

Bulletin 1903 Screening & Intervention for School Success

DYSLEXIA SCREENING INDICATORS REFERRING TEACHER/PARENT CHECKLIST

Student: _____ School: _____

Teacher: _____ Date of Assessment: _____

Grade: _____

Criteria 1

YES NO The student has adequate intelligence demonstrated by performance in age appropriate classroom or on standardized measures of cognitive ability. (Attach copies of report card grades or standardized test results that demonstrate this pattern.)

Criteria 2

The student exhibits some of the following characteristics: (consider chronological age: primary characteristics are indicated by *; provide evidence indicated in parenthesis following each characteristic).

- | | | | |
|-----|----|-----|---|
| YES | NO | *a. | problems in learning the names of the letters of the alphabet. |
| YES | NO | *b. | difficulty in learning to write the alphabet correctly in sequence. |
| YES | NO | c. | difficulty in learning and remembering printed words. |
| YES | NO | d. | reversal of letters or sequence of letters. |
| YES | NO | *e. | difficulty in learning to read. |
| YES | NO | *f. | difficulty in reading comprehension. |
| YES | NO | *g. | cramped or illegible handwriting. |
| YES | NO | *h. | repeated erratic spelling errors. |
| YES | NO | *i. | delay in spoken language. |
| YES | NO | j. | difficulty finding the "right" word when speaking. |
| YES | NO | k. | late in learning right and left and other directional components, such as up-down, front-back, over-under, east-west. |
| YES | NO | *l. | problems in learning the concept of time and temporal sequencing such as; Yesterday, tomorrow, days of the week, or months of the year. |
| YES | NO | m. | slow reading speed. |
| YES | NO | n. | error proneness in reading. |

Dyslexia Screening Indicators (continued)

YES NO o. word substitution in oral reading

Criteria 3

YES NO A major life activity (such as learning) is ***substantially limited*** as a result of the factors listed above that apply to the student.

_____ There are no concerns at this time.

(Teacher's Signature)

(Date)

For office use only:

_____ Section 504 referral.

_____ The student has not met all 3 criteria for characteristics of Dyslexia at this time.

_____ There are no concerns at this time.

(Principal's Signature)

(Date)

Place in student's GRAY folder designated as Bulletin 1903.

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