



**Alamo Heights Independent School District
Educational Development Center**

705 Trafalgar ♦ San Antonio, TX 78216 ♦ Phone 210-442-3700 Fax 210-442-3703

DYSLEXIA REFERRAL PACKET CHECKLIST

Student: _____ School: _____ Grade: _____
 ID: _____ DOB: _____ Teacher: _____ Date: _____

D/C	Document	Date Given	Date Received
D	Dyslexia Assessment Consideration Form (p. 2)		
D	Dyslexia Data Source Form (p. 3)		
D	Dyslexia Risk Factors Checklist (p. 4)		
D	Hearing & Vision Screening (p. 5)		
D	Student Summative/RTI Narrative		
D	Dyslexia Screener/DDT Results		
D	RTI Data/STAAR Results/Benchmark Results		
D	Current Istation & Grade Reports		
D	Work Samples/Conference Notes/etc.		
D	Language Proficiency Scores (If Necessary)		
C	Notice & Consent for Dyslexia Assessment (pp. 7-11)		
C	Parent Information Form (pp. 12-16)		
C	Teacher Checklist (pp. 17-18)		
C	Home Language Survey		
C	Attendance Record		

D/C: Parts of Dyslexia Packet collected and/or completed by Dyslexia Teacher (D) prior to giving packet to Counselor (C) to complete packet

- Parent Contacted @ Referral by: _____ Date: _____
- Referral Packet Received by Counselor by: _____ Date: _____
- Complete/ Incomplete
- Referral Packet Completed with Notice & Consent: Date: _____
- Signed/ Unsigned



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DYSLEXIA ASSESSMENT CONSIDERATION FORM

Student: _____ School: _____ Grade: _____

ID: _____ DOB: _____ Teacher: _____ Date: _____

* Reason for Referral: _____

*Person Making Consideration Request: _____

Classroom Teacher Interventionist Parent Other

*Current School Program(s)

English Immersion Dual Language ESL

*Current Level of Response to Intervention (RtI) Services for Reading: _____

Date Case Reviewed at RtI Support Meeting: _____

Date Parent Contacted About the Dyslexia Consideration Process: _____

Parent Contacted by: _____

* Completed by Classroom Teacher

RTI Committee Recommendations

Date: _____

More Information Needed: _____

Continue with RTI/Tier Interventions at this time

Start Additional Support(s): _____

Refer for Dyslexia Assessment



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DYSLEXIA REFERRAL DATA SOURCE FORM

Student: _____ School: _____ Grade: _____
 ID: _____ DOB: _____ Teacher: _____ Date: _____

Data Source	Score Below Expected	Score as Expected	Notes
*Vision and Hearing Screening <i>From Nurse</i>	Fail Either	Pass Both	
*Istation Overall <i>Current Month</i>	< 39%	> 40%	
*Istation Overall <i>Previous Month</i>	< 39%	> 40%	
*Istation Text Fluency <i>Current Score</i>	< 39%	> 40%	
*Istation Spelling <i>Current Score</i>	< 39%	> 40%	
*Current Reading Grade <i>Current Report Card/Progress Report</i>	< 70% or R	> 70% or D and I	
*Current Writing Grade <i>Current Report Card/Progress Report</i>	< 70% or R	> 70% or D and I	
*Risk Factors Checklist <i>Risk Factors Associated with Dyslexia</i>	Over ½ Responses Sometimes/ Always	Over ½ Responses Sometimes/ Never	
TPRI /Tejas Lee Current Year (1st/2nd) <i>Overall Screening Status</i>	Still Developing	Developed	
TPRI/Tejas Lee Previous Year <i>Overall Screening Status</i>	Still Developing	Developed	
DRA/ EDL <i>If available</i>	Below grade level	At/Above grade level	
Family History of Dyslexia <i>Any Information Known</i>	Yes	No	
Work Samples <i>Possible Characteristics of Dyslexia</i>	Yes	No	
Dyslexia Screener <i>Decoding</i>	Below grade level	At/above grade level	
Dyslexia Screener <i>Encoding Phonetically Irregular Words</i>	Mildly, Moderately, Markedly Below	Within Range, Normal, Above Normal	
Dyslexia Screener <i>Encoding Unknown Words</i>	Mildly, Moderately, Markedly Below	Within Range, Normal, Above Normal	

