

# The Vakt Model Based on Psycholinguistic Review for Overcoming Dyslexia Children

Sajida Laila Hanif<sup>1</sup>, Achmad Hilal Madjidi<sup>2</sup>, Slamet Utomo<sup>3</sup>  
{201703051@std.umk.ac.id<sup>1</sup>, achmad.hilal@umk.ac.id<sup>2</sup>, slamet.utomo@umk.ac.id<sup>3</sup>}

<sup>1,2,3</sup>Faculty of Teaching and Education, Universitas Muria Kudus Gondang  
Manis PO. BOX 53 Bae, Kudus, Central Java, Indonesia  
Phone (+62291) 438229, Fax (+62291)437198

**Abstract:** The underlying problems of dyslexia in this research begins when researcher conducted the research in grade five SD 1 Tritis Jepara on December 2017. From total 28 students, there were three students who couldn't read and write, even read one word or write their own name. This case certainly becomes a portrait reality of education that's very sad. That's not so good to hear. Some researchers have worked on VAKT Model to give contribution to overcome those problems. The VAKT Model is a learning model that activates all children modalities including visual, auditory, kinesthetic, and tactile. Learning with VAKT Model reviews from psycholinguistic in dyslexia children have problems in working memory; phonology related to hearing alphabet, numerical, and others; ortography realted to writing; kinesthetic; and reading speed also reading comprehension. But firstly, dyslexia children must understand about right and left directions. Triggered by that model, the researcher tries to hold new research on applying VAKT Model to overcome some difficulties of dyslexia children on reading. This research conducted in "Sekolah Disleksia Cendekia Kudus", because one and only therapy school in Central Java. The research about dyslexia is still rare than another problems. The goal is to know how effective VAKT Model for overcoming dyslexia children based on psycholinguistic review. Total of subjects 10 dyslexia children and how they learning with three therapy teachers. This research is qualitative descriptive analysis with type of case study. Data Collection Techniques are from participant observation, interviews, and documentation. Data will be analyzed by applying data reduction, data presentation, and verification.

**Keywords:** VAKT Model, Psycholinguistic, and Dyslexia.

## 1. INTRODUCTION

Socialization in life certainly requires a variety of skills, including language skills that can support the communication process to deliver a message. One of basic language skills is reading skills. Abdurrahman (2012: 158) explains that reading is a complex activity that includes physical and mental. Physical activity of reading is related to eye movement and visual acuity, while mental activity includes memory and comprehension. Dalman (2014: 5) mentions that reading is a cognitive process that aims to find a variety of information that is implied or explicit in written language. Rahim (2011: 3) defines reading as a strategy variation according to the text and purpose of reading.

Every children have main potential for learning. Dyslexia can be a child obstacle in learning process. Literally dyslexia comes from the Greek word "*dys*" which means inability and "*lexis*" which means reading, so dyslexia is defined as a condition inability or difficulty

in reading (shidiq and Firdausy, 2015: 1). Mercer (in Abdurrahman, 2012: 162), the definition of difficulty learning to read or dyslexia is generally very diverse, but overall leads to interference with brain function. Dyslexia as a syndrome has difficulty learning the components of words and sentences, and also in everything of learning about direction, time, and mass.

Sari, et al. (2015: 148) says dyslexia can be detected in preschoolers by seeing whether there is a language delay or not seems to sound from a word (difficult to play words rhythmic, confused with almost similar words, difficult to learn to recognize letters), for example "kagak" pronounced "gagak" accompanied by a family history of dyslexia, shows a significant risk factor for dyslexia. Furthermore, when a child enters school age usually starts to have complaints in the form lack of will or lack of confidence to appear reading in school, for example the word "ayam" is read "maya", but parents and teachers often don't realize that the child is dyslexia. Pratiwi (2015: 142) states that dyslexia begins to be seen or detected when children enter the school world for some time. Learning difficulties in type of dyslexia don't depend on level of intelligence. Children who have high intelligence or below average have possibility of dyslexia. Many factors cause children to have this dyslexia disorder.

Widyorini and Tiel (2017: 101) says the dyslexia subtype is divided into two, auditory dyslexia and visual dyslexia. Children born as visual dyslexia experience various difficulties in discrimination, memory, visual agitation, moving right and left, and about words quickly. Whereas there is an auditory type of dyslexia having difficulty in distinguishing sounds, auditory wrinkles, continuous memory, and phonological conditions. Subini (in Pratiwi, 2015: 143) also describes classification of dyslexia.

1. Visual Dyslexia or Diseidetic

The cause of this visual dyslexia is a disturbance in back of the brain function which results in a disturbance in perception and visual memory. Children often feel difficulty in reading and still upside down in writing letters that have almost the same shape, for example letters 'm' and 'w', 'u' and 'n', etc.

2. Verbal or Linguistic Dyslexia

The sign of this type of dyslexia child is difficult to discriminate or auditory perception so that child is difficult in spelling and finding words or sentences.

3. Auditory Dyslexia

Interference in visual-auditive connections is cause of auditory dyslexia, resulting in delays in reading. However, verbal language and visual perception are good.

Ebere (in Firdausy and Wijastuti, 2018: 4) suggests how to identify dyslexia children can be done by looking at whether in reading and spelling children experience delays compared to their age. Detecting dyslexia children can use a development based approach, with this dyslexia child will be easily seen when entering preschool and showing initial symptoms, namely there is an imbalance in development profile, characteristics of which are as follows (Widyorini and Tiel, 2017: 101).

1. There is a delay in speaking and spelling.
2. There are various activity barriers, such as remembering coherent instructions or trying to make shapes from beads arranged in various colors.
3. Have a visual concentration problem.
4. Not able to repeat a number of numbers with coherence, difficulty learning poetry, and slow language development.

According to Subini (in Pratiwi, 2015: 142), the symptom of dyslexia is the child's reading ability is below the ability that should be with consideration of various factors such as age, level of intelligence, and education. This disorder is not a form of physical disability such as

visual problems, but leads to brain performance how to process and process information that children read. Lidwina (2012: 9) points out that left-handed dyslexia children can use both hands, for example when writing, but they are often reversed in reading, from right to left.

Sidiarto (in Munawaroh and Anggrayni, 2015: 169) suggests several factors that cause children to experience delays or difficulties in development of reading, including the following.

1. Children born in a premature condition with low weight. This can cause children to experience brain damage resulting in learning difficulties or attention deficit disorder.
2. Children born with conditions such as physical abnormalities such as hearing and vision problems, or with *cerebral palsy* (cp).
3. An environment that has diverse languages can also be one of the reasons why children don't understand commands.
4. Children often move school.
5. Children often don't attend school because of illness or problems in their families.
6. Smart and talented children who are not interested in language learning so they lack concentration and make many mistakes.

Sari, et al. (2015: 148) mentions some of the alleged causes of dyslexia child, namely due to genetic factors, there are injuries to the brain, missing biochemistry related to the performance of central nervous system, biochemistry given to child such as coloring agents, environmental pollution such as lead, influence psychological and social, such as family and economic background.

The effort can be done to provide solutions and therapies for children with dyslexia, one with a learning model type VAKT (*Visual, Auditory, Kinesthetic, and Tactile*) in terms psycholinguistics. The model is use in Sekolah Disleksia Cendekia Kudus to overcome dyslexia children. Munawir (in Setiadi, 2015: 91) mentions the Fernald model also known as VAKT Model which is learning model with multisensory reading methods. The way to teach using this model generally uses reading material based on words or stories that are made or self selected, learning each word is taught in full.

There are four stages in the Fernald model. *First*, the students are assisted by teacher to choose the words they want to learn, the teacher writes on a piece of paper or on the board with large letters. Students are tasked with tracing the letters with their fingers (tactile and kinesthetic). This can be done on letters written on paper or with letter cards that arise (application in Sekolah Disleksia Cendekia Kudus). When tracing letters, students see the letters/writing (visual), and say it aloud (auditory).

At this stage, the fourth ability are honed so that it can recognize the letters from seeing the word, browse, say aloud, and listen to his own voice. This process should be repeated with the aim that students can write the word correctly without seeing an example. If the word is correct, it will be stored in word bank on student's mind which can be used to make stories from word bank that has been mastered.

*Second*, learning has begun to increase. The children are no longer searching for a word but learn to see the word that written by teacher, spoken and written. Children are encourage to make stories with new words and maintain the treasury in word bank. *Third*, the teacher no longer writes words, but the child tries to read with letters printed or written from the book. Then the child trying to see the word, pronouncing, and copying it. *Fourth*, from all the processes the child has gone through, it's hoped that they will be able to remember and recognize new vocabulary by comparing the words they have learned.

Busro (2016: 210) reveals that psycholinguistics is a combination of psychological psychology and linguistics. Psycholinguistics is a study of language use and language acquisition. The definition shows two different aspects, namely acquisition of language that involves how someone (especially children) learns the language, while usage means the use of language by normal adults. Levelt (in Mar'at, 2005: 1) divides psycholinguistics into three main areas, among others.

1. General Psycholinguistics

General psycholinguistics is a study of how adults perceive or perceive language, how they produce language, and underlying cognitive processes when someone uses language.

2. Developmental Psycholinguistics

Developmental psycholinguistics is a psychological study of language acquisition in children and adults, both from mother tongue and second language.

3. Applied Psycholinguistics

Applied psycholinguistics is the application of psycholinguistics theories in everyday life to children and adults. In applied fields it can be divided into two.

- a. *Applied General Psycholinguistics*

The application is divided into two, normal and abnormal fields.

- 1) *Normal Applied Psycholinguistics* discusses the effect of spelling on our perceptions of visual characteristics and words.

- 2) *Abnormal Applied Psycholinguistics* learn about problems, such as difficulty pronouncing in patients with aphasia who basically understand the language but can't speak it, learn about difficulties experienced by those who stutter in pronouncing certain sounds when speaking or reading difficulties experienced by dyslexia.

- b. *Applied Developmental Psycholinguistics*

This application is also divided into the fields of normal and abnormal psycholinguistics.

- 1) *Normal Applied Developmental Psycholinguistics* explains how to make a program (curriculum) to learn read and write by comparing two methods, for example global methods or synthesis methods, etc.

- 2) *Abnormal Applied Developmental Psycholinguistics* discusses what can be done for children who experience delays in language development due to congenital abnormalities in the articulation tool, emotional factors, or other causes.

Research that is relevant to this research is the research conducted by Kumilasari in 2016 about "Improving the Ability to Write Vowels (a, i, u, e, o) Through the VAKT Method for Mentally Retarded Children in SLB Talawi Sawahlunto." The results obtained from these studies indicate that the ability to write vowels (a, u, i, e, o) through the VAKT method for mentally retarded children is increasing through the VAKT method. Meanwhile, the objective of this research is to know how effective the VAKT Model is for overcoming dyslexia children based on psycholinguistics review.

## 2. METHODOLOGY

This study is based on descriptive qualitative. The type of research is case study with a naturalistic qualitative approach. Sugiyono (2015: 14) suggests that descriptive qualitative

methods are often called naturalistic research methods because this research is carried out in natural conditions.

The location of this research at Sekolah Disleksia Cendekia Kudus, KH. Arwani 1A Street, Krandon Village, Kota District, Kudus Regency. The research starts from January 2019 until August 2019. The total of research subjects were 10 students with three therapists namely Arryma Suryaningtyas, Aminatuzzuriah, and Nindy Dyah Ayu Ariska.

The students after get justification for dyslexia by Mr. Trubus Raharjo, S. Pd., M. Si. (as a Lecturer in the Faculty of Psychology at Muria Kudus University and at the same time as a headmaster of Sekolah Disleksia Cendekia Kudus), it's classified into level of dyslexia that is low, medium, and high.

The data collected was about the overcome of dyslexia children with VAKT Model in terms of psycholinguistics. The following are three techniques used to collect that data.

1. Interviews

Zuriah (2009: 179) states that Interviews is a process of interaction and communication using words that aim to obtain important information as desired. The interview is also a tool for gathering information by asking a number of oral questions and answered verbally. Face to face *interviews* and information sources (*interviewees*) are the main characteristics of interviews. Key informants are people who are directly involved in management of therapy school for dyslexia children, namely Mr. Trubus Raharjo, S. Pd., M. Si. as well as with several other teaching staff.

2. Participant Observation

In observation, researchers are involved with daily activities of people who are being observed or used as research data sources. While making observations, researchers take part in carrying out activities carried out by data sources. With this participant observation, the data obtained will be more complete, sharp, and to find out at the level of meaning of each visible behavior (Sugiyono, 2015: 204).

The role of the observer is publicly known because all kinds of information including confidential information can be easily obtained (Gunawan, 2013: 146). The purpose of participant observation is so that researchers have opportunity to direct events that are expected to occur.

