The New Jersey Dyslexia Handbook

A Guide to Early Literacy Development & Reading Struggles

September 2017

5. Universal Screening & Early Dyslexia Identification

"The best solution to the problem of reading failure is to allocate resources for early identification and prevention."

—Joseph K. Torgesen, 1998

A multi-tiered system of supports such as the New Jersey Tiered System of Supports (NJTSS) is designed to improve outcomes for all students through a data-driven, prevention-based framework, and this approach, when implemented well, is especially helpful for teaching struggling readers and learners from all social groups (Prestwich, 2014). Research shows the rapid growth of the brain and its responsiveness to instruction in the primary years make the time from birth to age eight a critical period for literacy development (Nevills & Wolfe, 2009).

It is therefore important to understand the basic principles of universal screening, the cognitive science of reading and literacy development, and specifically the potential indicators that serve as red flags for the common reading disability, dyslexia.

> **"Ninety percent of children with reading difficulties will achieve grade level in reading if they receive help by the first grade. Seventy-five percent of children whose help is delayed to age nine or later continue to struggle throughout their school careers."**

—Vellutino, Scanlon, Sipay, Small, Pratt, Chen & Denckla, 1996

Universal Screening for Reading

Following the NJTSS best practice model, school districts implement universal reading screening of all students (K-2) at various points in the beginning, middle, and end of the school year, regardless of the student's performance in the classroom. Universal screening results should identify those students potentially "at-risk" for future reading failure, including those with developmental reading disabilities, and can provide districts with information regarding the effectiveness of their core instructional program.

Screening Measures by Grade Level

Kindergarten: Research indicates that kindergarten screening measures are most successful when they include assessment of the following areas: phonological awareness including blending onset-rime and phoneme segmentation, rapid automatic naming including letter naming fluency, sound-letter identification, and phonological memory including nonword repetition. (Catts, Nielsen, Bridges, Liu, & Bontempo, 2015 and Jenkins & Johnson, 2008).

First Grade: Research indicates that first grade screening measures are most successful when they include assessment of the following areas: phonemic awareness specifically phoneme segmentation and manipulation tasks, rapid automatic naming including letter naming fluency, sound-letter identification, phonological memory including nonword repetition, oral vocabulary and word recognition fluency. (Compton, Fuchs, Fuchs, Bouton, Gilbert, Barquero, Cho & Crouch, 2010 and Jenkins & Johnson, 2008). The Center on Response to Intervention's *Screening Briefs* also cites that oral reading fluency could be added in mid-first grade.

Second Grade: The Center on Response to Intervention's *Screening Briefs* states that in second grade, screening assessments should assess word reading, oral reading fluency, and reading comprehension. Word reading assessments should include both real and nonsense words.

There is no one test or assessment tool that would measure all reading skills. Different assessments measure different discrete skills. Districts should consider the use of multiple measures for screening purposes to ensure that all identified skills have been assessed at the appropriate grade level. Another consideration should be the use of both timed and untimed measures. When multiple measures are used to screen students, the accuracy of classification for who is "at-risk" improves significantly.

Choosing Screening Tools

When establishing a process for universal reading screening, attention should focus on selection of evidence-based screening tools and fidelity of implementation. The rubric **Selecting A Universal Screener**, included in this handbook, can be used to guide decisions about appropriate screening tools by grade level. School personnel should be appropriately trained in how to administer the universal screening tool before it is used with students.

Based on more than 30 years of research in curriculum-based measurement (CBM), universal screening tools are:

• *Quick targeted assessments of discrete skills that indicate if students are making adequate progress in their reading achievement.*

• *Administered 3-4 times a year, offering alternate formats.*

• *Reliable and valid, following standardized directions and scoring protocols.*

School districts already implementing universal reading screening may wish to assess the evidence base of their current universal screening tools or assess the need for staff training. School districts not already implementing universal reading screening of students should evaluate potential screening tools based on several characteristics before making a selection. Districts should consider a tool's predictive validity and classification accuracy to ensure it is making useful and accurate predictions.

"Predictive validity is a measure of how well the prediction of future performance matches actual performance along the entire range of performance from highest to lowest, not just at or near the cut score. It answers the question, *If we used this screener to predict how every child will perform at some point in the future, how good would those predictions be?*

Classification accuracy is a measure of predicting into categories of risk. It answers the question, *If we used this screener to divide our students into those considered at-risk and those considered not to be at-risk, how well would we do based on the outcome of their future performance?*" (Dykstra, 2013).

Information on the reliability, validity, and classification accuracy of a screening tool can be found in the publisher's technical notes. The Center on Response to Intervention also has a *Screening Tools Chart* on their website.

