

### 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

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

**\* 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