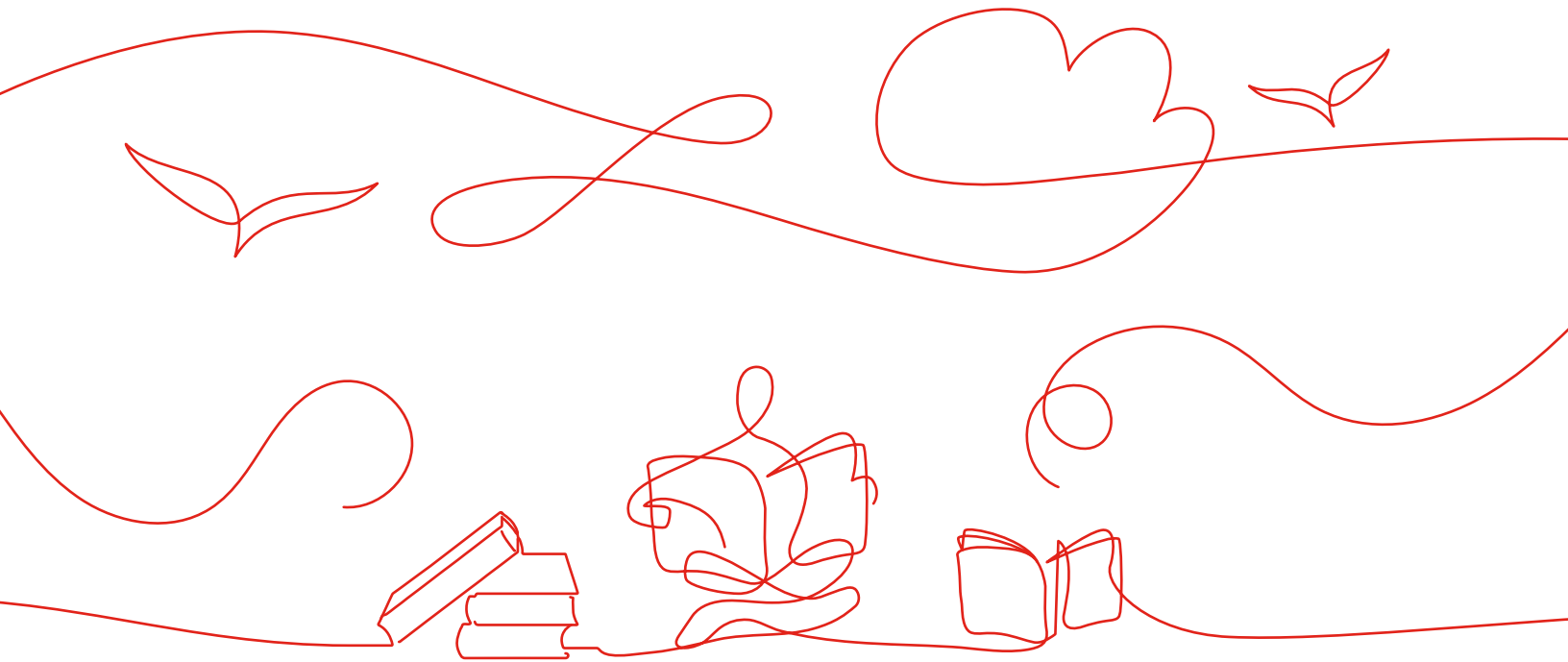


LUKE WAITES CENTER FOR
DYSLEXIA AND LEARNING DISORDERS

EVALUATION APPLICATION

SCOTTISH RITE



SCOTTISH RITE



Luke Waites Center for Dyslexia and Learning Disorders

Thank you for your interest in becoming a patient at Scottish Rite for Children. The primary mission of the Luke Waites Center for Dyslexia and Learning Disorders is to evaluate children's learning in order to identify learning disorders, to educate parents about the needs of their child, and to support partnering with educators to provide an appropriate plan in school.

Criteria to Become a Patient of the Luke Waites Center:

- Must be a Texas resident
- Between the ages of 5 and 14 years
- The child must be a proficient English speaker

We are **unable** to provide services to children whose learning difficulty is primarily due to:

- Low cognitive ability
- Inattention problems
- Emotional/behavioral problems
- Autism or pervasive developmental disorders
- Hearing or vision impairment

Please *mail* the completed application and requested materials to:

**Luke Waites Center
Scottish Rite for Children
2222 Welborn St.
Dallas, TX 75219-9982**

Or, *email* the completed application and requested materials to: **Waites.Center@tsrh.org**.

Next Steps

All applications are carefully reviewed. You will receive a phone call or letter regarding service eligibility for your child. If the child meets the criteria listed above, and needs an evaluation for a possible academic learning disorder, an appointment will be scheduled and a written notice will be sent.

Need Help?

For help with the application process, please contact the Luke Waites Center at 214-559-7815. Visit us online <https://scottishriteforchildren.org/becoming-our-patient> for additional information.

**Center for Dyslexia
Application for Evaluation**

- 1 Has this child ever been a patient at Scottish Rite for Children? No Yes MR# _____
¿Ha sido este niño alguna vez paciente del "Scottish Rite" para Niños? No Sí # de expediente
- 2 Child's name _____
(Nombre del Niño) Last (Apellido) First (Primer Nombre) Middle (Segundo Nombre) Suffix (Jr. Sr. Etc)
- Male (Masculino) Female (Femenino) Age (Edad) _____ Religious preference _____
Preferencia religiosa
- 3 Date of child's birth _____ / _____ / _____
Fecha de nacimiento del niño Mo (Mes) Day (Día) Yr (Año)
- 4 Does this child speak English? No Yes If no, child's primary language _____
¿Habla este niño inglés? No Sí Si no, ¿Cuál es el primer idioma del niño?
- 5 The child's biological/adoptive parents are: Single Married Divorced Widowed Separated
Los padres biológicos/adoptivos del niño son: Solteros Casados Divorciados Viudos Separados
- 6 With whom does the child primarily reside? (¿Principalmente, con quién vive este niño?)
 Father Mother Conservator #1 Conservator #2 Other
Padre Madre Tutor Legal Asignado por la Corte #1 Tutor Legal Asignado por la Corte #2 Otro

Father (Padre):

Name (Nombre) _____ Date of Birth (Fecha de nacimiento) _____

Address (Dirección) _____

City (Ciudad) _____ County (Condado) _____

State (Estado) ZIP (Zona Postal) _____

(_____) _____
Primary phone (Teléfono Principal)

(_____) _____
Secondary phone (Teléfono Secundario)

(_____) _____
Email (Correo Electrónico)

Primary Language (Primer idioma) _____

Employer (Empleador) _____

Mother (Madre):

Name (Nombre) _____ Date of Birth (Fecha de nacimiento) _____

Address (Dirección) _____

City (Ciudad) _____ County (Condado) _____

State (Estado) ZIP (Zona Postal) _____

(_____) _____
Primary phone (Teléfono Principal)

(_____) _____
Secondary phone (Teléfono Secundario)

(_____) _____
E-mail (Correo Electrónico)

Primary Language (Primer idioma) _____

Employer (Empleador) _____



SCOTTISH RITE FOR CHILDREN
 2222 WELBORN STREET
 DALLAS, TX 75219

Center for Dyslexia
Application for Evaluation

7 If there has been a court decision creating or affecting the legal custody (conservatorship) of the child, please provide a copy of the court order and complete the following: *(Si ha habido alguna decisión de la corte que haya creado o afectado la custodia legal (custodia legal asignada por la corte) del niño, por favor, proporcione una copia de la orden de la corte y complete lo siguiente)*

State and County of Court (Estado y Condado de la Corte) Date (Fecha) Case Number (Número del Caso)

Conservator #1 (Tutor Legal Asignado por la Corte #1)

Sole Joint Possessory
Total Asignada Compartida Asignada Posesión Total

Name (Nombre) Date of Birth (Fecha de nacimiento)

Relationship to Child (Relación con el niño)

Address (Dirección)

City (Ciudad) County (Condado)

State (Estado) ZIP (Zona Postal)

(_____) _____
Primary phone (Teléfono Principal)

(_____) _____
Secondary phone (Teléfono Secundario)

Email (Correo Electrónico)

Primary Language (Primer idioma)

Employer (Empleador)