* Completed by Classroom Teacher



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RISK FACTORS ASSOCIATED WITH DYSLEXIA

Student: _____ School: _____ Grade: _____
 ID: _____ DOB: _____ Teacher: _____ Date: _____

Please indicate how often the student exhibits the following behaviors currently, or how they were reported in the past.
 Note: Students in 4th & 5th grade may continue to find the following behaviors in prior grades problematic.

First Grade	Frequently	Occasionally	Rarely	Unknown
Difficulty breaking words into smaller parts (syllables, e.g. "baseball" broken into "base" & "ball," or "napkin" broken into "nap" & "kin")				
Difficulty identifying and manipulating sounds in syllables (e.g. "man" sounded out as /m/ /ă/ /n/)				
Difficulty remembering the names of letters and recalling their corresponding sounds				
Difficulty decoding single words (reading words in isolation)				
Difficulty spelling words phonetically, or remembering letter sequences in common words seen often in print (e.g. "sed" for "said")				
Second & Third Grades	Frequently	Occasionally	Rarely	Unknown
Difficulty recognizing common sight words (e.g. "to," "said," "been")				
Difficulty decoding single words				
Difficulty recalling correct sounds for letters and letter patterns in reading				
Difficulty connecting speech sounds with appropriate letter or letter combos, and omitting letters in spellings (e.g. "after" spelled as "eftr")				
Difficulty reading fluently (e.g. slow, inaccurate, w/o proper expression)				
Difficulty decoding unfamiliar words in sentences using knowledge of phonics				
Reliance on picture clues, story theme, or guessing at words				
Difficulty with written expression				
Fourth & Fifth Grades	Frequently	Occasionally	Rarely	Unknown
Difficulty reading aloud (e.g. fear of reading aloud in front of classmates)				
Avoidance of reading (e.g. particularly for pleasure)				
Acquisition of less vocabulary due to reduced independent reading				
Use of less complicated words in writing that are easier to spell than more appropriate words (e.g. "big" instead of "enormous")				
Reliance on listening rather than reading for comprehension				
Additional Characteristics	Frequently	Occasionally	Rarely	Unknown
Difficulty naming colors, objects, and letters rapidly, and in a sequence				
Weak memory for lists, directions, or facts				
Needs to see or hear concepts many times to learn them				
Distracted by visual or auditory stimuli				
Downward trend in achievement test scores or school performance				
Inconsistent school work				
Relatives may have similar problems				



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DYSLEXIA REFERRAL HEARING & VISION SCREENING

Student: _____ School: _____ Grade: _____

ID: _____ DOB: _____ Teacher: _____ Date: _____

Date of Screening: _____ Screened by: _____

VISION

Glasses Worn: Yes No

Test/equipment used to determine acuity:
TITMUS/HOTV/SNELLEN/ALLEN
(Circle one)

Visual Acuity

Right Eye: _____/_____

Left Eye: _____/_____

Both eyes together: _____(optional)

VISION APPEARS TO BE ADEQUATE AND WITHIN NORMAL LIMITS: Yes No

RECOMMENDED FOR FURTHER TESTING? Yes No

HEARING

	250	500	1000	2000	4000	6000	8000
5							
10							
15							
20							
25							
30							
35							
40							
50							
60							
70							
80							

Sweep check _____

Threshold _____
(not required)

HEARING APPEARS TO BE ADEQUATE AND
WITHIN NORMAL SPEECH RANGE:
 Yes No

RECOMMENDED FOR FURTHER TESTING?
 Yes No

**Note:* If this screening has been conducted as information for a special education referral and the results indicate a need for further testing, reports from evaluations completed by vision or hearing specialists must be included with the referral.