Developmental Reading Disabilities

A process for universal reading screening provides the data needed to predict which students may be "at-risk" for future reading difficulties and/or the early warning signs of developmental reading disabilities, such as dyslexia. Researchers currently propose that there are three kinds of developmental reading disabilities that often overlap but that can be separate and distinct (Moats & Tolman, 2009).

Figure 1 shows the subtypes of reading disability. Students with a primary phonological or fluency/naming speed deficit

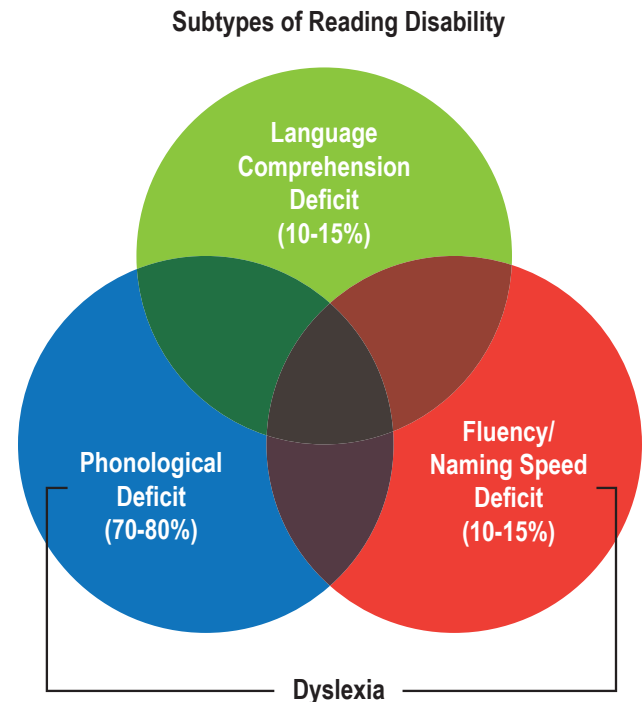fit the profile for dyslexia.

Subtypes of Reading Disability

Figure 1 – Source: Adapted from Moats & Tolman, 2009

Phonological Deficit: 70–80% of poor readers show difficulties with accurate and fluent word recognition originating from phonological processing weaknesses that often result in secondary consequences in poor fluency and reading comprehension.

Fluency/Naming Speed Deficit: 10–15% of poor readers show accurate word reading, but have difficulties with slow word recognition and text reading. They have trouble with speed of word recognition and automatic recall of word spellings. They tend to spell phonetically but not accurately.

Reading researchers still debate the primary problem for this subgroup. Some indicate that it is a timing and processing speed problem, and others propose a specific deficit with the orthographic processor that affects storage and recall of exact letter sequences. This is also called a *processing speed* or *orthographic processing problem* (Moats & Tolman, 2009).

If a student with dyslexia has a specific weakness in either phonological or fluency/naming speed processing, they are said to have a single deficit. Students who have a combination of phonological and naming speed deficits are referred to as having a *double deficit* (Wolf & Bowers, 2000). Students with double deficit dyslexia are more common than single deficit and are also the most challenging to

remediate.

Language Comprehension Deficit: 10–15% of poor readers present with social-linguistic disabilities (e.g., autism spectrum disorders), vocabulary weaknesses, generalized language learning disorders, and learning difficulties that affect abstract reasoning and logical thinking.

Although this deficit can occur along with the first two types of problems, these readers are distinguished from students with dyslexia because they can read words accurately and quickly and they can spell (Moats & Tolman, 2009). Their primary deficit is caused by disorders of social reasoning, abstract verbal reasoning, or language comprehension.

> **"Dyslexia is an alternative term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities."**
>
> —The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

Screening for Dyslexia

The NJ dyslexia screening law states, "A board of education shall ensure that each student enrolled in the school district who has exhibited one or more potential indicators of dyslexia or other reading disabilities is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to section 2 of this act no later than the student's completion of the first semester of the second grade." A **Screening for Dyslexia Flowchart** is included in this handbook.

Students who are identified by the district's universal reading screening tools as "at-risk" and not considered "likely on track" should be promptly placed into structured literacy interventions, progress monitored, and screened for dyslexia. It is important that school personnel are properly trained to understand the specific terminology used by the screening tool to identify students who are "at-risk" (e.g., some risk, at risk, below benchmark, well below benchmark, etc.). Additionally, older students or students who scored adequately on the universal reading screening but who demonstrate poor classroom performance or display other indicators for dyslexia should also be considered for a screening for dyslexia. A **Potential Indicators of Dyslexia Checklist**, included in this handbook, can be used by teachers to identify the potential indicators of dyslexia.

Assessments used during a screening for dyslexia should be administered by staff members, such as reading specialists, academic support/basic skills teachers, intervention specialists, speech-language pathologists, or classroom teachers, who are appropriately trained in how to administer the assessment tools, how to monitor for age-appropriate literacy benchmarks, and how to identify the characteristics of dyslexia.

Kindergarten through Second Grade

Extensive research documents the role of phonemic awareness and the influence of rapid automatized naming (RAN) in the development of reading skills. These two skills have been identified as the best predictors of dyslexia (Moats & Dakin, 2008). Therefore, the universal reading screening data from these two areas must be integrated into any screening for dyslexia in kindergarten through second grade.

For kindergarten and first grade students, assessments of phonological awareness and phonemic awareness should be given first to determine the specific point of difficulty for a student on the phonological awareness skills continuum, shown in *Figure 2*. If a student was assessed during universal reading screening on phonemic awareness skills including segmentation, blending and deletion and was determined "below benchmark", then additional areas to assess would include ability to identify rhyming words, produce rhyming words, initial consonant isolation, final consonant isolation and medial sound isolation.

Phonological Awareness Continuum

Typical Age	Skill Domain
4	Recognize rhyme, alliteration
5	Recognize and produce rhyme, phoneme matching, count, pronounce, blend and segment syllables (NJSLS.ELA-Literacy.RF.K2.A, NJSLS.ELA-Literacy.RF.K3.A, NJSLS.ELA-Literacy.RF.K2.B)
5.5	Onset-rime awareness, initial consonant isolation (NJSLS.ELA-Literacy.RF.K2.C)
6	Phoneme blending, segmentation (simple) (NJSLS.ELA-Literacy.RF.K2.D, NJSLS.ELA-Literacy.RF.12.B)
6.5	Phoneme segmentation, blending, substitution (NJSLS.ELA-Literacy.RF.K2.E, NJSLS.ELA-Literacy.RF.12.B, NJSLS-ELA-Literacy.RF.12.D)
7	Initial and final sound deletion
8	Deletion with blends
9	Longer and more complex deletion tasks (NJSLS.ELA-Literacy.RF.12.B)

Figure 2 – Source: Adapted from Moats, 2005

It should be noted that the New Jersey Student Learning Standards for English Language Arts (ELA) supports this phonological continuum.

If phonological awareness and phonemic awareness skills seem intact, more thoroughly assess kindergarten, first, and second grade students' word recognition skills (real word reading), decoding skills (nonsense word reading), and encoding skills (spelling) to determine areas of difficulty. An informal phonics survey and a developmental spelling inventory can provide useful information. A measure of oral reading fluency from mid-first grade and beyond can also be administered to determine accuracy and fluency of connected text. Assessments should include data on oral reading accuracy and oral reading rate calculated in words correct per minute. Results should be compared to national norms created for oral reading fluency.

> **"The type of spelling errors made by the student should be analyzed and described. The analysis of a student's spelling errors indicates which phonics patterns and orthographic patterns the student does not know."**
>
> —Lowell, Felton, & Hook, 2014

A measure of vocabulary knowledge is often included at this level to "estimate underlying oral language abilities that will be important for reading comprehension" (Lowell, Felton, & Hook, 2014). It can be a naming task of pictured objects and assessment of the student's expressive vocabulary skills. The results of oral vocabulary knowledge tasks should be compared to the student's written vocabulary. Often individuals with dyslexia will use an easier word in writing than when speaking due to the fear of spelling the word wrong. Professionals should also be aware of difficulties with word retrieval evidenced by some students with dyslexia. Word retrieval problems are defined as an inability to retrieve a word when the child knows the concept or meaning (German, 2002). Students might say "I know this word. It is on the tip of my tongue." yet struggle to produce the word.

Third Grade and Beyond

Typically starting in third grade, school districts administer a reading assessment to all students at least once a year whether that is a statewide assessment or a particular district benchmark assessment. These assessments can be used to help identify students who may be struggling readers. Districts can review this data to identify students performing below expectations. These students should be screened for dyslexia as well. In addition, students who score adequately on these district reading assessments, but demonstrate poor classroom performance and/or display indicators for dyslexia, should be screened. It is

particularly important that these students be recommended for screening because dyslexic students with high level cognitive ability may mask reading difficulty by using their strong reasoning ability. These students frequently will perform at the mean for their age and grade but actually be performing well below their potential.

As students enter third grade through adolescence, "the rate of reading, as well as facility with spelling, may be most useful, clinically, in differentiating average from poor readers." (Shaywitz, Fletcher, Holahan, Shneider, Marchione, Stuebing, Francis, Pugh & Shaywitz, 1999). Poor results are still indicators of an underlying deficit in phonological processing. Assessments that time how accurately and fluently a student can read real words, as well as nonsense words provide scores that can be compared to norms showing what is expected for students at different age or grade levels. Poor spelling is also an indicator of dyslexia. Additionally, students with dyslexia often demonstrate a higher level of listening comprehension as compared to reading comprehension.