Conservator #2 (Tutor Legal Asignado por la Corte #2)

Sole Joint Possessory
Total Asignada Compartida Asignada Posesión Total

Name (Nombre) Date of Birth (Fecha de nacimiento)

Relationship to Child (Relación con el niño)

Address (Dirección)

City (Ciudad) County (Condado)

State (Estado) ZIP (Zona Postal)

(_____) _____
Primary phone (Teléfono Principal)

(_____) _____
Secondary phone (Teléfono Secundario)

Email (Correo Electrónico)

Primary Language (Primer idioma)

Employer (Empleador)

8 For the purpose of coordinating appointments and records, please list any children in your immediate family who are, or have been, patients of Scottish Rite for Children. *(Con el propósito de coordinar citas y expedientes, por favor, escriba el nombre de cualquier niño en su familia inmediata, quien sea o haya sido paciente del "Scottish Rite" para Niños)*

Name _____ Date of birth ____/____/____ MR # _____
Nombre Fecha de nacimiento # de expediente



SCOTTISH RITE FOR CHILDREN
2222 WELBORN STREET
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**Center for Dyslexia
Application for Evaluation**

**AGREEMENT AND ACKNOWLEDGMENT OF PARENT(S) OR CONSERVATOR(S)
ACUERDO Y RECONOCIMIENTO DE PADRE O TUTOR(ES) LEGAL(ES) ASIGNADOS POR LA CORTE**

9 Scottish Rite for Children does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment or participation in its programs, services and activities, or in employment. For further information about this policy, please contact:

Provider Name: Scottish Rite for Children
Contact Person / Section 504 Coordinator: Administrator
Telephone number: (214) 559-7602, TDD or State Relay number: 1-800-735-2989

"Scottish Rite" para Niños no discrimina contra ninguna persona en base de raza, color, origen nacional, incapacidad o por la edad en admisión, tratamiento o participación en sus programas, servicios y actividades, o en su empleo. Para información adicional acerca de esta información, por favor, comuníquese con:

*Nombre del Proveedor: "Scottish Rite" para Niños
Persona de Contacto/Coordinador de la Sección 504: Administrador
Número de Teléfono: (214) 559-7602, Niños de Aparato de Telecomunicación para personas con Deficiencia de, Audición (TDD, siglas en inglés)
o el número para transmitir del estado: 1-800-735-2989*

10 I acknowledge that I/my child/my ward (collectively referred to herein as "Patient") need(s) medical care and treatment. I voluntarily consent to the performance of Hospital services and the use of all means of diagnostic tests (intellectual, achievement, psychological and/or medical assessment, as needed) upon the Patient, which are deemed necessary or prudent by an attending physician or any other member of the staff of Scottish Rite for Children. Further, I understand that Scottish Rite for Children functions in part as a teaching institute and I hereby acknowledge and consent to the use of Patient and related records to be used from time to time for 1) instructional purposes at the sole discretion of Scottish Rite for Children; and 2) by people who are a part of professional training programs providing care to the Patient.

Yo, reconozco que yo/mi niño/mi pupilo (colectivamente en lo sucesivo se le referirá como "el Paciente") necesita atención médica y tratamiento. Yo, voluntariamente doy el consentimiento para que realicen los servicios hospitalarios y el uso de todos los medios de exámenes de diagnóstico (intelectuales, de rendimiento, evaluación psicológica y/o médica, según sea necesario) al Paciente, los cuales sean considerados necesarios o prudentes por un médico tratante o cualquier otro miembro del personal del "Scottish Rite" para Niños. Además, Yo entiendo que "Scottish Rite" en parte funciona como un centro de enseñanza y que Yo, por la presente reconozco y autorizo el uso de expedientes médicos y datos relacionados del Paciente para ser usados ocasionalmente para 1) propósitos educativos con la única discreción de "Scottish Rite"; y 2) por personas, la cuales son parte de los programas de entrenamiento profesional que proveen atención al Paciente.

By signing below, I or we, hereby certify that as natural or adoptive parent(s) and/or conservator(s), I am/we are legally authorized to consent to medical care of the child herein named. I agree to notify Scottish Rite for Children in the event that there is a change in the above mentioned relationship.

Firmando a continuación, yo, o nosotros, certificamos que como padre(s) natural(es) o adoptivo(s) y/o tutor(es) legal(es) asignado(s) por la corte, estoy (estamos) legalmente autorizado(s) para dar consentimiento para atención médica para el niño aquí mencionado. Estoy de acuerdo en notificar "Scottish Rite" en el evento de que haya un cambio en la relación mencionada anteriormente.

MOTHER'S SIGNATURE (FIRMA DE LA MADRE)

DATE (FECHA)

FATHER'S SIGNATURE (FIRMA DEL PADRE)

DATE (FECHA)

Or Conservator's Signature (if appropriate)
O Firma del Tutor Legal Asignado por la Corte (si es apropiado)

DATE (FECHA)

11 Optional recommendation by a Texas Master Mason (Recomendación de un Venerable Maestro Masón de Texas)

Signature (Firma)

Please Print Name (Nombre en letra de molde)

Lodge Number (Número de Logia)



SCOTTISH RITE FOR CHILDREN
2222 WELBORN STREET
DALLAS, TX 75219

**Center for Dyslexia
Application for Evaluation**

PHYSICIAN INFORMATION FOR LEARNING DISORDER EVALUATION

Physician information is required; however, physician signature and referral are optional.
Please include the physician's name, address, phone number and email address.

PHYSICIAN'S NAME _____
Print or Type

PHYSICIAN'S ADDRESS _____
Street Suite #

City State County ZIP

PHONE () _____ **E-MAIL** _____

PHYSICIAN'S SIGNATURE (optional) _____ **DATE** _____

PURPOSE OF REFERRAL:

DESCRIBE LEARNING PROBLEM(S):



**Center for Dyslexia
Application for Evaluation**

REQUIRED SCHOOL RELATED INFORMATION

We are pleased that you are considering the services of the Luke Waites Center for Dyslexia and Learning Disorders. In order to process your application, please send **ALL** of the information requested below:

- _____ 1. Patient Referral Information Application
- _____ 2. Academic Checklist –Teacher Form (Kindergarten OR Grades 1–9)
 - Only the form applicable to the child’s current grade is needed.
 - There is an academic checklist specific to kindergarten and one designed for grades 1–9.
 - These forms are included at the end of the application packet.
- _____ 3. Required School Related Information (See page 6)
- _____ 4. Copies of Custody Papers, if applicable

If your child *does not attend* a traditional public or private school, we will send you supplemental home school documents to complete as a part of the application process.

If your child *attends* a traditional public or private school, below is a list of information your child may have. **Please ask your child’s school counselor or other school personnel to help provide the information.**

Reading Readiness & Progress Monitoring Tests

- TPRI (*Texas Primary Reading Inventory*)
- ISIP (*iStation Indicators of Progress*) scores
- DIBELS (*Dynamic Indicators of Basic Early Literacy Skills*)
- AIMSweb
- DRA (*Developmental Reading Assessment*)
- MAP (*Measures of Academic Progress*)

Public School or Private Evaluations

- FIE (Full and Individual Evaluation) including test
- ARD (Admission, Review and Dismissal) documentation
- Speech–Language Evaluation
- Psychological or Psychoeducational Evaluation
- Dyslexia Screening/Assessment

Group Administered Tests

- ITBS (*Iowa Test of Basic Skills*)
- CogAT (*Cognitive Abilities Test*)
- SAT (*Stanford Achievement Test*)
- MAT (*Metropolitan Achievement Test*)
- STAAR (*State of Texas Assessments of Academic Readiness*)
- ISEE (*Independent School Entrance Exam*)

Language Proficiency Testing

- TELPAS (*Texas English Language Proficiency Assessment System*)
- WMLS (Woodcock–Munoz Language Survey)
- Tejas Lee OLPT (*Oral Language Proficiency Test*)

Educational Plans

- Section 504 Plan
- Student Success Team Intervention Plan
- Individualized Education Plan (IEP)

WE WILL BE UNABLE TO PROCESS YOUR CHILD’S APPLICATION UNTIL ALL REQUESTED INFORMATION HAS BEEN RECEIVED.