Signature of Person Completing

Date



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DYSLEXIA REFERRAL PARENT COMMUNICATION GUIDE

Student: _____ School: _____ Grade: _____
ID: _____ DOB: _____ Teacher: _____ Date: _____

1. Reason for suspicion of dyslexia (scores, work samples, etc.)
2. Current levels of Intervention/Support through RTI/Classroom
3. We will be looking back at reading progress in previous years to see if there is a history of slow progress with reading or difficulties with learning to read.
4. We will be checking hearing and vision to make sure there is not a health-related reason for slow reading progress.
5. We will be doing a short screener (15 mins) for dyslexia. This is not an assessment or formal evaluation and does not provide specific diagnostic information. It does look at reading decoding and spelling to see if further evaluation is necessary. It compares the encoding (spelling) scores to a normed sample from other students to see if the scores are out of the normal range.
6. It will take several weeks to complete the dyslexia consideration process. I will contact you with results and next steps.
7. If you have questions about the dyslexia consideration process, please contact our campus dyslexia teachers. They have significant training and experience with dyslexia and can answer any specific questions about the dyslexia consideration process.
8. Even if the dyslexia consideration process does not suggest a need for formal dyslexia evaluation, we will continue to support the student through RtI small group instruction and progress monitoring every two weeks.
9. If the dyslexia consideration process does suggest formal dyslexia testing, you will be contacted for permission for evaluation and to complete additional family history information. Campus counselors and licensed specialists in school psychologists (LSSP) will be available to answer questions about testing and timelines.



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DYSLEXIA REFERRAL PARENT NOTIFICATION OF DYSLEXIA ASSESSMENT

Student: _____ School: _____ Grade: _____
ID: _____ DOB: _____ Teacher: _____ Date: _____

To the Parent/Legal Guardian of _____

AHISD is always working to provide each student with an effective educational program. When students begin experiencing learning difficulties, the campus Response to Intervention (RTI) team provides information about a student's progress, in addition to recommendations for further interventions and the potential need for an assessment. The RTI committee has recommended your student for a dyslexia assessment. Your student may be eligible for a dyslexia intervention program provided by AHISD if he or she meets the district and state criteria for dyslexia. This includes:

- Adequate intelligence
- Unexpected difficulty in reading and writing
- An educational need for services and/or accommodations

Assessment is required before a student can be considered for the program and your written consent to perform the individual assessment must be obtained prior to the assessment. Please read and complete this form and return it to your child's counselor as soon as possible. You will be notified when the assessment is complete and will have an opportunity to discuss the findings and recommendations.

Please prepare your child for the assessment by telling him/her that he/she will be meeting individually with an assessment specialist and completing tasks related to reading, writing, and spelling. Please emphasize that it is important for the student to do his/her best.

If you have any questions, please contact your child's counselor or:

David Kenny, M.A.
Licensed Specialist in School Psychology
& Dyslexia Assessment Specialist
DKenny@ahisd.net
210.442.3700 extension 3714
210.442.3703 fax



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DYSLEXIA REFERRAL PARENT CONSENT FOR DYSLEXIA ASSESSMENT

Student: School: Grade:
ID: DOB: Teacher: Date:

Please check one of the following, complete the remainder of the form, and return this page to your student's teacher.

I GIVE permission for to be assessed for Dyslexia

I DENY permission for to be assessed for Dyslexia

I have received and read the attached NOTICE OF PARENT AND STUDENT RIGHTS UNDER SECTION 504, THE REHABILITATION ACT OF 1973. (NOTE: The receipt of this notice does not mean your student has been referred for, or qualifies for 504 services.)

