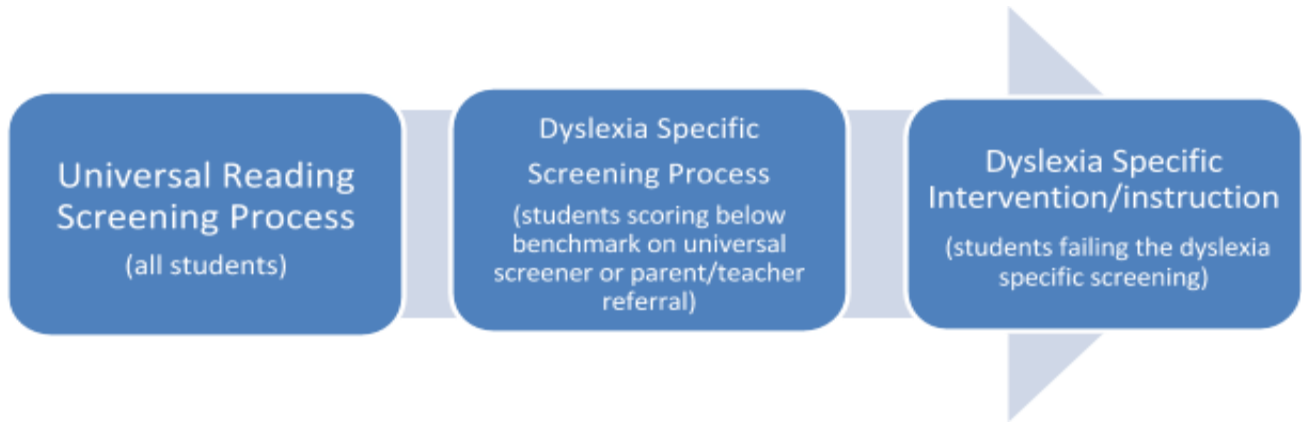


PST Guidelines Regarding Dyslexia Kindergarten



IF	THEN
<p>Student scores below benchmark on universal reading screener (K-3rd Global Scholar) AND teacher observations including the <i>Dyslexia Teacher Observation Checklist</i> reflect a need for further assessment</p> <p>Kindergarten Only-<i>Dyslexia specific screening for students in kindergarten <u>should not be conducted prior to December of the kindergarten year</u> (winter benchmark period). Dyslexia-specific screening for students in kindergarten will provide the student with an opportunity to demonstrate: Letter naming, letter sound, phoneme segmentation and nonsense word fluency skills.</i></p>	<p>Administer Dyslexia Specific Screening Process in order listed below. If student passes first 2 assessments, STOP. The student has passed because he or she must fail 3 of 4 to fail the screener.</p> <p>Kindergarten: Step 1- Rapid Letter Naming Step 2-Letter Sounds ID Step 3: Segmentation Step 4: Nonsense Word Fluency</p> <p><i>(These assessments are provided and are different from the screeners done at the beginning of the kindergarten year.)</i></p>
<p>Student fails 3 of 4 dyslexia specific screening assessments. He or she is identified as exhibiting characteristics of Dyslexia.</p>	<p>The PST will review all available data including dyslexia specific screening and determine *dyslexia specific intervention/accommodation needs. Data, dyslexia specific intervention plan and monthly progress reports will be shared with parents.</p>
<p>Student passes dyslexia specific screening by passing 2 or more of the dyslexia specific assessments. He or she is not identified as exhibiting characteristics of Dyslexia.</p>	<p>The PST will review all data and determine intervention needs based on data. Data, intervention/accommodations plan and monthly progress reports will be shared with parents.</p>
<p>Student has a diagnosis of Dyslexia from an outside agency</p>	<p>The PST will review all available data including dyslexia specific screening data from outside agency and determine *dyslexia specific intervention/accommodation needs. <i>Data, dyslexia specific intervention plan and monthly progress reports will be shared with parents.</i></p>

***Dyslexia Specific Intervention** must be provided by a teacher that has completed training in the appropriate implementation of the evidence based, dyslexia specific intervention being provided. Examples of evidence based, dyslexia specific interventions used in our district are S.P.I.R.E, Orton Gillingham, MindPlay, IMSE and MSLE. Contact your administrator or program area specialist to locate a trained teacher in your school.

Grade Level Benchmarks for Universal Screeners

Grade Level	Percentile & Below	Assessment
K	Below 25 th Percentile/<1622	TBD
1 st	Below 20 th Percentile	Raz-Kids Passage
2 nd -5 th	Below 20 th Percentile	Easy CBM ORF
6 th	Below 25 th Percentile/<2584	Scantron-Rdg 5 th Grade
7 th	Below 25 th Percentile/<2669	Scantron-Rdg 6 th Grade
8 th	Below 25 th Percentile/<2745	Scantron-Rdg 7 th Grade
9 th	Below 25 th Percentile/<2819	Scantron-Rdg 8 th Grade
10 th	Below 25 th Percentile/<2822	Scantron-Rdg 9 th Grade
11 th	15 & Below	PreACT Reading-10 th Grade
12 th	15 & Below	ACT Reading 11 th Grade

Student Name: _____

Date: _____

Letter Names

Procedures

Place the probe marked "Letter Names Student Copy" in front of the student. Read the directions to the student. When you are finished administering the test, enter the number correct at the bottom of the page.

