Regular Article

In Their Words: Exploring Language and Terminology Perspectives Among Individuals with Learning Disabilities

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Abstract
There has been a long-standing debate between the use of person-first and identity-first language for individuals with disabilities. As such, we explored the perspectives of individuals with learning disabilities (LD) as to their preferences for these terminologies. We were also interested in examining their preferences for the term LD in general. One hundred twenty individuals were recruited online to share their perspectives. Overall, there does not appear to be a preference in terminology for LD individuals when it comes to person-first and identity-first language, and they have varying opinions as to why one options is better than another. Moreover, these individuals had different perspectives on the term LD, whether positive, negative, indifferent, or conflicted. Nevertheless, only a third of participants identified an alternative term for LD, with the most popular alternative being "learning difference," followed by "neurodivergent." The results of this research provide an important opportunity for individuals within the school including, teachers, school psychologists and administrators to consider the terminology utilized when talking about individuals with LD. In closing, we provide limitations and recommendations for future research.

Keywords
learning disabilities, terminology, perspectives, person-first, and identity-first language, learning differences, neurodiversity

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According to the Learning Disabilities Association of Canada (LDAC), 1 in 10 Canadians has a learning disability (LD). LD is categorized in the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychological Association [APA], 2022) as a neurodevelopmental disorder that can typically impact an individual in three main areas: reading, writing, and mathematics. LDs have also been categorized in relation to impairments in perceiving, thinking, remembering, and learning, in connection to language processing, phonological processing, visual-spatial processing, processing speed, memory, attention, and executive functions (Walcot-Gayda, 2004). Significant research efforts in Canada have focused on how to support these individuals across a variety of areas including reading and literacy (e.g., Chevalier et al., 2017; Etmanskie et al., 2016), mathematics (e.g., Lafay et al., 2017; Stegemann & Grunke, 2014), educational interventions (e.g., McBreen & Savage, 2022; Partanen et al., 2019), social and environmental considerations (e.g., Goegan & Daniels, 2020; Stack-Cutler et al., 2016), and assessment and diagnosis (e.g., Backenson et al., 2015; Siegel et al., 2022).

One area that has recently been gaining attention is the focus on person-first or identity-first language (Best et al., 2022; Botha et al., 2023; Dunn & Andrews, 2015; Grech et al., 2023; Taboas et al., 2022). Individuals with LD may prefer to be referred to as a person with a learning disability or a learning disabled person. Therefore, it is important to examine these preferences to ensure that individuals are being referred to appropriately. This is especially important for teachers, school personnel, school psychologists, and other administrators when addressing individuals with exceptionalities, as they spend much of their formative years within the school environment. For example, teachers are responsible for creating inclusive learning environments where every student, including those with LD, feels welcomed and supported (Power & Bartlett, 2018). Within these inclusive learning environments includes the use of terminology consistent with the preferences of individuals. Therefore, the purpose of the current study was twofold. First, we examined the preferences of individuals with LD for person-first or identity-first language and the reasoning behind these choices. Second, we explored how LD individuals feel about the term "learning disability" specifically and which, if any, other terms they would prefer.

Learning Disabilities: A Review

Before exploring the terminology preferences of individuals with LD, it is important to provide a general overview of LD. As such, we draw on the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, the fifth edition text revision (DSM-5TR; APA, 2022). According to the DSM-5TR, to be diagnosed with an LD, one needs to have at least one of the following six symptoms that have persisted for at least 6 months: (a) inaccurate or slow and effortful word reading, (b) difficulty understanding the meaning of what is read, (c) difficulties with spelling, (d) difficulties with written expression, (e) difficulties mastering number sense, number facts, or calculation, and (f) difficulties with mathematical reasoning. Moreover, the challenges experienced by the individual must substantially impact skills or abilities, such that

they are below what is expected for individuals of that chronological age. With that in mind, LDs should not be better accounted for by other diagnoses (e.g., intellectual disabilities or other mental or neurological disorders) or environmental factors such as lack of adequate instruction (APA, 2022). Additionally, individuals with LD can experience varying severity of difficulties, and challenges may differ across the lifespan (Learning Disabilities Association of Canada [LDAC], 2015).

To assist these individuals, they need support to target specific skill instruction, access to accommodations (e.g., extended time), strategies to support their learning challenges, and the development of self-advocacy skills (LDAC, 2015). Self-advocacy is defined as "the ability to choose what one wants and effectively communicate and assert one's needs in pursuit of goals" (Koca et al., 2023, p. 3). One key element of effective communication would include the terminology one prefers to be referred to and one's preference for person-first or identity-first language.

Person-First Language Versus Identity-First Language

Language choice is important when referring to LD, as the terminology used is often reflective of or impactful toward our views of disability. One contentious (and not yet settled) debate that we attempt to engage with in this research is between the use of person-first versus identity-first language. Both approaches have vocal advocates, which reflects the complexity of determining one singular rule to follow for describing every disabled person.

Person-first language requires putting the individual before the disability when describing someone, to "emphasize the person and not his or her condition" (Dunn & Andrews, n.d, para. 4). The approach typically refers to the specific disability after the person, using phrasing such as "person with" or "individual with" disability. Person-first language emerged during a push in the United States and Canada during the 1970s to protect the rights of disabled people (Grech et al., 2023), and to move the general public toward recognizing disabled people as *people* worthy of respect and dignity (Crocker & Smith, 2019). This approach was the focus of several advocacy campaigns, including by the American Psychological Association, Committee on Disability Issues in Psychology (1992), which were instrumental in creating legislative changes in Canada and globally (United Nations, 2006) to require person-first language usage (Titchkosky, 2001).

In contrast, identity-first language centers the disability, using phrasing such as "autistic person," or "Deaf person" instead of "person with autism" or "person with a hearing impairment." This shift toward identity-first language is seen often within disability communities and advocacy groups, who center disability to destigmatize or otherwise claim disability as an integral part of the self which cannot and should not be removed (Best et al., 2022). Some disability advocates argue that person-first language implies that (a) disability can be separated from an individual, (b) disability is not an important part of someone's identity, and (c) disability is inherently negative and to be disabled implies being less than (Sinclair, 2013). This is reflected in Gernsbacher's (2017) editorial, which found that person-first language is more often

used with disabled children over non-disabled children and used most often when referring to the "most stigmatized disabilities" (p. 860).

To date, some research has examined the perspectives of individuals with disabilities regarding person-first versus identity-first language, but this has largely been within the autism community. For example, research by Taboas et al. (2022) surveyed autism stakeholders (including individuals with autism, parents, professionals, family members, and friends) and found that autistic adults preferred identity-first language, while professionals were more likely to use person-first language. Expanding on preferences more broadly, research by Sharif et al. (2022) examined the language preferences of disabled individuals from various countries and found that 42% preferred identity-first language, 38% preferred person-first language, while the remaining 20% had no preference. It should be noted that only about 7% of the participants identified with the disability category of learning.

Outside of research studies, academics have written editorials (e.g., Best et al., 2022; Duncan & O'Neill, 2020; Gernsbacher, 2017) and commentaries (e.g., Botha et al., 2023; Grech et al., 2023) on this debate, discussing its origins and the positions involved. Professional organizations have provided guidance on person-first versus identity-first language in their style guides (e.g., APA, 2020; National Institutes of Health, 2025). Individuals with disabilities have also shared their views on the debate in blog posts (e.g., Boskovich, 2016; Okundaye, 2021). Additionally, organizations supporting individuals with disabilities, such as the Autism Self Advocacy Network (2025), has an entire page on their website titled "Identity-First Language" that provides information from both perspectives, and the Autism Alliance of Canada (2024) has produced a language guide. To date, no information on the person-first versus identity-first language debate has been found on the LDAC (2024) website.