3. Documentation

Documentation is another name for writing analysis or analyzing visual content of a document. Sugiyono (in Gunawan, 2015: 179) states that study of documents is a complete to use of observation and interview methods in qualitative research. Even credibility of this research will be even higher when involving and using documents studies.

Data analysis in qualitative research is inductive, meaning that analysis of data based on results obtained, then developed with a certain pattern of relationships in order to become a hypothesis. Based on hypothesis that have been formulated based on these data, then data search will continue to be carried out repeatedly so that it can be concluded whether hypothesis is accepted or actually rejected. If hypothesis is accepted, then the hypothesis develops into a theory.

Gunawan (2013: 217), the determination of data validity requires data checking techniques that are based in a number of certain criteria namely; (1) *credibility*; (2) *transferability*; (3) *dependence (dependability)*; and (4) *confirmability*.

Based on four data validity criteria above, the application of criteria for degree of trust is very important, triangulation techniques is sufficient to measure validity of data.

### 3. RESULT AND DISCUSSION

Based on observation of giving therapy at Sekolah Disleksia Cendekia Kudus on January 2019 until August 2019. On average students come on time, during learning or therapy activities they were enthusiastic and can take therapy well, even though there are still difficult conditioned students.

Dyslexia students in Sekolah Disleksia Cendekia Kudus still have difficulty reciting and differentiating letters and numbers that are shaped almost same, this results in their inability to read words or sentences, even understand readings that are read. Regarding the therapists, they also need to students well condition. In addition, there are many uses of media that are combined with VAKT as learning model that is liked by dyslexia children such as letters and numbers cards that arise, puzzles, and jumping games.

Overall, the therapists are able to teach well to dyslexia children because cooperation between them is also compact. Safe atmosphere and comfortable classrooms used for learning, away from noise of vehicle, but facility for supporting therapy still need to be completed so that learning becomes more optimal.

Based on the results of interviews with headmaster of Sekolah Disleksia Cendekia Kudus, Mr. Trubus Raharjo, S. Pd., M. Si. on April 17, 2019, he revealed that dyslexia children were children with normal intelligence but had problems with ability to read and write, thought only to be learning disabilities. Then he looked for references then found term "dyslexia".

Dyslexia actually has dysgraphia and dyscalculia. These cases made him analyze that from year there were more cases of dyslexia. After he got theories about dyslexia, dysgraphia, and dyscalculia, it turned out that causes of these children were genetic factors, that is if one of parents had dyslexia, especially fathers, it was likely to decrease to their children. Because prevalence is becoming more and more, so most of our tests, many students were classified as dyslexia average in all primary school.

In connection with its own naming Dyslexia School, in fact this place is place for therapy, but the name exchange for becoming a "school" because he wanted to dispel image to parents that their children were included in children with special needs, but specific. In science of psychology there is a term DSM 5 or categories of disturbance children, where dyslexia, dysgraphia, and dyscalculia include *specific learning disorder*. The non-specific example are autism, ADHD, ADD. Therefore, he was interested in creating a school with dyslexia, although we must educate many parents that their children are dyslexia, reading and writing will be able to recover origin of right handling.

Sekolah Disleksia Cendekia Kudus was established on July, 1 2018. Constraints that have occurred so far have been from three parties, namely parents, children, and school. The school knows a lot about dyslexia disorders, it's considered still ordinary or even "considered an ABK Child (The Children with Special Needed)", even though they have normal intelligence. If what is written in DSM 5, dyslexia children including children with normal intelligence even have high intelligence and not including children with problems related to mental disorders.

Second, from parents. Actually, there are still many parents who don't understand and realize dyslexia themselves, so they still see that their children's learning difficulties are only limited to difficulties. Even though their children are normal, they have difficulty reading and writing, or counting in context of dyscalculia. From there, they immediately handed it to school. The problem is that curriculum faced today requires children (in grade I semester 2) ability to read it must start well, if not more, it will be left behind. Eventually this dyslexia

children happened to have been in class II even until grade IV was still in midst of reading it. There were students at his place, only in grade IV was he still confused about “b”, “d”, and “p”. That’s most common difficulty, then “m”, “n”, and “u” are still upside down, so that parents still leave everything to school. It’s necessary to have information about this.

Associated with children/students, so indeed difficulty is that characteristics of dyslexia children are many. The context is twofold, reading and writing. Read it yourself from start in context of its audits, visual side, it has become a problem first, so when facing reading in various types. If her own child has intention to learn it’s good, if child is fussy and easily give up that is a hassle, writing too.

Because of this nature of therapy is individual. In one therapy session, one assistant (therapist) holds a maximum of three children, a maximum of four children (has same difficulty characteristics), because characteristic of child’s difficulties are different. Regarding the number of students, the name of therapy is in and out. There were once first few months to 15 students, now around 10 students are active.

The therapist is mainly three people, the administrative departement is one person. They (therapists) who from beginning know what this child is having trouble, but if there is a new child, he is in charge of observing, so first tested with an IQ test, after which he observes his difficulties, then makes recommendations later therapists already knows child himself where to go, where to start.

The method used in Sekolah Disleksia Cendekia Kudus according to him, is principally based on dyslexia children who have major disorder due to phonological deficits. There are two main bases, namely phonology and automation. Actually the concept are three, but one directly leads to writing (motoric deficit). Automation deficits are related to: (1) The child’s ability when he quickly understand material that us about to be read or written; (2) there is also working memory. In phonology, he only took three; (1) Morphology related to knowing or understanding letters, syllables, words, etc. In morphology there is ability to spell; (2) Orthography is to write it; (3) speed reading skills.

The main phonology is hearing, in a dyslexia child, they have difficulty when they try for understanding letters related to sound. In context of VAKT Model it’s auditory. Letters “b” (*be*) is likely to be heard “d” (*de*), or “p” (*pe*) heard “t” (*te*). So, from that context breaks down into many ways. For example, it was related to korphology then how child spelled, sorted letters, etc., then entered syllables, to dead letter. For example “*rumah*” is read “*ruma*”, “*makan*” is read “*maka*”, most is “*ng*” from word for example “*mengurangi*” is read “*menguangi*”.

To distinguish sounds such as “b”, “d”, “p” is more emphasized in auditing. The ortography. Writing it there are techniques where we must know that one of them is like this, almost on average dyslexia children are confused with right and left direction. So we equate, when they practice writing especially for same letters, firstly we must understand the directions, then enter letters. For example, by throwing a basket ball, or for example with command “try for holding your right hand, try for holding your right ear using your left hand, etc”. It’s difficult for dyslexia children, for us as normal person there is no problem. Then we correct it first.

Enter the letters, for example letter “b”. Frequency of the teachers explained letter “b” that his stomach was in front and behind. For a dyslexia child, it’s a disorder, so the correct one is to make letter “b” sit on right, if “d” hangs on left. So, they can distinguish right and left, not front and back. Then we correct right and left first so that when writing related to ortography they are not confused.

Getting into reading skills, in addition to speed reading but also understanding, because in some dyslexia children, they can read and write, where is the dyslexia? They can't understand the sentence. Handling this, then we try to tell for example in class there is anything, we ask them to explore, then read the sentence, we give a question, or make a sentence from one word, and even then for a long time. If you can, it depends on your child's ability. But on average, he usually tell the parents that their child is dyslexia with a category like this, usually with this category a minimum of six months handling, can be up to one year, or more. So it must be patient, dyslexia children can't be suppressed, if they pressed, they will mentally down and can be stressful.

But more troublesome thing was when they felt difficult to read and write, and to understand it. The good thing is that their parents could understand that. Because there are two types of parents, one is highly educated, other is enducated. So highly educated people say that they will be handled alone at home because they felt they could, but those who are totally uneducated think that later they could do it themselves. Here again, the right genetics, so that he will be brought down to their children. The ability to read and write will be able, but the genetics will decrease. Similar to case of Deddy Corbuzier who is dyslexia, Azka as his child is also dyslexia. But his abilities can be more than normal people because handling is right and how to condition.

The media that used were also varied, so with implementation of VAKT Model, namely visual, auditory, kinesthetic, and tactile, automation includes kinesthetic and tactile. Visual context, means we understand children from visual side related to letters, words, syllables, and sentences. The child then teaches us how to recognize letters with *flashcard* or tactile arising cards regarding letters and numbers so that they could be touched and interpreted as for example letters "a". It's rather boring to be tactile, children ask for other media. Writing crayon, tactile and even kinesthetic is related to fine motor skills. There are also letters and numbers puzzles.

