

DYSLEXIA-RISK-CODE

KG and 1ST Grade PEIMS Coding Data Report

(To be completed for new referrals and any change.)

SECTION I:

Student Data

Student _____
Last, First MI

Campus _____ Grade/Section _____

ID No. _____ Date of Birth ____/____/____

SECTION II

Coding Data and Indicate start date:

- ☐ **01** Screened and Determined to be not at risk for dyslexia or related disorders.

Date Identified _____

- ☐ **02** Screened and determined to be at risk for dyslexia or related disorders.

Date Identified _____

- ☐ **03** Not screened for dyslexia or related disorders.

Date Identified _____

PEIMS report completed by: _____ Date: _____

Date Received from Specialist

Date Completed