

**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

Subset	Screener Used	Score	Cut Score	Results <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)*

Subset	Screener Used	Score	Cut Score	Results <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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Level II Screener *(if applicable)*

Subset	Screener Used	Score	Cut Score	Results <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: _____