Options After Screening

After completing a dyslexia screening, the data should be used to confirm the student's specific areas of need. Based on the analysis of the results, informed decisions about evidence-based intervention strategies and progress monitoring should follow; or the student may need further assessment.

Progress Monitoring

Progress should be monitored frequently to determine the student's response to the chosen intervention and rate of improvement. According to the Institute of Education Sciences (IES) Practice Guide *Assisting Students Struggling with Reading: Response to Intervention (RtI) and Multi-Tier Intervention in the Primary Grades*, it is recommended that training is provided for teachers on how to collect and interpret student data on reading efficiently and reliably.

Progress can be monitored weekly but no less than once a month. Progressing monitoring probes can be general outcome measures, such as those used for universal screening, or skills-based measures that focus on a specific set of skills that will be taught within a given curriculum. Many intervention programs, that have been commercially developed, contain weekly mastery tests that can be used to guide instruction.

Progress monitoring measures to use for kindergarten through second grade are suggested in *Figure 3*.

Progress Monitoring Measures

Grade	Measure
K	Phoneme Segmentation Letter Naming Fluency
Grade 1	Word Recognition Fluency (real word reading) Word Recognition Fluency/Decoding (nonsense word reading) Oral Reading Fluency (connected text)
Grade 2	Word Recognition Fluency (real word reading) Word Recognition Fluency/Decoding (nonsense word reading) Oral Reading Fluency (connected text)

Figure 3

One of the main benefits of using these types of measures for progress monitoring is that the data can be displayed in graphs and charts. A standard graph used for progress monitoring is a line graph, see **Figure 4**. The vertical axis usually indicates the number of correct student responses and the horizontal axis usually indicates the number of weeks the student will be monitored. This allows professionals to record changes in student learning over time as a series of data points is collected.

To begin progress monitoring, the first set of data to be entered on the graph is the baseline data. If the district's universal screening tools assess the same skills needed for the individual student's progress monitoring then this data can be used as a baseline data point. Second, a goal needs to be set to compare with the student's performance over time. Goals can be determined by using national or local norms. When they are available, national norms are good to use. Norms come in two forms: levels of performance and rates of improvement (ROI). Levels of performance norms are based on typical performance of same grade peers (e.g., a third grade student at the 50th percentile reads 107 wcpm by the end of the year). Rates of improvement norms have been determined as average weekly gain. On a line graph, this is represented as a line drawn from the student's baseline data point to the goal data point establishing an aim line for student performance.

As probes are administered to students weekly, the scores are plotted on the graph and connected to the previous point. If four consecutive data points fall below the aim line, a decision regarding the intervention needs to be made. These decisions could include working individually with the student, meeting more frequently with the student, or increasing the duration of the intervention period.

The Center on Response to Intervention's *Progress Monitoring Briefs* provide guidance on planning and implementing progress monitoring within response to intervention or multi-tiered system of supports frameworks.
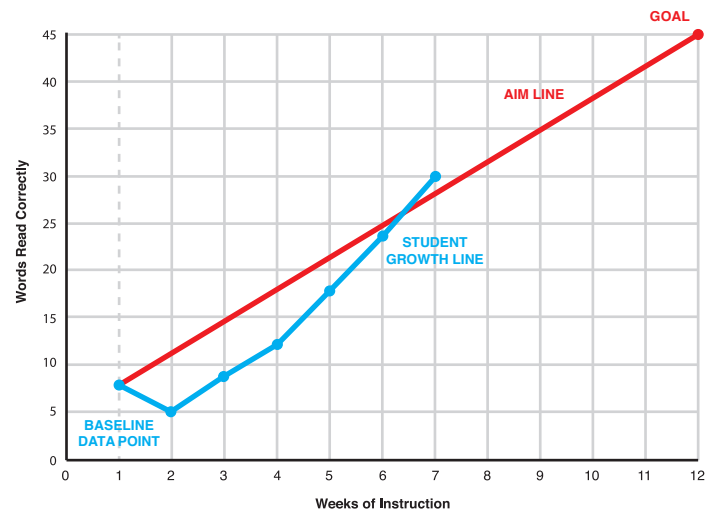
Sample Progress Monitoring Graph

Figure 4

Further Comprehensive Assessment

When the district's screening indicates dyslexia, discussions regarding the need for further comprehensive assessment, Child Study Team (CST) evaluation, or Section 504 eligibility determination are also warranted. Students may be referred to the school district CST or Section 504 Coordinator at any time for a formal, comprehensive evaluation for a specific learning disability, particularly if the student is not responding to the evidence-based intervention at an appropriate rate of improvement and may be in need of special education services or accommodations. Parents and guardians also have the right to request a formal CST evaluation at any time.