Parent/Guardian/Adult Student
Printed Name

Parent/Guardian/Adult Student
Signature

Date

Daytime Phone

Evening Phone

Email Address

Mailing Address

Person Explaining Services/Title
Printed Name

Person Explaining Services/Title
Signature

Date

-FOR OFFICE USE ONLY-

Received By

Date



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DYSLEXIA REFERRAL PARENT NOTICE OF 504 RIGHTS

Student: _____ School: _____ Grade: _____
ID: _____ DOB: _____ Teacher: _____ Date: _____

**NOTICE OF RIGHTS FOR DISABLED STUDENTS AND THEIR PARENTS
UNDER §504 OF THE REHABILITATION ACT OF 1973
(page 1 of 3)**

The Rehabilitation Act of 1973, commonly known in the schools as “Section 504,” is a federal law passed by the United States Congress with the purpose of prohibiting discrimination against disabled persons who may participate in, or receive benefits from, programs receiving federal financial assistance. In the public schools specifically, §504 applies to ensure that eligible disabled students are provided with educational benefits and opportunities equal to those provided to non-disabled students.

Under §504, a student is considered “disabled” if he or she suffers from a physical or mental impairment that substantially limits one or more of their major life activities, such as learning, walking, seeing, hearing, breathing, working, and performing manual tasks. Section 504 also applies to students with a record of having a substantially-limiting impairment, or who are regarded as being disabled even if they are truly not disabled. Students can be considered disabled, and can receive services under §504, even if they do not qualify for, or receive, special education services.

The purpose of this Notice is to inform parents and students of the rights granted them under §504. The federal regulations that implement §504 are found at Title 34, Part 104 of the Code of Federal Regulations (CFR) and entitle eligible student and their parents, to the following rights:

1. You have a right to be informed about your rights under §504. [34 CFR 104.32] The School District must provide you with written notice of your rights under §504 (this document represents written notice of rights as required under §504). If you need further explanation or clarification of any of the rights described in this Notice, contact appropriate staff persons at the District’s §504 Office and they will assist you in understanding your rights.
2. Under §504, your child has the right to an appropriate education designed to meet his or her educational needs as adequately as the needs of non-disabled students are met. [34 CFR 104.33].
3. Your child has the right to free educational services, with the exception of certain costs normally also paid by the parents of non-disabled students. Insurance companies and other similar third parties are not relieved of any existing obligation to provide or pay for services to a student that becomes eligible for services under §504. [34 CFR 104.33].



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***Section 504 Notice of Parent Rights
(page 2 of 3)***

4. To the maximum extent appropriate, your child has the right to be educated with children who are not disabled. Your child will be placed and educated in regular classes, unless the District demonstrates that his or her educational needs cannot be adequately met in the regular classroom, even with the use of supplementary aids and services. [34 CFR 104.34].

5. Your child has the right to services, facilities, and activities comparable to those provided to non-disabled students. [34 CFR 104.34].

6. The School District must undertake an evaluation of your child prior to determining his or her appropriate educational placement or program of services under §504, and also before every subsequent significant change in placement. [34 CFR 104.35].

7. If formal assessment instruments are used as part of an evaluation, procedures used to administer assessments and other instruments must comply with the requirements of §504 regarding test validity, proper method of administration, and appropriate test selection. [34 CFR 104.35]. The District will appropriately consider information from a variety of

sources in making its determinations, including, for example: aptitude and achievement tests, teacher recommendations, reports of physical condition, social and cultural background, adaptive behavior, health records, report cards, progress notes, parent observations, and scores on TAKS tests, and mitigating measures, among others. [34 CFR 104.35].

8. Placement decisions regarding your child must be made by a group of persons (a §504 committee) knowledgeable about your child, the meaning of the evaluation data, possible placement options, and the requirement that to the maximum extent appropriate, disabled children should be educated with non-disabled children. [34 CFR 104.35].

9. If your child is eligible for services under §504, he or she has a right to periodic evaluations to determine if there has been a change in educational need. Generally, an evaluation will take place at least every three years. [34 CFR 104.35].

10. You have the right to be notified by the District prior to any action regarding the identification, evaluation, or placement of your child. [34 CFR 104.36]

11. You have the right to examine relevant documents and records regarding your child (generally documents relating to identification, evaluation, and placement of your child under §504). [34 CFR 104.36].



