LUKE WAITES CENTER FOR DYSLEXIA AND LEARNING DISORDERS

EVALUATION APPLICATION

SCOTTISH RITE

FOR CHILDREN

®
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#__________________  # de expediente

2 Child’s name  
(Name 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?  ¿Principalmante, 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

<table>
<thead>
<tr>
<th>Father (Padre):</th>
<th>Mother (Madre):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Nombre)</td>
<td>Name (Nombre)</td>
</tr>
<tr>
<td>Date of Birth (Fecha de nacimiento)</td>
<td>Date of Birth (Fecha de nacimiento)</td>
</tr>
<tr>
<td>Address (Dirección)</td>
<td>Address (Dirección)</td>
</tr>
<tr>
<td>City (Ciudad)</td>
<td>City (Ciudad)</td>
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<tr>
<td>County (Condado)</td>
<td>County (Condado)</td>
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<td>State (Estado)</td>
<td>State (Estado)</td>
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<td>ZIP (Zona Postal)</td>
<td>ZIP (Zona Postal)</td>
</tr>
<tr>
<td>( ) Primary phone (Teléfono Principal)</td>
<td>( ) Primary phone (Teléfono Principal)</td>
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<tr>
<td>( ) Secondary phone (Teléfono Secundario)</td>
<td>( ) Secondary phone (Teléfono Secundario)</td>
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<td>( ) Email (Correo Electrónico)</td>
<td>( ) Email (Correo Electrónico)</td>
</tr>
<tr>
<td>Primary Language (Primer idioma)</td>
<td>Primary Language (Primer idioma)</td>
</tr>
<tr>
<td>Employer (Empleador)</td>
<td>Employer (Empleador)</td>
</tr>
</tbody>
</table>
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)

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
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:

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 trasmitir 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, las 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  DATE (FECHA)
FATHER'S SIGNATURE  DATE (FECHA)
Or Conservator's Signature (if appropriate)  DATE (FECHA)
O Firma del Tutor Legal Asignado por la Corte (si es apropiado)

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)
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):**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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.**
**Center for Dyslexia**  
Application for Evaluation

<table>
<thead>
<tr>
<th>Child’s School Name:</th>
<th>School District:</th>
</tr>
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<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

**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
- [ ] Arguments
- [ ] Gets in Trouble
- [ ] Extreme Temper Tantrums or Meltdowns
- [ ] Sadness
- [ ] Worry
- [ ] Mood/Irritability
- [ ] Suicidal Statements and Thoughts
- [ ] 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?** ————

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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.)

- [ ] Speech Therapy
- [ ] Oral Language Therapy
- [ ] Occupational Therapy
- [ ] Tutoring
- [ ] RTI (Response to Intervention)
- [ ] Dyslexia Class
- [ ] Academic Language Therapy
- [ ] Section 504 Plan
- [ ] Special Education
- [ ] ESL (English as a Second Language)
- [ ] Bilingual Education
- [ ] Spanish Immersion
- [ ] Dual Language Program
- [ ] ECI (Early Childhood Intervention)
- [ ] PPCD (Preschool Prog for Children w/Disab)
- [ ] 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?

- [ ] Speech Impairment (SI)
- [ ] Specific Learning Disability (SLD)
- [ ] Intellectual Disability (ID)
- [ ] Auditory Impairment (AI)
- [ ] Visual Impairment (VI)
- [ ] Emotional Disturbance (ED)
- [ ] Other Health Impaired (OHI)
- [ ] Does Not Apply
- [ ] Other:

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  

If yes, why?

15) Has your child seen a psychiatrist?  

- [ ] Yes  
- [ ] No  

If yes, why?

16) Has your child seen a private counselor?  

- [ ] Yes  
- [ ] No  

If yes, why?

17) Has your child seen a doctor about any of the following?  

- [ ] Yes  
- [ ] No

If yes, what was the outcome?

18) Has your child taken medicine to help with the following?  

- [ ] Yes  
- [ ] No

If yes, what medicine(s)?

When did your child first take the medicine?  

Month:  

Year:

Does your child still take this medicine?  

- [ ] Yes  
- [ ] No
**WHAT MEDICAL DIAGNOSIS DOES YOUR CHILD HAVE?**

- ADHD/ADD (ADHD/ADD)
- Allergies (Alergias)
- Angelman Syndrome (Sindrome de Angelman)
- Anxiety Disorder (Transtorno de Ansiedad)
- Asperger’s Syndrome (Sindrome de Asperger)
- Asthma (Asma)
- Attachment Disorder (Transtorno de Apego)
- Autism Spectrum Disorder (Autismo)
- Bipolar Disorder (Transtorno Bipolar)
- Blindness (Ceguera)
- Bone Problems (Problemas óseos)
- Cerebral Palsy (Parálisis Cerebral)
- Cleft Palate/Cleft Lip (Paladar Hendido/Labio Leporino)
- Conduct Disorder (Transtorno de Conducta)
- Congenital Heart Surgery (Cirugía Cardíaca Congénita)
- Deafness (Sordera)
- Depression (Depresión)
- Diabetes (Diabetes)
- Diagnosed Concussion (Concusión)
- Diagnosed Traumatic Brain Injury (Lesión Cerebral Traumática)
- Down Syndrome (Sindrome de Down)
- Dwarfism (Enanismo)
- Encopresis (Encopresis)
- Enuresis (Enuresis)
- Fetal Alcohol Syndrome (Sindrome de Alcohol Fetal)
- Fragile X (X Frágil)
- Galactosemia (Galactosemia)
- History of Cancer (Historial de Cáncer)
- History of Meningitis (Historial de Meningitis)
- History of Stroke (Historial de Embolia)
- HIV (VIH)
- Hospitalization for Near Drowning (Hospitalización por Ahogamiento)
- Hypothyroidism, Congenital (Hipotiroidismo congénito)
- Intellectual Disability (Discapacidad Intelectual)
- Kleinfelter’s Syndrome (Sindrome de Kleinfelter)
- Muscular Dystrophy (Muscular Distrofia)
- Neurofibromatosis (Neurofibromatosis)
- Obsessive Compulsive Disorder (Trastorno Obsessivo Compulsivo)
- Oppositional Defiant Disorder (Trastorno de Oposición Desafiante)
- Pervasive Developmental Disorder (Trastorno Generalizado del Desarrollo)
- Phenylketonuria (Fenilcetonuria)
- Prader Willi Syndrome (Sindrome de Prader Willi)
- Seizure Disorder (Trastornos Convulsivos)
- Selective Mutism (Mutismo Selectivo)
- Sickle Cell Anemia (Anemia Perniciosa)
- Sickle Cell Trait (Características de Anemia)
- Spina Bifida (Espina Bifida)
- Thyroid Disorder (Trastorno de la Tiroides)
- Tic Disorder (Trastornos de Movimientos Involuntarios)
- Tourette Syndrome (Sindrome de Tourette)
- Tuberous Sclerosis (Esclerosis Tuberosa)
- Turner’s Syndrome (Sindrome de Turner)
- William’s Syndrome (Sindrome de William)
- Other (Otro):

- None (Ninguna)
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?

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

Any additional comments about child’s language development:

__________________________________________________________________________

__________________________________________________________________________
## PHONOLOGICAL AWARENESS

<table>
<thead>
<tr>
<th>Skill</th>
<th>Child’s Instructional Exposure / Practice with this skill (number of months)</th>
<th>Rate Child’s Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 – Able</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 – Able but Inconsistent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 – Emerging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 – Unable</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 – Able</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 – Able but Inconsistent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 – Emerging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 – Unable</td>
</tr>
</tbody>
</table>

- Identifies upper- and lower- letters
- Recognizes that sentences consist of words separated by spaces

## BEGINNING READING

<table>
<thead>
<tr>
<th>Skill</th>
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<th>Rate Child’s Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 – Able</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 – Able but Inconsistent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 – Emerging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 – Unable</td>
</tr>
</tbody>
</table>

- 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

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

### MATH

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

Any additional comments about child’s math skills:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Other thoughts or comments you would like to share:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Student’s name: ___________________________ Date completed: ______________________
Completed by: ____________________________ Subject Taught: __________________________

How long you have taught this student: ________________________________________________

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

*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.  
*If the child has not been taught a specific skill, please leave the item blank.*

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