References and Resources:

Center on Response to Intervention. (2014). *Screening Tools Chart*. Washington, DC: American Institutes for Research. Retrieved from the *Center on Response to Intervention website*.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.

Catts, H. W., Nielsen, D. C., Bridges, M. S., Liu, Y. S. & Bontempo, D. E. (2015). Early Identification of Reading Disabilities within an RTI Framework. *Journal of Learning Disabilities*, 48 (3), 281-297.

Compton, Donald L.; Fuchs, Douglas; Fuchs, Lynn S.; Bouton, Bobette; Gilbert, Jennifer K.; Barquero, Laura A.; Cho, Eunsoo; Crouch, Robert C. (2010) Selecting at-risk first-grade readers for early intervention: Eliminating false positives and exploring the promise of a two-stage gated screening process. *Journal of Educational Psychology*, Vol 102(2), May 2010, 327-340.

Dykstra, Steven P. Literate Nation. (2013). *Selecting Screening Instruments: Focus on Predictive Validity, Classification Accuracy and Norm Reference Scoring*. San Francisco, CA: Literate Nation.

Francis, D. J., Shaywitz, S. E., Stuebing, K. K., Shaywitz, B. A., & Fletcher, J. M. (1996). Developmental lag versus deficit models of reading disability: A longitudinal, individual growth curves analysis. *Journal of Educational Psychology*, 88, 3–17.

German, D. (2002). A phonologically based strategy to improve word-finding abilities in children. *Communication Disorders Quarterly*, 23, 179-192.
Hall, S. & Moats, L. (1999). *Straight talk about reading: How parents can make a difference during the early years*. Lincolnwood: Contemporary.

Gersten, R., Compton, D., Connor, C. M., Dimino, J., Santoro, L., Linan-Thompson, S., and Tilly, W. D. (2008). *Assisting students struggling with reading: Response to Intervention and multi-tier intervention for reading in the primary grades. A practice guide.* (NCEE 2009-4045). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education.

Hasbrouck, J. (2011). *Educators as Physicians: Using RTI Data for Effective Decision- Making.* Wellesley Hills, MA: Gibson Hasbrouck & Associates.

Hosp, M., Hosp, J., Howell, Kenneth. (2007). *The ABCs of CBM: A Practical Guide to Curriculum-Based Measurement*. New York, NY: The Guilford Press.

Jenkins, J. R., & Johnson, E. S. (2008). *Universal screening for reading problems: Why and how should we do this?.* Retrieved from the *RTI Action Network website*.

Lowell, S., Felton, R. and Hook, P. (2014). *Basic Facts About Assessment of Dyslexia.* Baltimore, MD: The International Dyslexia Association.

Moats, Louisa C. (2005). *Language Essentials for Teachers of Reading and Spelling Module 8: Assessment for Prevention and Early Intervention (K-3).* Longmont, CO: Sopris West Educational Services.

Moats, Louisa C. (2005/2006). How Spelling Supports Reading And Why It is More Regular and Predictable Than You May Think. *American Educator*. Winter 2005/06.12-22;42-43.

Moats, Louisa C. (2005). *Language Essentials for Teachers of Reading and Spelling Module2: The Speech Sounds of English: Phonetics, Phonology and Phoneme Awareness.* Longmont, CO: Sopris West Educational Services.

Moats, L. & Dakin, K. (2008). *Basic Facts About Dyslexia & Other Reading Problems.* Baltimore, MD: The International Dyslexia Association.

Moats, L, & Tolman, C (2009). *Types of Reading Disability Excerpted from Language Essentials for Teachers of Reading and Spelling (LETRS): The Challenge of Learning to Read (Module 1).* Boston: Sopris West.

National Center on Response to Intervention (January 2013). *Progress Monitoring Briefs*. Washington, DC: U.S. Department of Education, Office of Special Education Programs, National Center on Response to Intervention.

National Center on Response to Intervention (January 2013). *Screening Briefs Series*. Washington, DC: U.S. Department of Education, Office of Special Education Programs, National Center on Response to Intervention.

Nevills, P., & Wolfe, P. (2009). *Building the reading brain, PreK–3 (2nd ed.).* Thousand Oaks, CA: Corwin Press.

Pretstwich, Dian. Literate Nation. (2014). *Multi-Tiered Systems of Support for Teaching All Children to Read*. San Francisco, CA: Literate Nation.