Given the continued conversations around whether to use person-first or identity-first language, this study aimed to provide some clarity as to what those with LD wish to be called. Indeed, our examination if this debate primarily draws on literature from disability communities outside of LD, particularly the autism community, which has been more vocal in the debate between person-first and identity-first language. Due to a lack of research on the perspectives of those with LD this investigation is both timely and important.

The Current Study

How we speak about individuals with exceptionalities is important and the terminology and phrasing that professionals working with these individuals use needs to be respectful and aligned with the wishes of the individuals. Understanding the preferences that these individuals have is imperative. Thus, the purpose of the current study was twofold. First, we examined whether individuals with LD have specific preferences for person-first language or identity-first language, and if so, are there common themes in the reasons why the participants picked one option over the other. Second, we examined how individuals with LD feel about the term "learning disability" and if there were other terms they would prefer. The results of this study can provide

important information to school personnel, school psychologists, and other administrators when addressing individuals with exceptionalities.

Method

We utilized a single-administration survey to gather information from individuals who self-identified as having a learning disability (LD), focusing on their preferences regarding person-first and identity-first terminology, as well as their perceptions of the term "learning disability." Ethics approval was obtained from the researchers' university.

Procedures

We utilized Prolific (www.prolific.com) an online data collection platform, to distribute our survey to eligible participants. The Prolific platform allows researchers to tailor who can view their survey through various audience-checker questions. A total of 120 slots were available for participants (a) in North America and (b) who self-identified as having a LD. The online survey comprised several open-ended and Likert scale questions. For this study, we focus our results on the terminology questions, while an exploration of questions regarding participants' understanding of their LD are examined elsewhere. Overall, the survey took approximately 30 min to complete. Consent was implied by the completion of the survey and participants were compensated for their time according to the Prolific guidelines and paid $6.00 US (guidelines suggest $12.00 an hour is a good rate; Prolific, 2025).

Participants

Of the 120 individuals who completed our survey, 59 women, 25 men, 22 non-binary, 6 genderqueer, and 8 individuals who did not identify as any of these gender identities participated in our survey. These participants ranged in age from 20 to 62 ($M = 32.66$, $SD = 9.49$). Most participants identified as white (65%). Moreover, 50 participants identified as employed full-time, 17 as employed part-time, 19 were not in paid work (e.g., homemaker or retired), 19 were unemployed (and job seeking), 6 identified as other, while the remaining 9 did not respond to this item. Lastly, 37% of participants identified as being a student.

Measures

Participants responded to five demographic items including, gender, age, student status, employment status, and ethnicity. Demographics were used to describe the sample and were not included in the main analysis. Additional information regarding survey items can be found in the Appendix.

To examine participants' terminology preferences, we included four additional items. These items were developed by the research team, which consisted of an associate

professor specializing in research on individuals with LD and who has a diagnosed LD (Goegan), an associate professor whose research focuses on Métis youth identity but not specifically LD identities (Delgado), and a graduate student specializing in inclusive education (Ayeni). Together, they combined their perspectives to create the questions here. First, the participants responded to a multiple-choice question with the prompt "*When talking about people with disabilities, there are often two options. There is person-first language, for example, saying 'A person with dyslexia,' or identity-first language, for example, saying 'A dyslexic person.' Which do you prefer*?" and then were provided with the options (a) Person-first language (A person with dyslexia), (b) Identity-First Language (A dyslexic person), and (c) No preference. Next, participants answered a follow-up open-ended question: "*Tell us why you picked this option.*" Lastly, participants responded to two additional open-ended questions (1) "*How do you feel about the term learning disability?*" and finally, "*Would you prefer a term other than learning disability? If so, what would that term be?*"

Rationale for Analysis

We conducted our analyses in four steps. First, we calculated the percentage of participants who preferred person-first language, identity-first language, or had no preference. Second, we conducted an inductive thematic analysis (Neuendorf, 2018) to examine patterns and themes in the participant's responses to the question "*Tell us why you picked this option*." The themes were developed within groups of participants who selected the same terminology preference. Additionally, we explored the points of view (e.g., first-person writing, use of I and me) used by participants in their responses. Third, we examined students' open-ended responses to the question "*How do you feel about the term learning disability*?" Lastly, we calculated the percentages of participants based on their responses to the question, *"Would you prefer a term other than learning disability? If so, what would that term be?"* to determine which alternative terms were most popular among the participants.

Results

Person-First Versus Identity-First Language

When participants were asked about their preferences for person-first and identity-first language, 40 individuals (33%) identified a preference for person-first language, 29 individuals (24%) identified a preference for identity-first language, and 51 individuals (43%) indicated that they had no preference.

From the prompt "*Tell us why you picked this option*," we conducted a thematic analysis separately for the groups of participants who selected each of the multiple-choice options. The responses were grouped according to the options and then read by Goegan and Ayeni as a preliminary exploration of the data (Creswell & Guetterman, 2019). Next, the researchers engaged in a collaborative process to discuss common themes in the participant responses. The open-ended responses were further reviewed

to ensure that the participants' comments aligned with these themes and that no additional themes were needed. Delgado reviewed the open-ended responses and themes for each of the multiple-choice options to ensure consensus on the themes identified by Goegan and Ayeni.

First, within the group of individuals who chose person-first language, two themes emerged: (a) the importance of the person and (b) respect. The importance of the person was a significant theme in the participants' responses, recognizing the individual as who they are, rather than their disability. This can be seen in statements such as "You're a person first. You are more than your condition," "My 'person' is not defined by my disability," and "Because it focuses on the person, rather than the condition. It does not define the person by the condition." A second important theme within the participants' responses was around respecting individuals, understand the importance of treating people with respect and humanizing them, moving beyond only recognizing their personhood. Examples from the participants' responses included: "I wouldn't want to be defined or introduced first by my disability, but rather by the fact that I am a human," "I believe 'a person with dyslexia' is more humanizing than a dyslexic person," and "It puts the person first and humanizes them rather than categorizing them by disability."

Second, for participants who selected identity-first language, three themes emerged: (a) embracing and accepting their disability, (b) clarity of language, and (c) comparisons. Individuals who choose identity-first language embrace their LD as something they cannot separate from, as it is a part of who they are. For example, participants commented, "You can't separate the person from the neurotype/diagnosis," "Learning disabilities are part of the person. They cannot be removed," and "Because it is part of my identity and there's nothing wrong with it." Many participants also made comments about identity-first language being better grammatically. For example, they noted, "It's less of a mouthful to say," "I feel like identity-first language sounds more fluid and natural," and "It seems more concise." Moreover, participants when indicating why they selected identity-first language, made references to other exceptionalities, such as "I don't carry ADHD and autism around as an accessory that can be removed," or made comparisons to ethnicity, for example, "All of these conditions are part of what makes me who I am, much like being Black. I certainly don't want to be referred to as a 'person with Blackness.'"

Third, for individuals who selected *no preference*, four themes emerged in their reasons for choosing this option: (a) indifference, (b) personal preference, (c) equivalence of meaning, and (d) context specificity. Some participants expressed indifference toward person-first or identity-first language. They made comments such as "I genuinely don't care either way," "I really don't care what term people use, neither is offensive to me and I don't have any strong opinions about it," and "I really don't care which one people use." Another group of individuals within this category suggested that the choice between the two was a matter of personal preference. For example, they said, "I believe it's up to the individual to decide." Participants also indicated that both terms were interchangeable or had the same meaning. For instance, their responses noted, "They are both perfectly acceptable examples. They are practically the same,"

"It's just two different ways of saying the same thing," and "They indicate the exact same thing to me." Lastly, others pointed out that the choice between the two terms depended on the context, providing rationale such as "I think it varies, for me, depending on the disability and who I'm speaking about," and "I use whichever one is easier for me to say in the moment."

We conducted further analysis after reviewing participants' responses to determine the point of view in which the responses were written. The point of view from which someone writes can reveal insights into how participants perceived and related to the prompt. For example, an "I" statement would be a more personal connection to the response, whereas a third person approach would be more distanced. We calculated the percentage of responses written in the first person (e.g., I, me), second person (e.g., you, your), and third person (e.g., he, they, them). Among those who selected person-first language, 55% wrote in the first person, 5% in the second person, and 40% in the third person. For individuals who chose identity-first language, 62% provided responses in the first person, 21% in the second person, and 17% in the third person. Additionally, 94% of those who indicated no preference responded in the first person, while the remaining 6% chose the third person.

The Term "Learning Disability"

Overall, participants had a variety of perspectives to the question: "How do you feel about the term learning disability?" including positive (40%), negative (29%), indifferent (18%), and conflicted (13%). Several of the participants identified that they felt positive about the term LD, commenting "I have no issues with it, it's the easiest way it can be described really." Another participant said, "I feel the term "learning disability" accurately describes the challenges I face in acquiring and processing information." Alternatively, other participants felt negatively about the term LD. These individuals provided reasons such as "It does not feel accurate for me. I am not less capable than other students, in fact I am a highly successful student because I am given the tools that I need to do well," or "I feel it has a negative connotation to it with the word 'disability'," or " its misleading, as if it only affects learning children and automatically disappears after school so adults who ha[ve] them doesn't struggle with it, and "it is very disempowering."

Another common response from the participants was being indifferent to the term LD, identifying no strong feelings positive or negative. For example, some of the responses from the participants included "I don't have any opinion on it," "It is what it is. . .I don't really have a feeling one way or another." And "I just feel like it's another word to describe what I have." Lastly, some of the participants were conflicted in how they felt about it, identifying different perspectives. For example, participants said "I think that it is appropriate sometimes but it can be a bit misleading," "It simultaneously feels like a negative label and a validating one," "It's an accurate but heavily stigmatized term," and "I don't mind it, although I do think the word disability invites judgment from some people."

Moreover, when asked "*Would you prefer a term other than learning disability? If so, what would that term be?*" half of the participants (*N*=67) identified they do not prefer a term other than learning disability, while of the remaining participants, 40 provided an alternative to LD and 13 identified that the term needed to change, but where uncertain about what new term would be. Of the individuals who identified a different term, 38% selected learning difference, 22% neurodivergent (while also including similar terms neurodivergence and neurodiversity), 8% disability and 32% of individuals picked unique terms such as alternate learner, atypical processing, differently abled, learning disorganization, learning styles, impaired executive function.

Discussion

Our findings highlight the varying points of view individuals with LD have when it comes to the language around LD. In doing so, we advance the field by contributing to the conversation around person-first and identity-first language and consider the term "learning disabilities" itself. Overall, individuals with LD do not agree on whether person-first or identity-first language is preferable, and it comes down to personal perspectives. We discuss (a) the importance of taking into consideration a person's preference for person-first or identity-first language when being addressed, (b) challenges with adopting the terminology of neurodiversity and learning differences over the term learning disability, and (c) the importance of our research to the practice of school psychology. Moreover, we discuss the limitations of our study and possible avenues for future research.

Person-First Versus Identity First Language

The responses to the survey demonstrated that people with LD do not come to a consensus about whether they prefer person-first or identity-first language, with more individuals responding that they had no preference between the two terms (43%) than person-first (33%) or identity-first (24%). This disagreement is reflected in the literature, with Dwyer (2022) classifying the debate between the two terms as polarizing. Indeed, research by Bury et al. (2023) examining the terminology preferences among autistic persons found that the largest portion of their participants ranked Autistic as their most preferred term, while participants also ranked it as their least preferred term, with few individuals giving the term a mid-level ranking. Taken together, these findings suggest there is no clear consensus on which term individuals prefer.