Directions

"When I say begin, say the name of each letter. I will stop you after 60 seconds. Start at the top of the page and read across each row." Demonstrate by sweeping your finger from left to right across the first row. "Any questions?...Ready? Begin." At 60 seconds, say, "Stop." Mark the last letter with a bracket. }

Note: This is a 60 second timed test.

Scoring

If student:

- Self correct, write S.C. above the letter name and count as correct.
- Says incorrect letter name, slash through the letter name, and count as incorrect.
- Hesitates more than 3 seconds, supply the letter name and count as incorrect.
- Skips letter, circle the letter and count as incorrect.
- Clearly loses his/her place, point to the next letter.
- Student must get **22 or more letters correct** to pass this screener.

o	X	A	s	O	B	E	a	T	x
e	r	Z	S	L	t	R	N	p	C
m	D	P	n	F	l	M	f	K	i
k	c	G	v	z	W	U	h	Q	u
w	y	l	V	d	J	b	J	q	A
T	a	O	s	X	o	B	x	A	E
Z	L	N	r	S	p	t	e	C	R
K	M	F	P	m	i	f	l	n	D
W	h	u	v	c	k	G	z	U	Q
A	y	q	j	b	d	J	V	l	A

Correct _____

Letter Names

o	X	A	s	O	B	E	a	T	x
e	r	Z	S	L	t	R	N	p	C
m	D	P	n	F	I	M	f	K	i
k	c	G	v	z	W	U	h	Q	u
w	y	l	V	d	J	b	j	q	A
T	a	O	s	X	o	B	x	A	E
Z	L	N	r	S	p	t	e	C	R
K	M	F	P	m	i	f	l	n	D
W	h	u	v	c	k	G	z	U	Q
A	y	q	j	b	d	J	V	l	A

Student Name: _____

Date: _____

Letter Sounds

Procedures

Place the probe marked "Letter Sounds Student Copy" in front of the student. Read the directions to the student. When you are finished administering the test, enter the number correct at the bottom of the page.

Directions

"When I say begin, say the sound that each letter makes. I will stop you after 60 seconds. Start at the top of the page and read across each row." Demonstrate by sweeping your finger from left to right across the first row. **"Any questions?...Ready? Begin."** At 60 seconds, say, **"Stop."** Mark the last letter with a bracket. }

Note: This is a 60 second timed test.

Scoring

If student:

- Self correct, write S.C. above the letter sound and count as correct.
- Says incorrect letter sound, slash through the letter sound, and count as incorrect.
- Hesitates more than 3 seconds, supply the letter sound and count as incorrect.
- Skips letter, circle the letter and count as incorrect.
- Clearly loses his/her place, point to the next letter.
- Student must get **11 or more sounds correct** to pass this screener.

s	D	m	M	H	b	o	k	S	c
p	h	e	Z	O	U	z	n	A	T
g	J	t	G	N	l	a	r	L	y
k	f	l	th	Sh	Ch	z	qu	sh	wh
u	w	v	Th	ch	V	Ph	E	g	F
f	ph	s	i	X	R	Y	K	u	P
d	c	k	S	o	H	b	M	D	m
r	n	T	A	U	z	O	e	Z	h
a	y	r	L	g	l	G	t	N	J
t	sh	qu	wh	z	Ch	th	l	Sh	f
Ph	V	u	E	g	F	w	v	Th	ch

Correct _____

Letter Sounds

s	D	m	M	H	b	o	k	S	c
p	h	e	Z	O	U	z	n	A	T
g	J	t	G	N	I	a	r	L	y
k	f	l	th	Sh	Ch	z	qu	sh	wh
u	w	v	Th	ch	V	Ph	E	g	F
f	ph	s	i	X	R	Y	K	u	P
d	c	k	S	o	H	b	M	D	m
r	n	T	A	U	z	O	e	Z	h
a	y	r	L	g	l	G	t	N	J
t	sh	qu	wh	z	Ch	th	l	Sh	f
Ph	V	u	E	g	F	w	v	Th	ch

Student Name: _____

Date: _____

Phoneme Segmenting

Procedures
This test is administered entirely orally. Do NOT show the student this scoring sheet. There is no student copy of this test because the student is listening and responding to the words supplied by the assessor.
Directions
Say to the student: “I am going to say a word, and you will give me the sounds you hear in that word. If I say <i>cap</i>, you will say /c/ /a/ /p/. If I say <i>it</i>, you will say /i/ /t/. If I say <i>top</i>, you will say /t/ /o/ /p/p. Let’s try.”
Note: This is a 60 second timed test.
Scoring
If student:
<ul style="list-style-type: none"> • Underline each phoneme the student says correctly. • Put a slash through each phoneme the student misses. • Students are NOT penalized for saying extra phonemes. • Student must get 14 or more sounds correct to pass this screener.