Shaywitz, S., Fletcher, J., Holahan, J., Shneider, A., Marchione, K., Stuebing, K., Francis, D., Pugh, K. and Shaywitz, B. (1999). *Persistence of Dyslexia: The Connecticut Longitudinal Study at Adolescence.* Pediatrics; 104; 1351-1359.

Torgesen, J. K. (1998). Catch them before they fall: Identification and assessment to prevent reading failure in young children. *American Educator, Spring/ Summer*, 1–8.

Vellutino, F. R., Scanlon, D. M., Sipay, E. R., Small, S. G., Pratt, A., Chen, R., & Denckla, M. B. (1996). Cognitive profiles of difficult-to-remediate and readily remediated poor readers: Early intervention as a vehicle for distinguishing between cognitive and experiential deficits as basic causes of specific reading disability. *Journal of Educational Psychology*, 88, 601–638.

Wolf, M. & Bowers, P. (2000). Naming-Speed Processes and Developmental Reading Disabilities: An Introduction to the Special Issue on the Double-Deficit Hypothesis. *Journal of Learning Disabilities*, 33: 322.

Websites:

Center on Response to Intervention at American Institutes for Research

Institute of Education Sciences *What Works Clearinghouse*

National Center on Intensive Intervention at American Institutes for Research

RTI Action Network

Selecting A Universal Screener

This rubric is designed to help educators evaluate universal screening tools for use within the NJTSS Framework. No single tool is sufficient for all of the data-based decisions that schools must make (e.g., universal screening, ongoing/benchmark assessment, diagnostic assessment, progress monitoring, accountability/program evaluation). Therefore, it is imperative for schools to consider the purpose of the universal screening tool and its evidence base.

Universal Screening Tool Name: _____ Publisher: _____

Directions: For each criterion on the rubric, evaluate the screening tool, citing evidence for each criterion. If the criteria are present, give it a score of 1. If the criteria are not present, give it a score of 0.

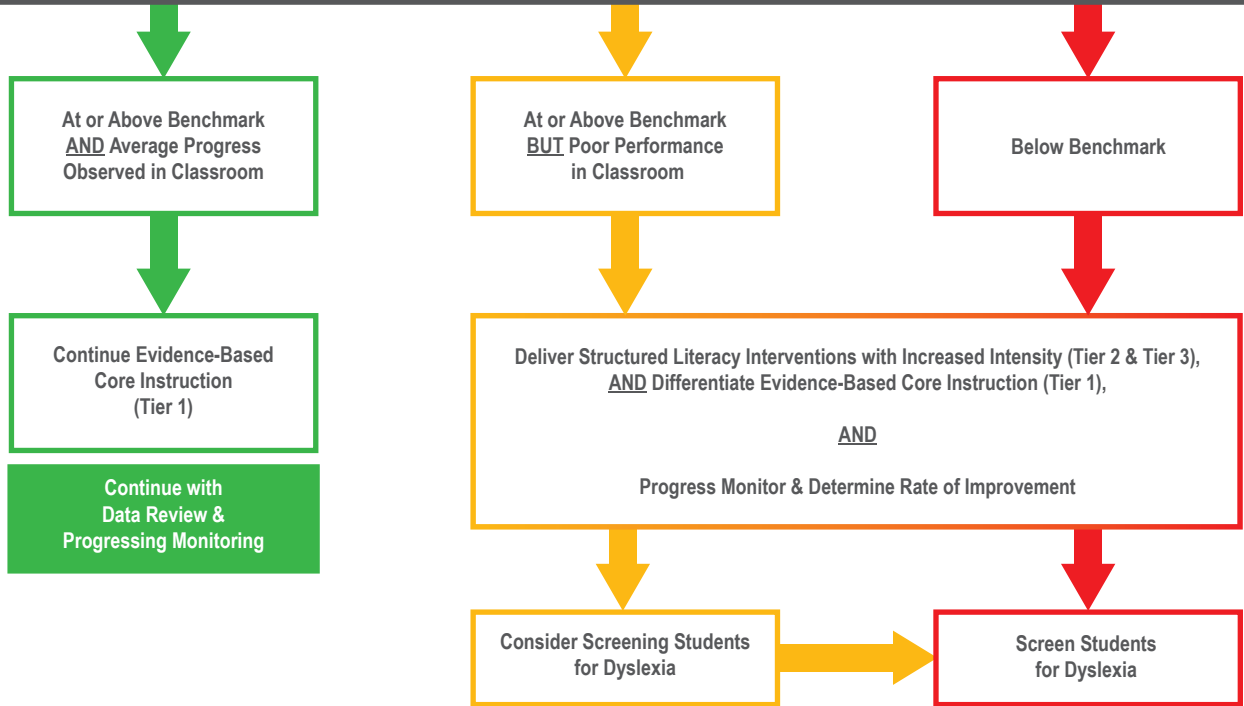| Criteria	Evidence in Assessment Tool	Criteria Present (1)	Criteria Not Present (0)
Screening Tool Qualities	Brief		
	Good predictive validity		
	Good classification accuracy		
	Easy to administer and score		
	Standardized scoring rules		
	Valid and reliable		
	Available in multiple, equivalent forms		
Kindergarten	Phonological Awareness		
	Blending Onset-Rime		
	Phoneme Segmentation		
	Rapid Automatized Naming		
	Letter Naming Fluency		
	Letter-Sound Identification		
	Phonological Memory		
	Nonword Repetition		
First Grade	Phonemic Awareness		
	Phoneme Segmentation		
	Manipulation Tasks (Deletion, Substitution, & Reversal)		
	Rapid Automatized Naming		
	Letter Naming Fluency (Beginning of Year)		
	Sound-Letter Identification		
	Phonological Memory		
	Nonword Repetition		
	Oral Vocabulary		
	Word Recognition Fluency (Real Word Reading in Isolation)		
	Word Recognition Fluency (Nonsense Word Reading in Isolation)		
	Oral Reading Fluency (Middle of Year)		
Second Grade	Word Recognition Fluency (Real Word Reading in Isolation)		
	Word Recognition Fluency (Nonsense Word Reading in Isolation)		
	Oral Reading Fluency		
	Reading Comprehension		
Data Management	Data can be disaggregated by student, class, grade, and school		
Training	Training on how to administer is available online or in-person		
Total Criteria Present			