SCOTTISH RITE FOR CHILDREN
2222 WELBORN STREET
DALLAS, TX 75219

**Center for Dyslexia
Application for Evaluation**

Child's School Name: _____ School District: _____

School Type: Public Public Charter Private *Home School University Model Virtual/Online

*If your child participates in home-based education, we will send you supplemental home school documents to complete

Grade: _____ Has your child repeated a grade? Yes No If yes, which grade? _____

If your child was adopted, how old was your child at adoption? _____

If adoption was international, where was your child born? _____

1) Does your child know and speak English? Yes No

2) If your child speaks more than one language, at what age did he/she begin to learn English? _____

3) If your child speaks more than one language, what is his/her current level of English language proficiency, based on school testing? Beginning Intermediate Advanced AdvancedHigh I don't know

4) What language is primarily spoken in the home? _____

5) CHOOSE ONE:

My child needs testing. There has been no individual educational or psychological testing at school or away from school.

My child **has** been tested and **is** getting special help at school. I need to know if the special services are appropriate for my child's needs.

My child **has** been tested but does **not** get special help at school. I would like a second opinion.

My child is being considered for a dyslexia program and needs an evaluation.

My child has been recognized with dyslexia and is participating in a dyslexia program. I need a specific diagnosis of dyslexia.

6) Is there a plan for your child to be tested at school or privately? Yes No

If yes, when? _____ For what reason? _____

7) **What are you concerned about?** Check all that apply.

Reasoning, Judgment

Speech/Articulation

Understanding and Expressing Spoken Language

Phonics/Learning Letter Sounds

Reading Sight Words

Reading Fluency

Reading Comprehension

Argues

Gets in Trouble

Extreme Temper Tantrums or Meltdowns

Sadness

Worry

Mood/Irritability

Suicidal Statements and Thoughts

Vision: Explain _____

Hearing: Explain _____

Spelling

Handwriting

Writing Sentences

Writing Stories

Learning Numbers

Applying Math

Distractibility

Concentration

Focus

Hyperactivity

Social Skills

Bullying

PDD/Autism Spectrum Disorder

8) Which **ONE** of the above are you most concerned about? _____



**Center for Dyslexia
Application for Evaluation**

9) Check **all** services or programs your child **is receiving** or **has received** in the past. (You may need to ask your child's teacher to help if you're not sure.)

- | | |
|---|---|
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Oral Language Therapy | <input type="checkbox"/> ESL (English as a Second Language) |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Bilingual Education |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Spanish Immersion |
| <input type="checkbox"/> RTI (Response to Intervention) | <input type="checkbox"/> Dual Language Program |
| <input type="checkbox"/> Dyslexia Class | <input type="checkbox"/> ECI (Early Childhood Intervention) |
| <input type="checkbox"/> Academic Language Therapy | <input type="checkbox"/> PPCD (Preschool Prog for Children w/Disab) |
| <input type="checkbox"/> Section 504 Plan | <input type="checkbox"/> Other: _____ |

10) Has your child ever been tested for any of the following? (check all that apply)

- Special Education Eligibility Dyslexia Private School Specialized Instruction or Accommodation Plan
If yes, when? _____

11) In what area is your child being served through special education?

- | | |
|---|--|
| <input type="checkbox"/> Speech Impairment (SI) | <input type="checkbox"/> Emotional Disturbance (ED) |
| <input type="checkbox"/> Specific Learning Disability (SLD) | <input type="checkbox"/> Other Health Impaired (OHI) |
| <input type="checkbox"/> Intellectual Disability (ID) | <input type="checkbox"/> Does Not Apply |
| <input type="checkbox"/> Auditory Impairment (AI) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Visual Impairment (VI) | |

12) Does your child have a history of delay in language and speech development? Yes No

If yes, please describe: _____

13) What mental health diagnosis does your child have? _____

None

14) Has your child seen a neurologist? Yes No Name: _____

If yes, why? _____

15) Has your child seen a psychiatrist? Yes No Name: _____

If yes, why? _____

16) Has your child seen a private counselor? Yes No Name: _____

If yes, why? _____

17) Has your child seen a doctor about any of the following: Yes No

- Attention problem Negative behavior Anxiety Depression

If yes, what was the outcome? _____

18) Has your child taken medicine to help with the following? Yes No

- Attention problem Negative behavior Anxiety Depression

If yes, what medicine(s)? _____

When did your child first take the medicine? Month: _____ Year: _____

Does your child still take this medicine? Yes No



Center for Dyslexia
Application for Evaluation

WHAT MEDICAL DIAGNOSIS DOES YOUR CHILD HAVE?

- | | |
|---|---|
| <input type="checkbox"/> ADHD/ADD (<i>ADHD/ADD</i>) | <input type="checkbox"/> History of Meningitis (<i>Historial de Meningitis</i>) |
| <input type="checkbox"/> Allergies (<i>Alergias</i>) | <input type="checkbox"/> History of Stroke (<i>Historial de Embolia</i>) |
| <input type="checkbox"/> Angelman Syndrome (<i>Sindrome de Angelman</i>) | <input type="checkbox"/> HIV (<i>VIH</i>) |
| <input type="checkbox"/> Anxiety Disorder (<i>Transtorno de Ansiedad</i>) | <input type="checkbox"/> Hospitalization for Near Drowning (<i>Hospitalización por Ahogamiento</i>) |
| <input type="checkbox"/> Asperger's Syndrome (<i>Sindrome de Asperger</i>) | <input type="checkbox"/> Hypothyroidism, Congenital (<i>Hipotiroidismo congénito</i>) |
| <input type="checkbox"/> Asthma (<i>Asma</i>) | <input type="checkbox"/> Intellectual Disability (<i>Discapacidad Intelectual</i>) |
| <input type="checkbox"/> Attachment Disorder (<i>Transtorno de Apego</i>) | <input type="checkbox"/> Klinefelter's Syndrome (<i>Sindrome de Klinefelter</i>) |
| <input type="checkbox"/> Autism Spectrum Disorder (<i>Autismo</i>) | <input type="checkbox"/> Muscular Dystrophy (<i>Muscular Distrofia</i>) |
| <input type="checkbox"/> Bipolar Disorder (<i>Transtorno Bipolar</i>) | <input type="checkbox"/> Neurofibromatosis (<i>Neurofibromatosis</i>) |
| <input type="checkbox"/> Blindness (<i>Ceguera</i>) | <input type="checkbox"/> Obsessive Compulsive Disorder (<i>Transtorno Compulsivo Obsesivo</i>) |
| <input type="checkbox"/> Bone Problems (<i>Problemas óseos</i>) | <input type="checkbox"/> Oppositional Defiant Disorder (<i>Transtorno de Oposición Desafiante</i>) |
| <input type="checkbox"/> Cerebral Palsy (<i>Parálisis Cerebral</i>) | <input type="checkbox"/> Pervasive Developmental Disorder (<i>Transtorno Generalizado del Desarrollo</i>) |
| <input type="checkbox"/> Cleft Palate/Cleft Lip (<i>Paladar Hendido/Labio Leporino</i>) | <input type="checkbox"/> Phenylketonuria (<i>Fenilcetonuria</i>) |
| <input type="checkbox"/> Conduct Disorder (<i>Transtorno de Conducta</i>) | <input type="checkbox"/> Prader Willi Syndrome (<i>Sindrome de Prader Willi</i>) |
| <input type="checkbox"/> Congenital Heart Surgery (<i>Cirugía Cardíaca Congénita</i>) | <input type="checkbox"/> Seizure Disorder (<i>Trastornos Convulsivos</i>) |
| <input type="checkbox"/> Deafness (<i>Sordera</i>) | <input type="checkbox"/> Selective Mutism (<i>Mutismo Selectivo</i>) |
| <input type="checkbox"/> Depression (<i>Depresión</i>) | <input type="checkbox"/> Sickle Cell Anemia (<i>Anemia Perniciosa</i>) |
| <input type="checkbox"/> Diabetes (<i>Diabetes</i>) | <input type="checkbox"/> Sickle Cell Trait (<i>Características de Anemia</i>) |
| <input type="checkbox"/> Diagnosed Concussion (<i>Concusión</i>) | <input type="checkbox"/> Spina Bifida (<i>Espina Bífida</i>) |
| <input type="checkbox"/> Diagnosed Traumatic Brain Injury (<i>Lesion Cerebral Traumática</i>) | <input type="checkbox"/> Thyroid Disorder (<i>Transtorno de la Tiroides</i>) |
| <input type="checkbox"/> Down Syndrome (<i>Sindrome de Down</i>) | <input type="checkbox"/> Tic Disorder (<i>Trastornos de Movimientos Involuntarios</i>) |
| <input type="checkbox"/> Dwarfism (<i>Enanismo</i>) | <input type="checkbox"/> Tourette Syndrome (<i>Sindrome de Tourette</i>) |
| <input type="checkbox"/> Encopresis (<i>Encopresis</i>) | <input type="checkbox"/> Tuberous Sclerosis (<i>Esclerosis Tuberosa</i>) |
| <input type="checkbox"/> Enuresis (<i>Enuresis</i>) | <input type="checkbox"/> Turner's Syndrome (<i>Sindrome de Turner</i>) |
| <input type="checkbox"/> Fetal Alcohol Syndrome (<i>Sindrome de Alcohol Fetal</i>) | <input type="checkbox"/> William's Syndrome (<i>Sindrome de William</i>) |
| <input type="checkbox"/> Fragile X (<i>X Frágil</i>) | <input type="checkbox"/> Other (<i>Otro</i>): _____ |
| <input type="checkbox"/> Galactosemia (<i>Galactosemia</i>) | <input type="checkbox"/> None (<i>Ninguna</i>) |
| <input type="checkbox"/> History of Cancer (<i>Historial de Cáncer</i>) | |





