

**DISCLAIMER: THIS IS NOT A REQUIRED FORM.**  
**THIS IS A SAMPLE FORM. SCHOOLS MAY CHOOSE TO ADAPT THIS FORM TO THEIR NEEDS**

Name: \_\_\_\_\_

STN: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current School Year: \_\_\_\_\_

Current School Attended: \_\_\_\_\_

List Dates for Universal Screeners: \_\_\_\_\_

*(list all dates universal screeners were given)*

**Universal Screener**

<b>Subset</b>	<b>Screener Used</b>	<b>Score</b>	<b>Cut Score</b>	<b>Results</b> <i>above, at-risk, at some risk</i>
Phonological/Phonemic Awareness				
Alphabet Knowledge				
Sound Symbol Relation, Phonics				
Decoding				
Rapid Automatized Naming				
Encoding				

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**Parent Permission and Notification** *((if below benchmark on universal screener))*

- ☐ Obtained parent permission to give a level I screener
- ☐ Shared universal screener results with parents
- ☐ Shared information and resources on characteristics, classroom interventions, and accommodations for students with dyslexia
- ☐ Provided a statement that parents may elect an education evaluation

**Level I Screener** *((if applicable))*

<b>Subset</b>	<b>Screener Used</b>	<b>Score</b>	<b>Cut Score</b>	<b>Results</b> <i>above, at-risk, at some risk</i>
Phonological/Phonemic Awareness				
Alphabet Knowledge				
Sound Symbol Relation, Phonics				
Decoding				
Rapid Automatized Naming				
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Level II Screener *(if applicable)*

<b>Subset</b>	<b>Screener Used</b>	<b>Score</b>	<b>Cut Score</b>	<b>Results</b> <i>above, at-risk, at some risk</i>
Phonological/Phonemic Awareness				
Alphabet Knowledge				
Sound Symbol Relation, Phonics				
Decoding				
Rapid Automatized Naming				
Encoding				

Intervention(s) Used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_