Screening for Dyslexia Flowchart

Universal Screening & Data Review
(Including but not limited to teacher observation, formative assessment,
standardized assessments, parent input, and the potential indicators of dyslexia checklist)
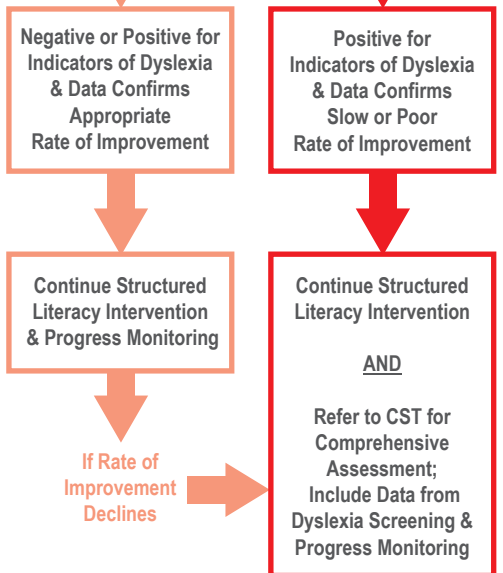
At or Above Benchmark AND Average Progress Observed in Classroom

At or Above Benchmark BUT Poor Performance in Classroom

Below Benchmark

Continue Evidence-Based Core Instruction (Tier 1)

Continue with Data Review & Progressing Monitoring

Deliver Structured Literacy Interventions with Increased Intensity (Tier 2 & Tier 3), AND Differentiate Evidence-Based Core Instruction (Tier 1),

AND

Progress Monitor & Determine Rate of Improvement

Consider Screening Students for Dyslexia

Screen Students for Dyslexia

Screening for Dyslexia

Screen for Age-Appropriate Skills in:

- ☐ **Phonological/Phonemic Awareness**
- ☐ **Rapid Automatic Naming**
- ☐ **Sound-Letter Identification**
- ☐ **Phonological Memory**
- ☐ **Word Recognition Fluency (Real Word Reading)**
- ☐ **Word Recognition Fluency/Decoding (Nonsense Word Reading)**
- ☐ **Encoding (Spelling)**
- ☐ **Oral Reading Fluency**
- ☐ **Oral Vocabulary vs Written Vocabulary**
- ☐ **Listening Comprehension vs Reading Comprehension**

See the Universal Screening & Early Dyslexia Identification section of this handbook for more details.

Negative or Positive for Indicators of Dyslexia & Data Confirms Appropriate Rate of Improvement

Positive for Indicators of Dyslexia & Data Confirms Slow or Poor Rate of Improvement

Continue Structured Literacy Intervention & Progress Monitoring

Continue Structured Literacy Intervention

AND

Refer to CST for Comprehensive Assessment; Include Data from Dyslexia Screening & Progress Monitoring

If Rate of Improvement Declines

A referral to the school district Child Study Team can be made at any point if a disability is suspected.
If dyslexia is identified, a discussion regarding the impact of the reading disability on the student's learning and expected rate of improvement is warranted to determine if the student is eligible for special education supports & services under IDEA and/or Section 504 of the Rehabilitation Act of 1973, as amended.

