



Fairfield Union Local School District

Board of Education Office
6417 Cincinnati-Zanesville Road NE
Lancaster, OH 43130

Phone: (740)536-7384

Fax: (740)536-9132

www.fairfieldunion.org

Teacher Referral Form for Dyslexia Screening Measure

Ohio's dyslexia support laws (ORC 3323.251) define dyslexia as "a specific learning disorder that is neurological in origin and that is characterized by unexpected difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities not consistent with the person's intelligence, motivation, and sensory capabilities, which difficulties typically result from a deficit in the phonological component of language." Students with dyslexia tend to have difficulty processing speech sounds, decoding words and reading fluently. Such difficulties often lead to slow and inaccurate reading, inadequate comprehension and difficulty with written and/or spoken language.

To be completed by the referring teacher: Return to building principal

Teacher Name (Print): _____ **Date:** ____/____/____

Student Name: _____ **DOB:** ____/____/____

Current STAR Data: Circle one (Early Literacy, Reading) Scaled Score _____ **Percentile** _____

School: _____ **Current Grade:** _____

1. What risk factors are you observing in this student?

___ Decoding: Difficulty accurately reading (or sounding out) unknown words.

___ Fluency: Slow, inaccurate, or labored oral reading (slow reading rate).

___ Spelling: Difficulty with learning to spell, or with spelling words, even common words, accurately.

___ Reading Comprehension: In moderate to severe cases, poor decoding and limited fluency can interfere with reading comprehension, even if oral language comprehension skills are adequate.

___ Phonological Awareness: Segmenting (or breaking apart), blending (or putting together), and manipulating (or changing) the spoken syllables and sounds in words.

___ Phonics Skills: Learning the names of letters and their associated sounds; Once the letters and their sounds have been learned, the reader must apply this knowledge to printed words. This process requires orthographic mapping, which refers to matching the speech sounds (the phonemes) to the appropriate letters or letter patterns (graphemes).

___ Phonological Memory or working memory: Difficulty holding information about sounds and words in memory in order to use this information to read or spell.

___ Difficulty with rapid naming of familiar objects, colors, numbers, or letters of the alphabet.

2. What additional data do you have about this student's reading difficulties?

3. Are you currently providing this student with any differentiation/ interventions for reading? If so, what differentiation/ interventions?

Teacher Name (Signature): _____

To be completed by the school:	
Received by:	Date:
Screening Level: _____ Tier I	
Permission to Assess Form sent to parents by:	Date:



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Parent Permission to Assess - Dyslexia Screening Measure

According to Ohio Revised Code 3323.251 (Dyslexia Screening), a student's teacher can make a referral request that a dyslexia screening measure be administered to your child. ***If you would like to have your child screened, please sign and return this form.*** The assessment will be conducted during regular school hours. Once testing is complete, you will receive a copy of your child's test results. If you have any questions or concerns, please contact the building principal for more information.

To be completed by parent/guardian: Return to building principal

I understand that by granting permission, my child will be assessed by designated personnel and the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of my child's results and if they show markers for dyslexia.

_____ **Permission is given for assessment (Screening Level Tier 1)**

Student Name: _____ **DOB:** ____/____/____

School: _____ **Current Grade:** _____

Parent/Guardian Name (print): _____

Address: _____

Phone: _____ **Email:** _____

Signature of Parent/Guardian

Date

To be completed by the school:	
Received by:	Date:
Referring Teacher:	
Screening Level: Tier I	Assessor:
	Date: