

DYSLEXIA SCREENING AND NEEDS ASSESSMENT PROFILE Kindergarten (mid-year and end-of-year)

Student: _____ Date of Birth: _____ Grade: _____

School: _____ Date of Screening: _____

Participants in Team Meeting: _____

Date of Team Meeting: _____ Date Results Shared with Parents: _____

| TOOL | Early Literacy Skill | Well-Below Benchmark | Below Benchmark | At or Above Benchmark |
|------|------------------------------|----------------------|-----------------|-----------------------|
| | Letter Naming Fluency | | | |
| | Letter Sound Fluency | | | |
| | Phoneme Segmentation Fluency | | | |
| | Nonsense Word Fluency | | | |

If the student's scores are well-below benchmark in three of these screening indicators, the student should be referred to the PST for determination of needed intervention services including dyslexia-specific intervention, accommodations, and assistive technology as appropriate.

Evidence-Based Dyslexia-Specific Intervention

| | Name of Intervention | Level | Schedule | Group Size |
|-----------------------------------|----------------------|-------|----------|------------|
| Dyslexia-Specific Intervention ** | | | | |

Accommodations:

Assistive Technology: (Name/describe app or software needed)

Text to Speech _____

Speech to Text _____

Note Taking _____

Organization _____

Other _____