**Ansonia Public Schools**

**Dyslexia Worksheet for Identification**

**(To be completed at Eligibility or Continued Eligibility PPT)**

To be completed by the team at the PPT after assessments for Learning Disability/Dyslexia have been completed and the Multidisciplinary Evaluation Report has been completed and demonstrates the presence of a Specific Learning Disability

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPT Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative days absent for 2 full school years in addition to current school year: \_\_\_\_\_\_\_\_\_\_\_

Cumulative days tardy for 2 full school years in addition to current school year: \_\_\_\_\_\_\_\_\_\_\_\_

**DYSLEXIA PROFILE**

Student demonstrates ***weaknesses***in the following areas:

|  |  |  |
| --- | --- | --- |
| **AREA** | **Yes or No** | **Data/Assessment results and Test given** |
| Phonological Awareness\* |  |  |
| Phonological Memory\* |  |  |
| Rapid Naming\* |  |  |
| Letter/Sound Knowledge |  |  |
| Word Decoding |  |  |
| Fluency |  |  |
| Rate |  |  |
| Spelling |  |  |

\*These three areas comprise phonological processing. At least one of these areas MUST be identified as a significant weakness in order to consider Dyslexia as an area of eligibility.

Student demonstrates ***strengths*** in the following areas:

|  |  |  |
| --- | --- | --- |
| **Area** | **Yes or No** | **Data/Assessment results and Test given** |
| Listening Comprehension |  |  |
| General Intelligence |  |  |
| Oral Language |  |  |
| Mathematics |  |  |

Areas of weakness identified above are not a result of the a primary weakness in:

|  |  |  |
| --- | --- | --- |
| **Area** | **Yes or No** | **Data/Assessment results and Test given** |
| Attention |  |  |
| Social-Emotional |  |  |
| Executive Functioning |  |  |
| Visual motor/perception |  |  |
| Attendance |  |  |
| Medical Condition (i.e. epilepsy, TBI, etc) |  |  |
| Visual Impairment |  |  |
| Physical Impairment |  |  |

Student performance on curriculum based assessments:

|  |  |
| --- | --- |
| **Assessment** | **Dates and results** |
| NWEA/STAR |  |
| TRC/M CLASS |  |
| Dibels |  |
| Scholastic |  |
| Fountas and Pinnell |  |

The following documents are attached:

1. Multidisciplinary Evaluation Report Form (SLD Checklist) is attached and demonstrates that that the student has a specific Learning Disability
2. Copies of Reading, Writing, and Math Worksheets as appropriate.
3. Current Writing, Spelling, and Math work samples.
4. Current Classroom Assessment results

The Planning and Placement Team has reviewed the information presented and has made the determination that the student has a Specific Learning Disability/Dyslexia and requires special educations services and/or supports:

\_\_\_\_ YES (Assessments, Student Work, and Current Progress

indicate SLD/Dyslexia)

\_\_\_\_ NO

Each team member certifies by his/her signature that this report reflects his/her conclusion (**BOLD** indicates a required signature)

**Signature Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Regular Education Teacher**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Special Education Teacher**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Related Service Personnel**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Administrator/Admin. Designee**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/ Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

If this decision does not reflect a team member’s conclusion he/she must indicate his/her reason(s) and conclusions below:

Team Member name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason and evidence for conclusion:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APS101/May 2016