



Completion of this form indicates the parent has been informed that a Level 1 dyslexia screener will be completed for their child.

Person Completing this Form: _____ Date completed: _____

Parent participated: In person via phone Other: _____

Student Name: _____ Date of Birth: _____ ID Number: _____

Grade: _____ School: _____ Classroom Teacher (K-5) _____

Check the answer to the following questions regarding the student.

Family History	Yes	No
Learning Problems		
Father		
Mother		
Sibling		
Physical History of Student		
Chronically ill		
Extremely high fever		
Physical problems causing difficulty learning		
Currently taking medication		
Trouble hearing		
Trouble seeing		

Check the term indicating the degree of your concern for the student regarding each skill area.

Skill Area	Rarely	Often
Phonological Awareness		
Difficulty recognizing or reproducing rhyming words		
Difficulty naming the first or last sound in a word		
Difficulty blending sounds together to make a word		
Alphabet		
Difficulty learning or recalling names of letters		
Difficulty learning or recalling sounds of letters		
Decoding and Word Recognition		
Difficulty sounding out unfamiliar words		
Difficulty reading words accurately		
Fluency		
Makes frequent reading errors		
Reads with hesitations		



Reads slowly		
Spelling		
Difficulty memorizing words for spelling tests		
Difficulty spelling words correctly		
Comprehension		
Difficulty understanding what he/she reads		
Difficulty answering textbook questions		
Written Expression		
Difficulty writing sentences correctly		
Difficulty writing stories and reports		
Cognitive/Academic Ability		
Needs many repetitions to learn something new		
Has difficulty with math facts		
Has trouble with math word problems even when they are read aloud		
Has reading difficulties unexpected compared to other abilities		
Oral Language		
When listening...difficulty understanding verbal directions		
When listening...difficulty understanding stories read to him/her		
When speaking...weak or limited oral vocabulary		
When speaking...difficulty finding the right word		
When speaking...difficulty speaking with correct grammar		
When speaking...difficulty explaining ideas or elaborating on thoughts		
Attention		
Displays difficulty organizing time and materials		
Is easily distracted by sights or sounds		
Does many things too quickly		
Is often overactive or fidgety		
Is inconsistent with production of classwork or homework assignments		
Needs direct supervision to complete homework		
Handwriting		
Is slow with handwriting and copying tasks		
Displays overall poor quality/illegible handwriting on written assignments		

Upon completion of this form, return to your school’s dyslexia contact or your child's classroom teacher to continue the Level 1 Screening process. When all components are completed, the team must meet to discuss results, inform the parent of results, and complete next steps. For more information, please see the [Arkansas Dyslexia Resource Guide](#).