MCPSS DYSLEXIA CHECKLIST FOR Parents Elementary School

Elementary School
Name of Student:
Date: Grade: Birth date:
School:
Checklist completed by:
<u>(YES)</u> (NO)
PERCEIVED ACADEMIC POTENTIAL
 1. Does your child seem to have the intellectual ability or academic potential to develop reading, writing, and spelling skills? 2. Are the reading, spelling, or writing skills below what you would expect in view of perceived intellectual ability or academic potential?
READING SKILLS
 3. Does your child have difficulty identifying basic sight words? 4. Does your child have difficulty sounding out words using phonics skills? 5. Does your child comprehend text read aloud by others? 6. Is the student's oral reading slow and laborious?
ALPHABET AND SPELLING SKILLS
 7. Is there a history of reading/spelling problems on either side of the family? 8. Is there a history of severe ear infections during the 1st years of life? Does your child seem to quickly forget how to spell words he or she just learned? Can your child break down words into separate sounds? Does the student frequently make spelling errors that involve changing the order of the letters within the word (i.e. left/felt or spelt/slept)?
HANDWRITING SKILLS
 12. Is handwriting often illegible or messy? 13. Is pencil grip awkward, tight, or fist-like?
OTHER SKILLS
 14. Does the student have problems with organization or memory? 15. Does the student have problems with spatial orientation (before/after, left/right)? 16. Does the student have difficulty "finding the right word" or seem to hesitate when tryin to answer direct questions?

Comments: