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| --- | --- | --- | --- | --- | --- |
| Student Name: |  | Grade: |  | Date of Birth: |  |
| Tier I Teacher: |  | School: |  | Date of Review: |  |

Checklist should be completed by the educator responsible for Tier I reading instruction. Forward the completed form to the intervention teacher who is compiling records that support referral for SPED evaluation.

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| --- | --- | --- | --- | --- |
|  | ***When reading aloud, does the student:*** | ***Often*** | ***Rarely*** | ***Sometimes*** |
| ***1.*** | Stop frequently? |  |  |  |
| ***2.*** | Interject inappropriate pauses? |  |  |  |
| ***3.*** | Read word by word? |  |  |  |
| ***4.*** | Speak in a flat, monotone voice? |  |  |  |
| ***5.*** | Miss emotional and contextual cues? |  |  |  |
| ***6.*** | Mix up who says which piece of dialogue in a narrative? |  |  |  |
| ***7.*** | Pay little attention to punctuation? |  |  |  |
| ***8.*** | Painstakingly sound out words? |  |  |  |
| ***9.*** | Have difficulty with sounds? |  |  |  |
| ***10.*** | Fail to recognize recurring words? |  |  |  |
| ***11.*** | Emphasize the wrong syllable? |  |  |  |
| ***12.*** | Ignore suffixes and prefixes? |  |  |  |
|  |  |  |  |  |
|  | ***When reading silently, does the student:*** | ***Often*** | ***Rarely*** | ***Sometimes*** |
| ***13.*** | Read at about the same speed as when reading aloud? |  |  |  |
| ***14.*** | Shift eyes often on the page? |  |  |  |
| ***15.*** | Need to stop and reread lines? |  |  |  |
| ***16.*** | Seem to skim large chunks of text? |  |  |  |
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| Received by Referring Teacher: |  | Date: |  |

Signature