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***Section 504 Notice of Parent Rights
(page 3 of 3)***

12. You have the right to an impartial due process hearing if you wish to contest any action of the District with regard to your child's identification, evaluation, or placement under §504. [34 CFR 104.36]. You have the right to participate personally at the hearing, and to be represented by an attorney, if you wish to hire one.

13. If you wish to contest an action taken by the §504 Committee by means of an impartial due process hearing, you must submit a Notice of Appeal or a Request for Hearing to the District's §504 Coordinator at the address below. A date will be set for the hearing and an impartial hearing officer will be appointed. You will then be notified in writing of the hearing date, time, and place.

**Kris Holliday, District §504 Coordinator
705 Trafalgar, San Antonio, TX 78216
210-442-3700**

14. If you disagree with the decision of the hearing officer, you have a right to seek a review of that decision before a court of competent jurisdiction (normally, your closest federal district court).

15. You also have a right to present a grievance or complaint to the District's §504 Coordinator (or designee), who will investigate the situation, take into account the nature of the complaint and all necessary factors, and respond appropriately to you within a reasonable time.

16. You also have a right to file a complaint with the Office for Civil Rights (OCR) of the Department of Education. The address of the OCR Regional Office that covers this school district is:

Director, Office for Civil Rights, Region VI
1999 Bryan Street, Suite 1620, Dallas, Texas 75201-6810, Tel. 214-661-9600



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DYSLEXIA REFERRAL PARENT INFORMATION FORM

Student: _____ School: _____ Grade: _____

ID: _____ DOB: _____ Teacher: _____ Date: _____

Sociological Information

Address: _____ Home phone: _____ Cell phone: _____ Email _____

Mother: _____ Circle: natural adoptive other: _____ Highest grade completed: _____

Occupation of Mother/Employer: _____ Work phone: _____

Father: _____ Circle: natural adoptive other: _____ Highest grade completed: _____

Occupation of Father/Employer: _____ Work phone: _____

Parent(s) employment is primarily (circle): daytime evening night other (specify): _____

Mother and father are (circle): married divorced other (specify) _____

Student lives with (circle): mother father both other (specify) _____

If parents not together, who has legal authority to make educational decisions for your child? _____

If parents not together, how much time does student spend with non-custodial parent? _____

Residence is (circle): house apartment other: _____ How long has student lived at current address? _____

Residential status (circle): homeowner rent/lease live with another family/individual other: _____

List siblings in residence and ages: _____

Other siblings that reside elsewhere: _____

Other people living in home and ages: _____

Primary language spoken in home: _____ Other language(s): _____

Please report any significant loss (parent, relative, close friend through death or divorce) or trauma (abuse, neglect, alcohol/drug use, etc.) experienced by your child or the family: _____

Please report any significant changes in the home in the last two years (sibling moving out of home, loss of employment, parent absent for work/deployment, etc.): _____

High school students only: Is your child employed? _____ If yes, how many hours per week? _____



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Health Information

Student's primary physician: _____ phone # _____

Were there any complications for the mother prior to or during pregnancy? (check all that apply):

- Excessive vomiting
- Infection
- Toxemia
- Bleeding
- Smoking
- Alcohol
- Medication
- Hospitalization
- Other (please specify) _____
- Days in hospital after delivery _____

Delivery was: Spontaneous Induced C-section

Birth was Premature (7 months or less / 5 lbs. or less): Yes No

Newborn condition: Satisfactory Unsatisfactory

If Unsatisfactory is checked, check any/all that apply:

- Incubator
- Difficulty breathing
- Given oxygen
- Jaundice
- Cyanotic (blue color)
- Other (please specify) _____

Compared with your child's siblings, or with other children of the same age, please rate your child's developmental progress in the areas listed:

Milestone	Above Average	Average	Delayed	Approximate Age
Walking, Running, Climbing				
Talking				
Bladder Training				
Bowel Training				
Coloring, Drawing, Playing with Toys				
Understanding Language				
Identifying/Naming Letters				
Identifying/Naming Numbers				

Please check any of the listed medical conditions that your child has experienced and describe in space provided:

- Birth defects
- Birth injury
- Encephalitis
- Surgery/operation
- Head injury
- Meningitis
- Cerebral Palsy
- Hospitalization
- Seizures/convulsions
- Heart problems
- Infectious mononucleosis
- Poisoning
- Diabetes
- Asthma
- TB exposure
- Sleep problems
- Severe allergies
- Vision Problems
- Hearing Problems
- Chronic ear infections
- Chicken pox
- Whooping cough
- Mumps
- Measles



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Description: _____

Do you have any current medical/health concerns? If yes, explain: _____

List any medication(s) and at what dosage your child currently takes, or any medications discontinued: _____

Educational History

Pre-school and School Attendance History (please indicate name of school and ages/grades attended)

1) Daycare and/or Pre-school (church schools, PCI/Headstart, etc.) _____

2) Pre-Kindergarten: _____

3) Kindergarten: _____

4) Elementary: _____

5) Middle/Jr. School: _____

6) High School: _____

Has your child ever been retained? Yes No If yes, what grade(s)? _____

Do you feel your child is having problems in school? If yes, what problems? _____

When were you first aware of a problem(s)? _____

What do you think may be causing the problem(s)? _____

Has your child mentioned problems in school? _____

Please indicate any significant learning problems experienced by mother, father, or other blood relatives of your child:

Are there any significant differences when comparing your child's school year this year to last year? Yes No

If yes, please describe: _____

Please describe out of school factors that you suspect might affect your child's performance in school: _____



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Has your child ever been evaluated by an agency, psychologist/psychiatrist or other school district? _____

If yes, please indicate when, what type, and attach report, if available. _____

Has your child previously received assistance in any special classes at school? □Yes □No

If yes, please describe type of assistance received (Special Education, bilingual/ESL, Title I, etc.): _____

Does your child currently receive or have they received in the past any assistance outside of the school setting (private tutoring, Easter Seals, counseling, speech/OT/PT therapies, etc.)? □Yes □No

If yes, please describe: _____

Please describe current before school or after school childcare (if any) for your child: _____

Homework environment (time, place, noise level, help provided, etc.): _____

Does your child seem to spend more time than necessary on homework? _____

Does child have access to a computer at home or other setting outside of school? □Yes □No Internet? □Yes □No

What subjects does your child seem to have more trouble with (i.e. reading, writing, science, math, etc.)? _____

What subjects does your child seem to perform better in, or like more (i.e. reading, writing, science, math, etc.)? _____

Are your child's grades low in reading, writing, and spelling compared to his/her ability to understand? □Yes □No

Do you read to your child? □Yes □No If so, does your child enjoy this? □Yes □No

Does your child like to read to you? □Yes □No Does your child hesitate/dislike reading to you? □Yes □No

Emotional/Behavioral Information

Please indicate check any of the following statements that you feel would best describe your child:

- "Difficult" or "Different"
□ With sleeping
□ Impulsive (poor self control)
□ Well-behaved
□ Demanding
□ Needs repeated instructions
□ Excessive accidents
□ Disobeys rules
□ Responsible
□ Independent
□ Cooperative
□ Destructive
□ Withdrawn
□ Excessive attention
□ Temper outbursts (tantrums)
□ Concentration poor
□ Follows directions
□ Deals with frustration
□ Not very affectionate
□ Friendly
□ Clumsy
□ Excessive fears (i.e., animals)
□ Copes with conflict
□ Mood swings/Irritable
□ Poor memory
□ Self-confident
□ Aggressive
□ Overactive
□ Apprehensive
□ Unhappy/sad
□ Seems happy
□ Untruthful
□ Oppositional
□ Does not like school
□ Cries easily
□ Anxious/worried



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Do you have any significant emotional/behavioral concerns regarding your child? Please explain: _____

How does your child get along with siblings? _____

How does your child get along with neighborhood children? _____

Does your child play with children primarily his/her: Own age Younger Older

What chores does your child do around the house? _____

What help (if any) does your child require in dressing, feeding, bathing, or toileting? _____

Who does your child interact most with at home? _____

What sort of games, recreation, or after school/play activities does your child engage in and enjoy doing?