At kinesthetic, we also use some media, for example, the lightest ones are throwing a ball, distinguish right-left, balance with media such as jumping, walking, etc. So the floor in our school has lines for that. If auditory uses pronunciation from phonological side, reading it must be correct, starting with letters, syllables, to word. The visual is be seeing and combined between seeing by saying, or hearing writing, seeing writing, seeing imitating, reading writing, imitating writing, context of VAKT Model like that.

Actually there is one theory about dyslexia in English books with title "*Dyslexia Learning and The Brain*" that there are five hypotheses, but three basic hypotheses are: (1) cognitive level; (2) brain level; (3) genetic level. Cognitive levels consist of phonology, phonological deficits and autimation deficits. There are three brain levels, namely: (1) cerebral deficit hypothesis (all related to cerebrum, the brain specifically, broca and vernicle). Actually form broca's and vernicle's theories, psycholinguistics was already in, because broca and vernicle were first triggers of reading disorders in aphasia children, which we generally call dyslexia; (2) Magnocellular are two, namely magno in terms of verbal and visual aspects. Magnocellular deficit hypothesis in it's twofold, from auditory and visual side. There discusses how dyslexia children (the brain) from visual and auditory sides. If we took it from a hypothetical cerebral deficit, it was part of cerebellum. So, cerebrum is cerebellum, inside it's cerebral. It turned out that all cases of dyslexia children were found to be problematic in cerebral. So, before entering broca, vernicle, magnocellular, etc. It's a good idea first in cerebral section. So, in cerebral theory, there is motoric, phonological, and automation, which ultimately three things that are the main problems in dyslexia children are reading, spelling, and writing.



The following is a table of classification of severity of dyslexia children in Sekolah Disleksia Cendekia Kudus.

**Table 1.** The Classification Severity of Dyslexia Children in Sekolah Disleksia Cendekia Kudus

Name Of Therapists	Student Initials	Difficulties	Severity Level
Arryma Suryaning tyas	MMAP	Can read, difficults to concentrate, don't understand, word reversed.	Medium
	HSA	Not able to read and write.	High
Aminatuz zuriah	TKS	Read not yet smoothly and write something wrong.	Low
	AHT	Not able to read syllables.	Medium
	ZVKH	Can read, difficult to concentrate, don't understand, word reversed.	Medium
	FARS	Not able to read and write.	High
Nindy Dyah Ayu Ariska	FA	Read not yer smoothly and write something wrong.	Low
	MRA	Can read, don't understand, word reversed.	Medium
	ARM	Not able to read and write.	High
	DONE	Not able to read and write, left and right directions are still wrong.	High

#### 4. CONCLUSION

This study showed that dyslexia children are children with normal and even high levels of intelligence who have difficulty reading and writing caused by genetic factors. However, their parents still don't realize that their children have dyslexia.

The difficulties faced by dyslexia children generally related to difficulty of pronouncing letters or numbers, back and forth when reading and writing letters or numbers that have almost same shape, and inability to understand words or sentences that are read. Such children need special handling that was different from normal children, they need intensive teaching and therapy.

Dyslexia children don't lose their future, they only lose letters and numbers that they should understand at their age, then with proper handling, this is certainly can be removed even they are able to be more than other normal children.

Sekolah Disleksia Cendekia Kudus implements VAKT Model in providing therapy and teaching to dyslexia children. Beginning with observation of children's difficulties, intelligence tests, and justification, the provision of therapy can be done appropriately according to difficulties that children experience. The implementation of VAKT Model is also accompanied by a variety of learning media, for example with puzzles, cards arising from letters and numbers, various book, games, etc. So VAKT as learning model effective for overcoming dyslexia children.

The expectations of Mr. Trubus Raharjo, S. Pd., M. Si., regarding matters related to dyslexia in the future, he only wanted to provide information to public including education office that there were indeed children with dyslexia, the school also had a role to convey to parents about dyslexia, thus it could be handled well because of phenomenon it looks like an iceberg, above looks small but is actually under a lot.

Because dyslexia, one of which comes from genetic factors, if not handled properly, there will be more. For example, parents have dyslexia and possessed four children, possibility of two children was also to be dyslexia and so on. Even though dyslexia children belong to normal children, they need special treatment, at least minimizing difficulty level of child when they are studying in formal school, because there are many cases that he finds. One of them is fifth and sixth graders and they experiences dyslexia. As a result, they didn't continue to junior high school or drop out, of course this would have a psychological impact and academic impact on society in general. Special therapy for dyslexia, especially in Central Java, is only in Kudus.

