

Brookeland Independent School District

187 WILDCAT WALK BROOKELAND, TEXAS 75931 409-698-9738

Charlotte Odom: Principal

Stacy Gillis: Counselor

Tammy Gilbert: Screener for Dyslexia

Parent Consent for Evaluation

Permission to Screen for Dyslexia Tendencies

The student being referred is in _____ grade.

The date of birth of the student being referred is _____.

The age of the student being referred is _____.

List the names that are responsible for the referral.

To the Parent(s)/Guardian(s) of: _____

The campus intervention team is requesting a dyslexia tendency screening for your child. Once screening is completed, the committee will meet, and as a team, the committee will determine the best educational setting to meet the academic needs of your child. The committee should consist of, but not be limited to, the parent or guardian of the child, dyslexia coordinator, and teacher(s) of record.

If you have any questions, please call 409-698-9738.

Sincerely,

Stacy Gillis
Counselor-Brookeland ISD

Please initial one of the lines below:

_____ I give my consent to the school personnel of Brookeland ISD to screen my child,
_____, for dyslexia tendencies. The purpose of screening is to gather information that
will help BISD determine the best educational setting to meet the academic needs of your child.

_____ I do **not** give my consent to the school personnel of Brookeland ISD to screen my child,
_____, for dyslexia tendencies.

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian address: _____
Address City State Zip Code

Home Phone

Cell Phone

Work Phone

Parent/Guardian Survey

Directions: To aid in assessing the problems your child may be experiencing in school and to detect the possibility of the presence of dyslexia tendencies, please complete the following questions.

Student: _____ DOB: _____ S.S. #: _____ Grade: _____ Campus: _____

Date Completed: _____

Mother's Name: _____
Address: _____
Home Phone: _____
Mobile Phone: _____
Work Phone: _____
Educational level completed by mother: _____

Father's Name: _____
Address: _____
Home Phone: _____
Mobile Phone: _____
Work Phone: _____
Educational level completed by father: _____

1. How many siblings does the child have? _____ Brothers _____ Sisters

2. How many siblings are living at home? _____

3. Do any of the family members have a history of learning difficulty? Yes No

If "Yes", please explain: _____

4. Do any of the family members have a history of speech difficulty? Yes No

If "Yes", please explain: _____

5. Have there been any important changes in the family in the last three years? (i.e., job changes, births, illness, death, separation, divorce) Yes No

If "Yes", please explain: _____

6. Compared to the other children in the family, is this child's ability to learn information taught at school:

slower about the same better developed

7. Compared to the other children in the family, did this child reach developmental milestones at:

slower rate about the same rate faster rate

8. Has your child ever been retained? Yes No

If "Yes", please explain why and what grade: _____ Grade

Reason Why: _____

9. Do you feel your child is experiencing problems in school? Yes No

If "Yes", please explain: _____

Learning/Academic: _____

Behavior: _____

Speech: _____

Medical Physical: _____

Other: _____

10. Were there any problems before, during or immediately after your pregnancy?

Yes No

If "Yes", please explain: _____

11. Did your child have multiple episodes of middle ear fluid build-up?

Yes No

If "Yes", please explain: _____

12. Did your child have chronic earaches (otitis media) or ear tubes?

Yes No

If "Yes", please explain: _____

13. Has your child been examined for vision problems or glasses?

Yes

No

If "Yes", please explain: _____

14. Is your child currently prescribed glasses to correct their vision problem?

Yes

No

If "Yes", please explain: _____

15. Does your child have any other physical or health problems, such as allergies, asthma, ADHD, ect.?

Yes

No

If "Yes", please explain: _____

16. Is your child currently under the care of a physician and/or taking prescription medication?

Yes

No

If "Yes", please explain: _____

Additional Early Childhood Information:

17. Began saying their first word at:

1 year +/-

2 years

18. Began to speak in phrases:

1 year 1/2

2 years +

19. Did your child have mild speech or articulation problems?

If "Yes", please explain: _____

20. Did your child have trouble rhyming words?

Yes

No

If "Yes", please explain: _____

21. Did you read to your child from books or magazines before he/she attended school?

Yes

No

If "Yes", please explain: _____

22. Was your child able to recognize and name colors before he/she attended school?

Yes

No

If "Yes", please explain: _____

23. Was your child able to count to 10 independently before he/she attended school?

Yes

No

If "Yes", please explain: _____

24. Was your child able to put puzzles together independently before he/she attended school?

Yes

No

If "Yes", please explain: _____

25. Did your child attend preschool?

Yes

No

If "yes" did your child attend private or public preschool? (circle one) **private or public**

If "Yes", please explain: _____

If "yes", did your child's preschool provide a structural curriculum for reading and writing?

Explain: _____

26. Did your child attend kindergarten?

Yes

No

If "yes", did your child attend private or public kindergarten? (circle one) **private or public**

If "Yes", please explain: _____

If "yes", did your child's kindergarten school provide a structural curriculum for reading and writing?

Explain: _____

27. If your child attended either pre-school and/or kindergarten, did the teacher ever mention or indicate that your child was experiencing any reading or writing difficulties?