Potential Indicators of Dyslexia Checklist

This checklist is designed to aid educators in identifying students with characteristics or potential indicators of dyslexia and to document any skill deficits confirmed during screening to inform instruction. Check all areas of consistent difficulty, based on observation, assessment history, progress monitoring data, and work samples. It is likely that many students will exhibit some of the behaviors on this checklist. A preponderance of checks in one area suggests further examination into this set of skills.

Student Name: Teacher Name: Date:

YES	NO	Background Information & Characteristics
		Family history of dyslexia or learning challenges
		Student scored below benchmark on universal screening measure
		Student is performing poorly in the classroom
		Student progress monitoring data shows slow or poor rate of improvement

Kindergarten

YES	NO	
		Late learning to talk or slow to learn new words
		Trouble pronouncing speech sounds (such as /th/, /r/, /l/, and /w/)
		Mixing up the sounds and syllables in long words (says "aminal" for "animal")
		Avoids letters or confuses them
		Cannot recall sounds of letters
		Unable to break words into separate speech sounds (cat has 3 sounds /c/ /ă/ /t/)
		Cannot identify or create words that rhyme
		Doesn't know letters in own name
		Confused about the meanings of the words – who, what, where, when
		Disinterested in books, read aloud or word play activities

Kindergarten & 1st Grade

YES	NO	
		Difficulty remembering the names of letters and recalling them quickly
		Difficulty learning sound-letter correspondence
		Difficulty with phonemic awareness tasks (such as blending or breaking words into separate speech sounds, flash = /f/, /l/, /ă/,/sh/)
		Difficulty learning to recognize common words automatically (family names, names on signs or objects, high frequency words)
		Reading errors show no connection to the sounds of the letters (reads "rabbit" as "bunny")
		Poor spelling (omitting sounds, substituting sounds, adding sounds, transposal of sounds)
		Difficulty remembering sequences (days of the week, months, ABCs)
		Poor handwriting

2nd & 3rd Grade

YES	NO	
		Frequently misreads common high frequency words even after practice (when, went, they, their, been, to, does, said, what)
		No strategies for word attack; makes wild guesses at words; relies heavily on the context or pictures in a story to "read"
		Difficulty decoding words, often making single sound errors, omitting syllables, or skipping over prefixes and suffixes
		Mispronunciation of long, unfamiliar words
		Loses place and skips over words while reading
		Use of imprecise language (says "stuff")
		Persistant reversals and transpositions of letters, numbers, and words with similar visual appearance (such as b & d, 6 & 9, was & saw)
		Spells phonetically without applying spelling rules or patterns
		Poor spelling (omitting sounds, substituting sounds, adding sounds, transposal of sounds)
		Spelling the same word different ways on the same page
		Slow, choppy, and/or inaccurate oral reading that lacks appropriate expression
		Comprehension problems arising from poor word recognition
		Beginning to avoid reading and writing tasks
		Difficulty with math facts

Potential Indicators of Dyslexia Checklist - Continued

Student Name: Teacher Name: Date:

	YES	NO	Background Information & Characteristics
4th through 6th Grades			Slow on oral reading fluency tests
			Inaccurate reading of real and nonsense word lists (pem, loit, thwadge)
			Poor spelling (omitting sounds, substituting sounds, adding sounds, transposal of sounds)
			Poor handwriting and written expression
			Avoidance of reading
			Weak in reading strategies
			Weak reading comprehension compared to listening comprehension

	YES	NO	
7th through 12th Grades			Slow and laborious reading
			Poor spelling (omitting sounds, substituting sounds, adding sounds, transposal of sounds)
			Difficulty with note-taking
			Overwhelmed by multiple assignments
			Cannot work fast enough to cope
			Lack of effective strategies for studying
			Difficulty with homework completion
			Difficulty with organization
			Comprehension and vocabulary deficits due to lack of practice
			Writes poorly and with great effort

Student Profile: Screening for Dyslexia		
Screen for Age-Appropriate Skills in:	**Area of Concern? Y/N**	**Tool Used to Assess**
Phonological/Phonemic Awareness		
Rapid Automatic Naming		
Sound-Letter Identification		
Phonological Memory		
Word Recognition Fluency (Real Word Reading)		
Word Recognition Fluency/Decoding (Nonsense Word Reading)		
Encoding (Spelling)		
Oral Reading Fluency		
Oral Vocabulary*		
Written Vocabulary		
Listening Comprehension**		
Reading Comprehension		

* Students with dyslexia may display stronger oral language skills than written language skills.
** Students with dyslexia may display stronger listening comprehension skills than reading comprehension skills.