Any Additional Comments or Information

Parent Signature

Date



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DYSLEXIA REFERRAL TEACHER CHECKLIST

Student: _____ School: _____ Grade: _____

ID: _____ DOB: _____ Teacher: _____ Date: _____

PLEASE CHECK ANY OF THE FOLLOWING WHICH APPLY TO THIS STUDENT

LANGUAGE SKILLS	COGNITIVE SKILLS
<input type="checkbox"/> Articulation difficulties	<input type="checkbox"/> Well-developed fund of knowledge
<input type="checkbox"/> Does not follow oral directions	<input type="checkbox"/> Strong abstract reasoning skills
<input type="checkbox"/> Does not remember information heard	<input type="checkbox"/> Strong short-term memory skills
<input type="checkbox"/> Needs repetition of information	<input type="checkbox"/> Strong long-term memory skills
<input type="checkbox"/> Difficulty comprehending class discussion	<input type="checkbox"/> Strong visual processing skills
<input type="checkbox"/> Uses poor grammar/sentence structure	<input type="checkbox"/> Strong auditory processing skills
<input type="checkbox"/> Does not express self fluently	<input type="checkbox"/> Strong processing speed skills
<input type="checkbox"/> Has limited vocabulary	<input type="checkbox"/> Well-developed problem-solving skills
<input type="checkbox"/> Has difficulty sequencing events orally	BEHAVIORAL DIFFICULTIES
ACADEMIC SKILLS	<input type="checkbox"/> Uses profanity often
<input type="checkbox"/> Earns low grades	<input type="checkbox"/> Is verbally aggressive with students/adults
<input type="checkbox"/> Does not complete work	<input type="checkbox"/> Is physically aggressive with students/adults
<input type="checkbox"/> Difficulty working independently	<input type="checkbox"/> Teases and provokes others
<input type="checkbox"/> Exhibits erratic/inconsistent performance	<input type="checkbox"/> Argues frequently
<input type="checkbox"/> Is an underachiever	<input type="checkbox"/> Interrupts constantly/talks excessively
<input type="checkbox"/> Has gaps in skills	<input type="checkbox"/> Is irritable or impatient
<input type="checkbox"/> Does poor quality work	<input type="checkbox"/> Denies or blames others for one's bad behavior
<input type="checkbox"/> Works too slowly	<input type="checkbox"/> Disobeys rules
<input type="checkbox"/> Needs one-to-one help	<input type="checkbox"/> Has temper tantrums
<input type="checkbox"/> Performs below grade level	<input type="checkbox"/> Cheats on assignments/test
<input type="checkbox"/> Is poorly motivated	<input type="checkbox"/> Steals items
ORGANIZATIONAL/STUDY SKILLS	<input type="checkbox"/> Moves about the room
<input type="checkbox"/> Is poorly organized	<input type="checkbox"/> Is overly loud
<input type="checkbox"/> Does not bring materials to class	<input type="checkbox"/> Acts defiant
<input type="checkbox"/> Does not ask for help when needed	<input type="checkbox"/> Has trouble staying on task
<input type="checkbox"/> Has poor study skills	EMOTIONAL/OTHER DIFFICULTIES
MISCELLANEOUS	<input type="checkbox"/> Has mood swings
<input type="checkbox"/> Is withdrawn or listless	<input type="checkbox"/> Demands excessive attention
<input type="checkbox"/> Has few or no friends	<input type="checkbox"/> Is overly dependent on adults
<input type="checkbox"/> Daydreams excessively	<input type="checkbox"/> Whines and complains
<input type="checkbox"/> Rarely participates in class activities	<input type="checkbox"/> Is nervous/anxious
<input type="checkbox"/> Has frequent tardies	<input type="checkbox"/> Cries often
<input type="checkbox"/> Has frequent absences	<input type="checkbox"/> Frequent somatic (physical) complaints
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Frequent trips restroom