LUKE WAITES CENTER FOR DYSLEXIA AND LEARNING DISORDERS
KINDERGARTEN ACADEMIC CHECKLIST – TEACHER FORM

(Teacher should only complete this form if your child has not yet entered 1st grade.)

Child's Name: _____

Date: _____

Teacher's Name: _____

Years You Have Taught: _____

School Name: _____

School District: _____

How long have you taught this child? _____

Does this child attend a Full Day or Half Day Program? _____ Number of days per week? _____

What methods / curricula have you used to teach this child to address specific pre-academic skills as noted below for reading and math? _____

ORAL LANGUAGE		
Skill		Rate Child's Ability 1 – Able 2 – Able but Inconsistent 3 – Emerging 4 – Unable
Follows a sequence of oral directions		
Uses a variety of words to label and describe		
Makes inferences		
Asks appropriate questions to clarify information		
Asks and responds to questions about stories		
Retells the important events of a short story		
Speaks clearly and to the point		
Participates in class discussions		
Uses appropriate language to interact with peers		

Any additional comments about child's language development:

PHONOLOGICAL AWARENESS		
Skill	Child's Instructional Exposure / Practice with this skill (number of months)	Rate Child's Ability 1 – Able 2 – Able but Inconsistent 3 – Emerging 4 – Unable
Produces rhyme		
Identifies syllables in spoken words		
Isolates the initial sound in a one-syllable word		
Blends spoken sounds to form a one-syllable word		
Segments sounds in words with two to three phonemes		

PRINT AWARENESS		
Skill	Child's Instructional Exposure/ Practice with this skill (number of months)	Rate Child's Ability 1 – Able 2 – Able but Inconsistent 3 – Emerging 4 – Unable
Identifies upper- and lower- letters		
Recognizes that sentences consist of words separated by spaces		

BEGINNING READING		
Skill	Child's Instructional Exposure/ Practice with this skill (number of months)	Rate Child's Ability 1 – Able 2 – Able but Inconsistent 3 – Emerging 4 – Unable
Identifies the common sounds that letters represent		
Uses knowledge of letter-sound relationships to decode regular words (VC, CVC, CCVC, CVCC)		
Recognizes that new words are created when letters are changed, added, or deleted		
Identifies at least 25 high-frequency words		
Identifies elements of a story, including setting, character, and key events		

Any additional comments about child's reading skills:

HANDWRITING / SPELLING		
Skill	Child's Instructional Exposure / Practice with this skill (number of months)	Rate Child's Ability 1 – Able 2 – Able but Inconsistent 3 – Emerging 4 – Unable
Writes own name		
Forms upper- and lower- case letters legibly		
Matches sounds to letters to spell CVC words		