Item	Teacher Says	Student Says	Number Correct	Item	Teacher Says	Student Says	Number Correct
1	paid	/p/ /ai/ /d/	___/ 3	11	strap	/s/ /t/ /r/ /a/ /p/	___/ 5
2	shirt	/sh/ /ir/ /t/	___/ 3	12	futile	/f/ /u/ /t/ /i/ /le/	___/ 5
3	tail	/t/ /ai/ /l/	___/ 3	13	bold	/b/ /o/ /l/ /d/	___/ 4
4	soak	/s/ /oa/ /k/	___/ 3	14	mean	/m/ /ea/ /n/	___/ 3
5	mint	/m/ /i/ /n/ /t/	___/ 4	15	pack	/p/ /a/ /ck/	___/ 3
6	metal	/m/ /e/ /t/ /al/	___/ 4	16	mass	/m/ /a/ /ss/	___/ 3
7	smile	/s/ /m/ /i/ /le/	___/ 4	17	bent	/b/ /e/ /n/ /t/	___/ 4
8	send	/s/ /e/ /n/ /d/	___/ 4	18	home	/h/ /o/ /me/	___/ 3
9	spouse	/s/ /p/ /ou/ /se/	___/ 4	19	bide	/b/ /i/ /de/	___/ 3
10	clink	/c/ /l/ /i/ /n/ /k/	___/ 5				

Correct ___/70

Nonsense Word Fluency--Recording Form for Kindergarten

Name: _____ Date: _____

Administration Directions: Please hand the student being screened the Nonsense Word Fluency Student Copy. Ask the student to read the make-believe words. Follow scoring directions below.

Scoring Directions:

Note: This Dyslexia specific screener is to be completed mid-year for kindergarten students. Each individual sound will be scored. There are 10 words with 30 sounds. A Student must score 18 out of 30 sounds to pass this assessment. Write each sound on the designated line. Put a slash on the corresponding line for any sounds missed and record the score at the bottom of the form.

lat	_____	_____	_____
ped	_____	_____	_____
sib	_____	_____	_____
mog	_____	_____	_____
vun	_____	_____	_____
fim	_____	_____	_____
hep	_____	_____	_____
yot	_____	_____	_____
rud	_____	_____	_____
cag	_____	_____	_____

Score: _____ /30

**Kindergarten Nonsense Word Fluency
Student Copy**

1. lat

2. ped

3. sib

4. mog

5. vun

6. fim

7. hep

8. yot

9. rud

10. cag

DYSLEXIA SCREENING AND NEEDS ASSESSMENT PROFILE

Grade K

Student: _____

Grade: _____

School: _____

Date of Screening: _____

Participants in Team Meeting: _____

Date of Team Meeting: _____

Date Results Shared with Parents: _____

Tool	Passed	Failed
Universal Screener: Grade K Scantron (mid-year)		
Rapid Letter Naming (University of Oregon)		
Letter Sounds ID (University of Oregon)		
Segmentation (University of Oregon)		
Nonsense Word Fluency (University of Oregon)		

If the student's scores are in the "Failed" column for three of the four screening indicators, the student should be referred to the PST for determination of needed intervention services, including dyslexia-specific intervention, accommodations, and assistive technology as appropriate.

Evidence-Based Dyslexia-Specific Intervention

Program	Beginning Date	# Days per week	Duration each day	Teacher administering intervention

Accommodations: _____

Assistive Technology: (Name/describe app or software needed)

Text to Speech _____

Speech to Text _____

Note Taking _____

Organization _____ Other _____

**Parent Notification for Dyslexia Screener
Grades 1-6**

Student: _____ **Grade:** 1 2 3 4 5 6

School: _____ **Date:** _____

Dear Parent,

Shelby County Schools provides a dyslexia screener for students who are exhibiting reading difficulties. This screener helps to identify difficulty with decoding, spelling and word recognition. Students who are identified through the screener as needing extra help will be provided a dyslexia specific intervention. This instruction is provided in the general education setting. The tools used for the short screener include a reading fluency passage, spelling assessment and online Lexercise screener.

If you would **not** wish to have your child screened at this time, please sign and return this form by the following date: _____ The form only has to be returned if you **do not want** your child screened. If you have any questions you may contact : _____ at the following number: _____.

_____ I do not give permission for my child to be screened for a dyslexia specific intervention at this time.

Parent Signature

Date