	Tier 2 and Tier 3 staffing, delivered year after year to the same children, at effect sizes that shrink every year.

A district is already spending this money. The question is not whether to fund early diagnosis. It is whether to keep paying for a decade of response to something that could have been found in the first year.

What a K–1 Reset looks like

Small, cheap, and reversible. It is not a reform proposal and it does not require a board vote.

Phase	What happens	What it asks of the school
One · Two weeks	Ten flagged K–1 students. Families consent. We read their existing data, run the conditions check with the parent, and run the listening-versus-reading check with the child. We report back: of these ten, how many had a cause nobody had identified, what it was, and what would address it.	Identify the students. Send a letter home. Nothing else.
Two · One term	For findings that are correctable, the family acts — a referral, a bedtime, a hearing check. For findings that need building, the family runs targeted daily practice. We stay alongside. The school continues exactly what it was already doing.	Nothing. Optionally, adjust the intervention plan where the finding warrants it.
Three · A year	Re-measure. Compare the ten against the students who were invited and did not participate — same school, same flags, no intervention.	Access to the same screener results you already produce.

What we would report

Not score movement. The finding. Of ten children already flagged and already receiving services, how many had an identifiable cause that nobody had looked for. That number is true within two weeks, it is checkable, and it does not depend on anything working yet.

Any score movement is upside, and we would rather understate it than promise it.

What we would predict

Recorded in advance, because a prediction made beforehand is worth more than an explanation offered afterwards. In a group of ten flagged K–1 students we would expect to find:

- Several with an uncorrected vision or hearing issue that no school screening would detect.
- Several with a sleep or breathing problem producing a picture that looks like inattention.
- Several whose understanding is intact and whose difficulty is entirely at the word level — which the school is already addressing correctly.
- And several whose word reading is fine and whose comprehension is not, which nothing in the K–1 system is looking for.
- **Most will have more than one finding.** That overlap is the thing a single-label system structurally cannot represent.

The objections, and the honest answers

“We already screen and intervene.”	You do, and the screening is good. The intervention is the same regardless of cause, and the largest federal evaluation of it found first graders who received it scored lower than those who narrowly missed the cut. The problem is not effort or quality. It is that nobody asks why.
“This sounds like it needs staff we do not have.”	It needs none. Every check is run by the family or by us. The lightest version asks you to give parents a phone number.
“Parents will not engage.”	Some will not, and that is a real limitation we do not hide. But the evidence says parents who are given specific things to do produce large effects, while parents who are merely told to read to their child produce none. The failure is usually in what we ask of them, not in their willingness.
“We cannot share student data.”	Correct, and we do not ask you to. Families consent and share their own child’s records. That is slower and better — it engages the parent from day one, which is where the model works anyway.
“What if you find nothing?”	Then that is a real finding, and a useful one — it means the difficulty is in the reading itself and your existing plan is aimed correctly. We would say so plainly.
“What does it cost?”	Nothing. Every instrument and every material is free to families.

Can this fix the reading crisis at this stage?

Honestly — not alone, and we will not claim otherwise.

What can be said with confidence is narrower and still substantial. **The proportion of children who remain seriously behind is reducible**, and the ceiling on that reduction has never been tested under conditions where somebody actually diagnosed the cause first. Every estimate in the literature — including Torgesen's two to six percent — comes from studies that delivered better instruction. None of them cleared the conditions first, and none of them asked whether the child understood anything when someone read to them.

Nobody has tried this. Not because it is expensive or difficult, but because no role in the system has finding the cause as its job, and no instrument in the building is designed to answer the question.

What we believe, and what we would test

1. **That a meaningful share of children flagged at K-1 have an identifiable, correctable cause that nobody has looked for.** Testable in two weeks with ten students.
2. **That the response should differ by cause, and currently does not.** Testable by looking at what any two flagged children in the same building are receiving.
3. **That families will act when given something specific to do.** Supported by the existing evidence on parent tutoring, and testable here.
4. **And that doing all three at K-1 prevents more than doing any of them later.** The slowest to prove, and the one the effect-size gradient already supports.

The ask

Ten students you are already worried about, and permission for their families to find out why. Two weeks. No cost. No change to anything you are currently doing. And a written finding at the end that you would not otherwise have had.

If it produces nothing, you have lost two weeks of our time and none of yours. If it produces what we expect, you will have ten children whose difficulty has a name — and a reason to ask whether the other flagged children in the building deserve the same question.

Not what the child cannot do. Why.

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