MATH		
Skill	Child's Instructional Exposure / Practice with this skill (number of months)	Rate Child's Ability 1 – Able 2 – Able but Inconsistent 3 – Emerging 4 – Unable
Uses logical reasoning		
Uses language such as <i>before</i> or <i>after</i> to describe sequence		
Names positions using <i>first, second, third...</i>		
Uses language to describe positions: <i>over, under, above, below...</i>		
Sequences up to three events		
Describes, compares, and sorts objects by attributes		
Reads a calendar using days, weeks, and months		
Compares by length, capacity, and weight		
Uses number symbols through 20		
Adds and subtracts using concrete objects		
Identifies, extends, and creates patterns		
Counts by ones to 100		
Uses information from a graph of real objects or pictures		

Any additional comments about child's math skills:

Other thoughts or comments you would like to share:

ACADEMIC CHECKLIST for GRADES 1 – 9 – TEACHER FORM

Student's name: _____ Date completed: _____
 Completed by: _____ Subject Taught: _____
 How long you have taught this student: _____

Rate how often this child has (or had) each of the following problems. <i>If the child has not been taught a specific skill, please leave the item blank.</i>		
	Rarely	Often
Trouble producing specific speech sounds.		
Trouble saying words with difficult speech patterns (conditioner).		
Confuses similar sounding words ("specific" for "Pacific").		
Frequent slips of the tongue ("bitter-batter" for "pitter-patter").		
Uses incorrect verb tense when speaking (Today, Billy go to the doctor).		
Uses incorrect forms of irregular verbs when speaking (I knowed him).		
Confuses multiple meaning words (slip, brush, trunk)		
Says sentences with words in the wrong order.		
Sentences do not sound like other children his/her age.		
Trouble understanding questions or spoken directions.		
Responds to only part of multiple-step instructions.		
Asks me to repeat questions or spoken directions.		
Trouble finding the right word to say.		
Speech is hesitant, filled with pauses or fillers ("um," "you know").		
Frequently uses words that are have little meaning ("stuff", "thing").		
Talks a lot but gives little information.		
Difficulty looking at the person he/she is talking to.		
Trouble keeping up a conversation with friends.		
Uses negative behaviors (hitting) instead of words to solve problems.		
Trouble getting to the point when talking.		
Trouble telling about a movie he/she just saw.		
Difficulty telling about a recent experience.		
Uses slang incorrectly.		
Trouble understanding common expressions.		
Difficulty understanding jokes.		
Trouble understanding sarcastic comments.		
Needs a lot of repetition to learn new concepts.		

Please complete the remaining questions on the next page of this form.

ACADEMIC CHECKLIST for GRADES 1 – 9 – TEACHER FORM

Rate how often this child has (or had) each of the following problems. <i>If the child has not been taught a specific skill, please leave the item blank.</i>		
	Rarely	Often
Problems learning letter names or letter sounds.		
Trouble sounding-out words.		
Mispronounces words when reading stories or text.		
Substitutes similar words when reading stories or text.		
Omits or adds words when reading stories or text.		
Repeats words or phrases when reading stories or text.		
Reading is hesitant, choppy, or “uneven” when reading stories or text.		
Reads slowly.		
Trouble understanding details, main ideas when he/she reads.		
Trouble recognizing cause/effect, conclusions, predictions when reading.		
Trouble drawing shapes.		
Appears to “draw” the letters when writing.		
Handwriting is slow and/or labored.		
Can memorize for spelling tests, but cannot remember words one week later.		
Spells words the way they sound (“thay” for they, “vacayshun” for vacation).		
Spelling is very difficult to read or “make out” (“thsxn” for vacation).		
Uses incorrect grammar in written work.		
Written sentences do not make sense.		
Trouble preparing an organized written report or story.		
Trouble with counting and sequencing numbers.		
Problems learning names of the numbers.		
Difficulty learning meanings of words used for math.		
Trouble learning math symbols (+, -, etc).		
Trouble learning addition or subtraction math facts.		
Difficulty learning to carry and borrow.		
Trouble learning multiplication math facts.		
Trouble completing timed math activities (mad minutes, etc).		
Trouble solving math word problems.		
Difficulty solving problems involving time.		
Trouble solving multiple-step word problems.		
Difficulty with math involving fractions or decimals.		
Trouble with algebra, geometry, or other higher level math.		