Related to similar research, researcher also suggest that after this study, research on dyslexia will also increase and develop, because there are still very few studies that discuss about dyslexia, even elementary school teachers still don't understand what is dyslexia, of course besides research also need for seminars and socialization in school, at district level, or if it's able at district level so that awareness about their dyslexia children also understood sert a given way of treatment is best for them.

## REFERENCES

- Abdurrahman, Mulyono. 2012. *Anak Berkesulitan Belajar: Teori, Diagnosis, dan Remediasinya*. Jakarta: Rineka Cipta.
- Busro, Muh. 2016. "Kajian dalam Psikolinguistik: Perangkat Penelitian, Strategi, dan Penggunaan Metode Penelitian". *Al Hikmah Jurnal Studi Keislaman*, 6 (2), 209-218.
- Dalman. 2014. *Keterampilan Membaca*. Jakarta: PT. Rajawali Persada.
- Firdausy, L., dan Wijastuti, A. 2018. "Studi Deskriptif Penanganan Siswa Disleksia di Sekolah Dasar Widya Wiyata Sidoarjo". *Jurnal Pendidikan Khusus*, 10 (2), 1-10.
- Gunawan, Imam. 2013. *Metode Penelitian Kualitatif: Teori dan Praktik*. Jakarta: Bumi Aksara.
- Kumilasari, Desi. 2016. "Meningkatkan Kemampuan Menulis Huruf Vokal (a, i, u, e, o) Melalui Metode VAKT Bagi Anak Tunagrahita Sedang di SLB Talawi Sawahlunto". *Jurnal Ilmiah Pendidikan Khusus*, 5 (2), 24-37.
- Lidwina, Soeisniwati. 2012. "Disleksia Berpengaruh Pada Kemampuan Membaca dan Menulis". *Jurnal STIE Semarang*, 4 (3), 9-18.
- Mar'at, Samsunuwiati. 2005. *Psikolinguistik Sebagai Pengantar*. Bandung: Refika Aditama.

- Munawaroh, M., dan Anggrayni, N. T. 2015. *Mengenali Tanda-Tanda Disleksia Pada Anak Usia Dini*. Prosiding Seminar Nasional dengan Tema Strategi Mengatasi Kesulitan Belajar Ketika Murid Anda Seorang Disleksia. Universitas PGRI Yogyakarta, Yogyakarta, 167-171.
- Pratiwi, I., Hapsari, F. D., dan Argo, C. B. 2015. *Pembelajaran Teknik Puzzle Untuk Meningkatkan Keterampilan Membaca Anak Disleksia*. Prosiding Seminar Nasional dengan Tema Strategi Mengatasi Kesulitan Belajar Ketika Murid Anda Seorang Disleksia. Universitas PGRI Yogyakarta, Yogyakarta, 139-146.
- Rahim, Farida. 2011. *Pengajaran Membaca di Sekolah Dasar*. Jakarta: Bumi Aksara.
- Sari, T. W., Vitara, A., dan Putri, M. P. 2015. *Meningkatkan Motivasi Belajar Anak Disleksia Untuk Mengurangi Kesulitan Belajar Membaca Permulaan*. Prosiding Seminar Nasional dengan Tema Strategi Mengatasi Kesulitan Belajar Ketika Murid Anda Seorang Disleksia. Universitas PGRI Yogyakarta, Yogyakarta, 147-153.
- Setiadi, H. W. 2015. *Strategi Pembelajaran Untuk Meningkatkan Keterampilan Baca Tulis Siswa Disleksia*. Prosiding Seminar Nasional dengan Tema Strategi Mengatasi Kesulitan Belajar Ketika Seorang Murid Anda Seorang Disleksia. Universitas PGRI Yogyakarta, Yogyakarta, 88-96.
- Sugiyono. 2015. *Metode Penelitian Pendidikan: Pendekatan Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
- Widyorini, E., dan Tiel, J. M. V. 2017. *Disleksia: Deteksi, Diagnosis, Penanganan di Sekolah dan Rumah*. Jakarta: Prenada.
- Zuriah, Nurul. 2009. *Metodologi Penelitian Sosial dan Pendidikan: Teori-Aplikasi*. Jakarta: Bumi Aksara.