



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 _____

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

SECTION II; *DYSLEXIA-RISK-CODE (C222)*
Coding Data and Indicate start date:

- 01** - Screened and determined to be not at risk for dyslexia or related disorders.
- 02** - Screened and determined to be at risk for dyslexia or related disorders.
- 03** - Not screened for dyslexia or related disorders.

Date Identified _____ **End Date** _____

SECTION III; *DYSLEXIA-SCREENING-EXCEPTION-REASON-CODE (C231)*
Coding Data and Indicate start date:

- 01** - Grade 1 Student Withdrew from the LEA On or Before January 31st (Grade 1 Dyslexia Screen Period End Date)
- 02** - Kindergarten Student Withdrew from the LEA On or Before the Last Instructional Day of the School year (Kindergarten Dyslexia Screening Period End Date)
- 03** - Grade 1 Student Enrolled in the LEA After January 31st (Grade 1 Dyslexia Screening Period End Date)
- 04** - Student Currently Identified and Receives Dyslexia Services
- 05** - Dyslexia Screening Inappropriate for the Child (Documented by ARD or 504 Committee)
- 06** - Dyslexia Screening included in Special Education Evaluation or 504 Evaluation Process (Documented by ARD or 504 Committee)
- 07** - Parent or Child Repeated Refusal for Dyslexia Screening (Documentation Required)
- 08** - Student Absent During the Designated Dyslexia Screening and No Make-Up Provided During Screening Window (Constitutes Non-Compliance)
- 09** - No Appropriately Trained and/or Qualified Individual in the LEA, as Required, to Conduct Dyslexia Screening (Constitutes Non-Compliance)
- 10** - Technology Access or Failure (e.g., Software) Prevented the LEA from Screening the Student for Dyslexia (Constitutes Non-Compliance)
- 11** - No Dyslexia Screening Instrument Available or No Screening Instrument Adopted by District-Level Committee (Constitutes Non-Compliance)
- 12** - Other (Reason Not Listed Above; Documentation Required, Potential Non-Compliance)

Date Identified _____ **End Date** _____

PEIMS report completed by: _____ Date: _____

Date Received from Specialist

Date Entered in SIS