

Parent Interview for a Level 1 Screener

To the parents/guardians of ______ Date: _____

Times you are av 1 st Choice 2 nd Choice 3 rd Choice	to be available to call at one cas, I will call and leave a messa	of these times. If I am not able to contac	t
Times you are av 1 st Choice 2 nd Choice 3 rd Choice I will do my best you at any of these time	to be available to call at one c	of these times. If I am not able to contac	ct
Times you are av 1 st Choice 2 nd Choice 3 rd Choice	to be available to call at one c	of these times. If I am not able to contac	ct
Times you are av 1 st Choice 2 nd Choice			
Times you are av			
Times you are av			
Times you are av	•		
Best phone numl			
	ber to reach you at:		
complete this interview, the following information		e interview, or send me an email with	
·	•	nce to discuss initial screening and	
watch the video, What is	•		
		lyslexia visit: https://ed.ted.com and	
		d be asked to participate in a discussion	
		needs. When all components have	
	, -	writing, math, so the school can	
		data for listening comprehension,	
•		following: alphabet knowledge, ition, decoding, rapid naming, and/ or	
	•	1 Screener to gather additional	
		ing is needed to determine next steps.	
		of dyslexia. It only indicates that our	
·	·	ated by a teacher. This does <u>NOT</u> mean	
	ct 1268, the LRSD screens all I	K-2 students and students in grade 3-12	
_			r
reading. Per Arkansas A	ause part of our reading assess	sment showed some indicators of risk fo	
strengths and weakness receiving this letter beca reading. Per Arkansas A	es so we can make informed o	ct assessments to determine your child's decisions about education. You are sment showed some indicators of risk for	



Completion of this form indicates the parent has been informed that a Level 1 dyslexia screener will be completed for their child.

Person Completing this Form:		Date completed:		
Parent participated: In person via phone	☐ Other:			
Student Name: Date of Birth	h:	I	O Number:	
Grade: School: Clas	ssroom Te	acher (K	.5)	
Check the answer to the following questions rega	arding the	student.		
Family History	Yes	No]	
Learning Problems			İ	
Father				
Mother			1	
Sibling			1	
Physical History of Student				
Chronically ill			1	
Extremely high fever				
Physical problems causing difficulty learning				
Currently taking medication				
Trouble hearing				
Trouble seeing				

Check the term indicating the degree of your concern for the student regarding each skill area.

Skill Area	Rarely	Often
Phonological Awareness		
Difficulty recognizing or reproducing rhyming words		
Difficulty naming the first or last sound in a word		
Difficulty blending sounds together to make a word		
Alphabet		
Difficulty learning or recalling names of letters		
Difficulty learning or recalling sounds of letters		
Decoding and Word Recognition		
Difficulty sounding out unfamiliar words		
Difficulty reading words accurately		
Fluency		
Makes frequent reading errors		
Reads with hesitations		



Reads slowly	
Spelling	
Difficulty memorizing words for spelling tests	
Difficulty spelling words correctly	
Comprehension	
Difficulty understanding what he/she reads	
Difficulty answering textbook questions	
Written Expression	
Difficulty writing sentences correctly	
Difficulty writing stories and reports	
Cognitive/Academic Ability	
Needs many repetitions to learn something new	
Has difficulty with math facts	
Has trouble with math word problems even when they are read aloud	
Has reading difficulties unexpected compared to other abilities	
Oral Language	
When listeningdifficulty understanding verbal directions	
When listeningdifficulty understanding stories read to him/her	
When speakingweak or limited oral vocabulary	
When speakingdifficulty finding the right word	
When speakingdifficulty speaking with correct grammar	
When speakingdifficulty explaining ideas or elaborating on thoughts	
Attention	
Displays difficulty organizing time and materials	
Is easily distracted by sights or sounds	
Does many things too quickly	
Is often overactive or fidgety	
Is inconsistent with production of classwork or homework assignments	
Needs direct supervision to complete homework	
Handwriting	
Is slow with handwriting and copying tasks	
Displays overall poor quality/illegible handwriting on written assignments	

Upon completion of this form, return to your school's dyslexia contact or your child's classroom teacher to continue the Level 1 Screening process. When all components are completed, the team must meet to discuss results, inform the parent of results, and complete next steps. For more information, please see the Arkansas Dyslexia Resource Guide.