
Dyslexia Referral Packet

_____ RCSD TST Student Profile (MET packet)

_____ Hearing/Vision Form (MET packet)

_____ Copy of Cumulative Insert (MET packet)

_____ Copy of Report Card (grades 1 & 2 only) (MET packet)

_____ T3 Documentation Plan (MET packet)

_____ Progress monitoring: LLI from interventionist AND classroom teacher (MET packet)

***T3 students who have been receiving ELA interventions for at least 8 weeks should have a minimum of 16 data points from both the classroom teacher and the interventionist.**

_____ Instructional Interventions and Classroom Data Checklist

_____ i-Ready Reading Diagnostic Report

_____ Current DRA (if lower than M, will need a student writing sample) & most recent running record

_____ Teacher Checklist and Parent Interview

_____ Parental Consent to Evaluate

-
- This referral was a parent request.
- This was a school referral.
- Outside evaluation was included in the packet.

Interventionists: Collect the Dyslexia Referral Packet from the classroom teacher and give to counselor. This documentation needs to be scanned to the SPED Case Manager and the Dyslexia Coordinator with the MET Referral Packet.

Instructional Interventions and Classroom Data

Name: _____ **Grade:** _____ **Teacher:** _____ **School:** _____

Tier III: _____ **Current Reading Level:** _____

Yes	No	The following must be considered regarding the student to determine if an informal assessment for dyslexia is warranted:
		The student has been receiving Tier III Interventions, is progress monitored according to RCSD Rtl policies and/or is receiving documented accommodations and modification in the regular classroom in order to be successful. Must attach PM from interventionist and classroom teacher and list
		Lack of progress is evidenced in the classroom as well as supported by the data.
		Characteristics of Dyslexia are exhibited. (Dyslexia Checklist)
		Completed at least 1 year of Kindergarten
		Average intelligence or cognitive abilities are demonstrated in the classroom.
		High Quality classroom instruction has been delivered and observed by an administrator.
		Lack of progress is not the result of environmental factors.
		Lack of progress has a constitutional origin (not caused by brain trauma, seizure disorder, etc.)
		Does the student have excessive absences or checkouts?
		Does the student have a diagnosis of ADHD/ADD or display attention/focus issues in the classroom? If yes, answer 12-13.
		Are the behaviors being addressed through behavior interventions?
		Is the student currently taking medication for ADHD/ADD?
		Do classroom grades indicate that the student is struggling in the areas of reading and writing? (Below average grades)

RCSD Checklist for Teachers

NAME: _____ School: _____

Grade: _____ Teacher: _____

Yes	No	
		1. The student seems to have the academic ability to develop reading, writing and spelling skills.
		2. The student's reading, spelling, or writing skills are below what you would expect based on his/her academic potential.
		3. The student has a history of inconsistent success when completing assessments and or assignments related to reading, writing, or spelling?
Reading		
		4. The student has difficulty acquiring phonological processing skills such as blending, segmenting, rhyming and manipulating sounds.
		5. The student has difficulty remembering a sequence of unfamiliar sounds.
		6. The student has difficulty effectively recalling basic sight words.
		7. The student has difficulty sounding out words.
		8. The student comprehends text when read it is aloud by others.
		9. The student lacks fluency when reading aloud.
Alphabet and Spelling		
		10. The student has difficulty writing the letters of the alphabet in sequence without a model.
		11. The student has difficulty naming the vowels.
		12. The student has difficulty using the correct short vowels in spelling words.
		13. The student has difficulty with spelling.
		14. The student makes frequent spelling errors that involve changing the order of the letters within the word.
Handwriting Skills		
		15. Handwriting is often illegible or messy.
		16. The student has problems with spatial orientation.
Other		
		17. The student has problems with organization or memory.
		18. The student has problems with spatial orientation when writing.
		19. The student has difficulty "finding the right word" or seem to hesitate when trying to answer direct questions?

RCSD PARENT INTERVIEW

NAME: _____ DOB: _____ AGE: _____ SPECIAL PROGRAMS YES: ___ NO: ___
 SCHOOL: _____ GRADE: _____ TEACHER: _____
 PERSON COMPLETING QUESTIONNAIRE: _____ RELATIONSHIP TO CHILD: _____

Yes	No	
		1. Has anyone in your family experienced learning problems? If yes, explain.
		2. Are you concerned about your child's schoolwork? If yes, explain.
		3. Does your child receive any special instruction at school? If yes, explain.
		4. Does your child have difficulty following directions? If yes, explain.
		5. Has your child ever repeated a grade? If yes, what grade?
		6. Has your child had a speech or language problem? If yes, explain.
		7. Does your child need excessive amounts of assistance with homework?
		8. Does your child spend an extraordinary amount of time completing homework?
		9. Does your child seem to struggle in reading, writing, and spelling more than other subjects?
		10. Does your child like to be read to but does not want to read to you?
		11. Does your child have difficulty writing, copying and with spelling?
		12. Has your child ever been critically or chronically ill? If yes, explain.
		13. Does your child have any physical problems that may interfere with learning? If yes, explain.
		14. Is your child currently taking any medication? If yes, explain.

Dyslexia Initial Evaluation/Eligibility

Student Identification

Name: _____ **DOB:** _____ **Age:** _____ **Race:** _____ **Sex:** _____
School: _____ **Grade:** _____ **MSIS:** _____
Parent(s) Guardian(s): _____ **Address:** _____

PARENTAL CONSENT TO EVALUATE FOR DYSLEXIA

Rankin County School District has requested to further evaluate my child. I fully understand this process and consent to having my child tested for Dyslexia in an effort to decide on appropriate educational methods and placement for him/her.

DATE

SIGNATURE OF PARENT/GUARDIAN

SUMMARY OF ELIGIBILITY REPORT

- Based on the information obtained, the student *has been* identified as dyslexic and the evaluation supports the need for dyslexia interventions and all components of an appropriate multisensory, systematic, explicit, language-based reading program as required by House Bill 1046.
- Based on the information obtained, the student *has been* identified as dyslexic, but does not meet the criteria for RCSD Dyslexia Interventions.
- Based on the information obtained, the student *has not* been identified as dyslexic and will remain in the Rtl process where he/she will be monitored for progress according to State Policy 4300.

If data does not support dyslexia, describe how the data failed to support the definition of dyslexia:

DATE OF ELIGIBILITY DECISION: _____

TEAM MEMBERS	POSITION	AGREE	DISAGREE
_____	Dyslexia Coordinator	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A COPY OF THE EVALUATION REPORT(S) AND THE SUMMARY OF ELIGIBILITY CRITERIA FOR THE DETERMINATION OF DYSLEXIA HAVE BEEN GIVEN TO THE PARENT(S)/GUARDIAN(S).