The common practice in some healthcare training programs is to expect only person-first language to be used (Crocker & Smith, 2019), but some disability activists argue that disabilities are inextricably linked to personhood and person-first language contributes to the pathologizing of disability (Best et al., 2022). Within this study, of those who did not indicate a preference between the two terms, it was either because both terms meant the same thing to those respondents, or they just did not have a personal preference. Respondents did indicate that they understood why others have strong preferences, with one respondent saying:

> No preference for me because I already perceive dyslexia as a part of my identity, not my entire identity. I understand why some people would not want to be called "a dyslexic person" especially if they still experience shame around the diagnosis, but it does not bother me personally.

This respondent acknowledged some of the work that they did to embrace their diagnosis and move away from feeling shame about it, and that other LD people might not have gotten there yet. Other respondents echoed the importance of listening to the individual and using whichever language was comfortable to them, with one stating "I believe it's up to the individual to decide. I use person first language unless I've been told otherwise" and another writing "if I know the person has a preference, I think that's really important."

Instead of ascribing person-first or identity-first language to all disabled people, we argue that the shift should instead be toward the terminology that is preferred by each person. When a strict rule (person-first only, or identity-first only) is provided, personal autonomy is ignored. This individual choice can be reflected in nuanced conversations, and, as Dwyer (2022) argued, "Instead of assuming that terminology choices we do not understand are reflections of stigma and prejudice, we should listen to one another and grasp the nuances in one another's view" (p. 113).

Consideration Terminology Other than Learning Disability

While most participants indicated that they did not prefer a term other than learning disability, some suggested alternatives, including learning differences and neurodivergent. We acknowledge that individuals can have different preferences when it comes to how their LD is communicated, we offer some caution with terms such as neurodiversity and learning differences as potential alternatives for LD. We argue that the term neurodiversity is so broadly applied as to be irrelevant; indeed, *everyone* is neurodiverse (Legault et al., 2021). We attribute this type of thinking to the myth of learning styles that espoused the idea that everyone learns differently (Whitworth, 2024). However, not everyone is neurodivergent, wherein the individual's cognitive profile diverges significantly from the established norms (Legault et al., 2021). We argue that the lack of precision in how these two terms used by our participants and the larger community, can ignore the specificity into the challenges faced by these individuals, which can inadvertently downplay the significant challenges they face.

Moreover, neurodevelopmental disorders encapsulate a broad grouping of disorders including (but not limited to) intellectual disability, global developmental delay, language disorders, social communication disorder, autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), specific learning disorder (i.e., LD), developmental coordination disorder and tic disorders (APA, 2022). Therefore, by referring to LD by the superordinate category by using the term neurodiversity, it can create challenges with individuals in understanding the specific classifications between the various disorders. Indeed, there is already significant confusion in the general population between LD and ADHD (e.g., Hurley, 2023; Thenu, 2019) and this overall

generalization of LD as neurodiversity may add to the confusion of how these disorders are categorized and defined.

While promoting neurodiversity may be seen as an avenue to reduce stigma and increase acceptance, it does not result in improved access to necessary resources and support services. Indeed, a level of specificity is required when applying on funding applications beyond learning differences and neurodiversity. For example, in Manitoba, the forms for student services within Education and Early Childhood Learning vary based on diagnosis (e.g., blind and visually impaired forms, deaf and hard of hearing forms; Manitoba Education, 2024). Likewise, their low incidence funding forms require diagnostic information which would include the subordinate categories rather than the superordinate category of neurodevelopmental disorder. Moreover, the Calgary Board of Education (2024) identifies within their Students with Diverse Learning Needs information identifies Programs for Specialized Classes and Unique Settings including, Blind and Visually Impaired, Complex Learning and Medical Needs, Deaf and Hard of Hearing (DHH), Giftedness, Learning Disabilities, and Behavior Mental Health and Wellness, suggesting again the subordinate categorizations of diagnoses.

Relevance to the Practice of School Psychology

We reiterate the importance of adherence to personal preferences within the practice of school psychology. As all others, students and their families hold their own preferences, and as professionals, school psychologists should prioritize respecting individual choice in language use. This practice should also be role-modeled for other colleagues and students within the school community. Additionally, school professionals have the opportunity to help students develop self-advocacy skills and feel empowered. Self-advocacy is important for individuals with LD (Roberts et al., 2016) and allows students to assert their identities, thereby building resilience and feelings of empowerment (Goodley, 2005).

While there is no one-size-fits-all solution to the person-first/identity-first debate, as educational professionals, engaging in ongoing professional development and seeking input from students as well as community advocates will help to create a robust understanding of the preferences individuals hold. A reflective psychology practice with an openness to shifting perspectives is essential here. At one time, the American Psychological Association required person-first in their style manual and now states that "Language should be selected with the understanding that the expressed preference of people with disabilities regarding identification supersedes matters of style" (APA, 2020, Section 5.3).

Whether person-first or identity-first language, the individuals surveyed here had reasons for their choice which related to empowerment and identity (e.g., the themes of the importance of the person and embracing and accepting their disabilities) which should be respected. Within school settings, effective communication is essential, and this efficacy can be facilitated by using language that resonates with those with LD, whether it is within the context of parent-teacher conferences, daily conversations with students, or more formal psychoeducational assessments.

Limitations and Future Directions

While our findings here provide important insight into the terminology preferences of individuals with LD, there are two important limitations that should be noted. First, the sample consisted only of individuals within Canada and the United States. How these individuals experience their LD and make sense of the terminology utilized in their countries may be culturally specific. Therefore, future research utilizing different samples might shed additional light on the preferences of individuals with LD in other countries. For example, the British Journal of Learning Disabilities (n.d.) identifies in their aim and scope that "Learning disabilities here refer to intellectual (global) disabilities and not to specific learning disabilities like dyslexia". In North America, intellectual (global) disabilities would be considered a neurodevelopmental disorder, but not a learning disability. Hence, differences in terminology across countries may need further investigation.

Beyond cultural considerations, differences in demographic factors among respondents may have influenced their preferences. For example, a participant's age could impact their preference, as person-first language gained popularity in the 1970s, while the shift toward identity-first language is more recent (Wooldridge, 2023). Older individuals who grew up during the rise of person-first language may be more inclined toward this option, whereas younger individuals may not. Moreover, our research was focused on adults with LD, but it would be important to also consider the perspectives of students in the K-12 education system. Future research should investigate these differences further. Additionally, characteristics such as gender, sex, and education level could also be considered.

A second limitation here is the use of Prolific. While we selected an online format for the recruitment of individuals with LD, who often do not want to self-identify due to potential stigma (Goegan et al., 2018), the platform did not allow for a conversation between researchers and participants. Future research should look to holding focus groups with LD individuals to examine their preferences and engage in open dialog concerning the pros and cons of different terminology and preferences. Moreover, the use of online platforms requires self-identification as a person with LD without confirmation. While Prolific highlights the attention to detail in their recruitment practices and outlines their vetting process (Croissant, 2021), it has also been found that the use of self-report for LD individuals is an effective way of identifying these individuals (McGonnell et al., 2007). Nevertheless, future research could explore other avenues for determining LD status beyond self-identification.

Conclusion

The result of this study provides important information to school personnel, school psychologists, and other administrators when addressing individuals with exceptionalities. Overall, individuals with LD have different preferences when it comes to person-first and identity-first language, as well as perspectives on the term LD broadly. These preferences should be taken into account when having conversations with these individuals, but also being mindful that certain terms may be necessary in a given

context (e.g., applying for funding to support accommodations). Moreover, as terminology and perceptions around the terminology continue to change and evolve, future research should continue to explore this topic and engage in open dialog with relevant stakeholders to ensure that individuals with LD are addressed appropriately.

Declaration of Conflicting Interests

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Supplemental Material

Supplemental material for this article is available online.

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