

DYSLEXIA SCREENING CHECKLIST

TANGIPAOA PARISH SCHOOL SYSTEM

Dyslexia Screening Checklist

Student: _____

Date: _____

School: _____

Directions: The teacher(s) must document if the student demonstrates some of the following factors. Please **check** the appropriate factors. The teacher should contact the parent in order to complete some of the items below.

- _____ 1. family history of similar problems
- _____ 2. late in learning to talk
- _____ 3. receptive language skills typically better than expressive
- _____ 4. difficulty in finding the "right" word when speaking
- _____ 5. difficulty in processing both oral and written language; may also affect foreign language acquisition
- _____ 6. difficulty in learning to write the alphabet correctly in sequence
- _____ 7. cramped or illegible handwriting
- _____ 8. late in establishing preferred hand for writing
- _____ 9. late in learning right and left and other directionality components such as up-down, front-behind, over-under, east-west
- _____ 10. problems in learning the concept of time and temporal sequencing; e.g., yesterday, tomorrow, days of the week, and months of the year
- _____ 11. reversal of letters or sequences of letters that are not developmentally appropriate
- _____ 12. difficulty in learning to decode and comprehend age-appropriate written information
- _____ 13. slow reading speed
- _____ 14. difficulty learning sound-letter correspondence
- _____ 15. difficulty in learning and remembering printed words
- _____ 16. erratic spelling errors
- _____ 17. error proneness in reading
- _____ 18. word substitutions in oral reading
- _____ 19. difficulty identifying, blending, segmenting, and manipulating phonemes
- _____ 20. losing ground on achievement or intelligence tests