

Dyslexia Assessment Consideration Form

Student: _____ School: _____ Date: _____

Grade: _____ Teacher: _____ DOB: _____ ID: _____

*School Program

English Immersion Dual Language ESL

*Person Making Consideration Request _____

Classroom Teacher Interventionist Parent

*Was student reviewed at an RtI/1b/Tier Transition meeting?

Yes No

*Current Level of Response to Intervention Services for Reading _____

*Has parent been contacted about dyslexia consideration process?

Yes No

Parent Contacted by _____ Date: _____

Next Step

The next step is for the Dyslexia Teacher to meet with the person filing the request to complete the data gathering, and bring the information to the next RTI Support Meeting for consideration for dyslexia assessment.

Point of Contact _____

(Dyslexia Teacher, Interventionist)

RTI Grade Level Administrator _____

(Principal, AP, or Counselor)

RTI Committee Recommendations Date: _____

Continue with RTI/Tier Interventions at this time

More Information Needed _____

Start Additional Support(s) _____

Refer for Dyslexia Assessment

* Completed by Classroom Teacher

Data Source	Score Below Expectations	Score as Expected	Notes
*Vision and Hearing Screening <i>from Nurse</i>			
*Istation Overall <i>Current Score</i>	< 39%	> 40%	
*Istation Overall <i>Previous Month Score</i>	< 39%	> 40%	
*Istation Text Fluency <i>Current Score</i>	< 39%	> 40%	
*Istation Spelling <i>Current Score</i>	< 39%	> 40%	
*Reading Grade <i>Current report card or progress report</i>	< 70% or N	> 70% or D and I	
*Writing Grade <i>Current report card or progress report</i>	< 70% or N	> 70% or D and I	
*Teacher Checklist <i>Risk Factors Associated with Dyslexia</i>	Over ½ Responses Frequently/Sometimes	Over ½ Responses Frequently/Sometimes	
TPRI /Tejas Lee <i>Current Year (1st/2nd)</i> <i>Overall Screening Status</i>	Still Developing	Developed	
TPRI/Tejas Lee <i>Previous Year</i> <i>Overall Screening Status</i>	Still Developing	Developed	
DRA/ EDL <i>If available</i>	Below grade level	At/Above grade level	
Family history of dyslexia <i>If known</i>	yes	no	
Work Samples <i>Describe evidence of characteristics of dyslexia</i>			
Dyslexia Screener <i>Decoding</i>	Below grade level	At/above grade level	
Dyslexia Screener <i>Encoding Phonetically Irregular Words</i>	Mildly, Moderately, Markedly Below	Borderline, Normal, Above Normal	
Dyslexia Screener <i>Encoding Unknown Words</i>	Mildly, Moderately, Markedly Below	Borderline, Normal, Above Normal	
Other			

* Completed by Classroom Teacher



Alamo Heights Independent School District
7101 Broadway • San Antonio, TX • 78209

**ALAMO HEIGHTS INDEPENDENT SCHOOL DISTRICT
VISION AND AUDITORY SCREENING**

Student _____ Campus: H W C JS HS Grade: _____ Teacher: _____

Date of Screening: _____ Screened by: _____

VISION

Visual Acuity

Right Eye: ___/___

Left Eye: ___/___

Both eyes together: _____ (optional)

Glasses Worn: Yes No

Test/equipment used to determine acuity:

TITMUS/HOTV/SNELLEN/ALLEN

(Circle One)

* *RECOMMENDED FOR REFERRAL FOR FURTHER TESTING:* Yes No

HEARING

	250	500	1000	2000	4000	6000	8000
5							
10							
15							
20							
25							
30							
35							
40							
50							
60							
70							
80							

Sweep check _____

Threshold _____
(not required)

Hearing appears to be adequate and within normal speech range

Yes No

**Note: If this screening has been conducted as information for a special education referral and the results indicate a need for further testing, reports from evaluations completed by vision or hearing specialists must be included with the referral.*

* *RECOMMENDED FOR REFERRAL FOR FURTHER TESTING:* Yes No