If "Yes", please explain: _____

Interests and Strengths:

28. Does your child enjoy: (check all that apply)

<input type="checkbox"/> READING BOOKS	<input type="checkbox"/> POETRY	<input type="checkbox"/> JOURNAL WRITING
<input type="checkbox"/> COLORING	<input type="checkbox"/> SCIENCE	<input type="checkbox"/> COMPUTERS/TECHNOLOGY
<input type="checkbox"/> DRAWING	<input type="checkbox"/> MATH	<input type="checkbox"/> PLAYING WITH FRIENDS
<input type="checkbox"/> OTHER: (SPECIFY) _____		
<input type="checkbox"/> OTHER: (SPECIFY) _____		
<input type="checkbox"/> OTHER: (SPECIFY) _____		

29. Does your child enjoy: (check all that apply)

<input type="checkbox"/> SPORTS	<input type="checkbox"/> CARD GAMES	<input type="checkbox"/> MUSICAL INSTRUMENTS
<input type="checkbox"/> KARATE	<input type="checkbox"/> COMPUTER GAMES	<input type="checkbox"/> SINGING
<input type="checkbox"/> BOARD GAMES	<input type="checkbox"/> ACTING	<input type="checkbox"/> DEBATE
<input type="checkbox"/> OTHER: (SPECIFY) _____		
<input type="checkbox"/> OTHER: (SPECIFY) _____		
<input type="checkbox"/> OTHER: (SPECIFY) _____		

30. Please complete the following questions by checking either "YES" or "NO".

EARLY YEARS: (check yes or no)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Talked later than his/her siblings or peers
<input type="checkbox"/>	<input type="checkbox"/>	Used baby talk that continued past normal age
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty pronouncing words. (i.e., "busgetti" for "spaghetti" "wittle" for "little")
<input type="checkbox"/>	<input type="checkbox"/>	Did not enjoy listening to books with rhyme
<input type="checkbox"/>	<input type="checkbox"/>	Unable to recite popular nursery rhymes
<input type="checkbox"/>	<input type="checkbox"/>	Unable to recall the right word---Um, um, um----that, over there, you know, I forgot
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty learning or saying a new vocabulary word
<input type="checkbox"/>	<input type="checkbox"/>	Over uses vague words like that, stuff, thing or things
<input type="checkbox"/>	<input type="checkbox"/>	Hard to follow in conversation because the sentences are filled with pronouns or words lacking in specificity. (i.e. "The things were all mixed up but I got the stuff anyway.")

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<input type="checkbox"/>	<input type="checkbox"/>	Has difficulty telling and/or retelling stories in the correct sequence.
<input type="checkbox"/>	<input type="checkbox"/>	Able to express him/herself with correct articulation

BEFORE THE CHILD STARTED TO SCHOOL: (check yes or no)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Had trouble learning the alphabet, numbers, days of the week, colors, and shapes
<input type="checkbox"/>	<input type="checkbox"/>	Had trouble learning to spell or write his/her name
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty reciting the alphabet without singing the song
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty identifying letters when presented at random
<input type="checkbox"/>	<input type="checkbox"/>	Had difficulty learning the sounds that letters make

ONCE ENROLLED IN SCHOOL: (check yes or no)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Spends more time than expected on homework
<input type="checkbox"/>	<input type="checkbox"/>	Needs an extraordinary amount of help with homework
<input type="checkbox"/>	<input type="checkbox"/>	Prefers to be read to rather than reading to you

CURRENT SCHOOL EXPERIENCE: (check yes or no)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Often garble words or syllables
<input type="checkbox"/>	<input type="checkbox"/>	Has trouble recalling proper names or other nouns
<input type="checkbox"/>	<input type="checkbox"/>	Considered to be overactive
<input type="checkbox"/>	<input type="checkbox"/>	Has trouble following directions
<input type="checkbox"/>	<input type="checkbox"/>	Has trouble sequencing (remembering or doing things in order)

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<input type="checkbox"/>	<input type="checkbox"/>	Reverses, inverts, and/or rotates letters or symbols
<input type="checkbox"/>	<input type="checkbox"/>	Fails to consider the consequences of behavior
<input type="checkbox"/>	<input type="checkbox"/>	Chooses younger children or friends
<input type="checkbox"/>	<input type="checkbox"/>	Is a good math student
<input type="checkbox"/>	<input type="checkbox"/>	Seems to have more difficulty reading, writing, and spelling
<input type="checkbox"/>	<input type="checkbox"/>	Hesitates to read aloud
<input type="checkbox"/>	<input type="checkbox"/>	Enjoys being read to by an adult

CURRENT SCHOOL EXPERIENCE: (circle the one that best describes the child)

Never	Sometimes	Always	Ask for words or sentences to be repeated
Never	Sometimes	Always	Confuses similar sounding words
Never	Sometimes	Always	Understands what is read or told to him
Never	Sometimes	Always	Show understanding in directionality (left/right, up/down, over/under)
Never	Sometimes	Always	May daydream more than peers
Never	Sometimes	Always	Has a short attention span compared to peers
Never	Sometimes	Always	Acts oppositionally with parent or adults
Never	Sometimes	Always	Shows poor organizational skills
Never	Sometimes	Always	Exhibits excessive moodiness or anger

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Never	Sometimes	Always	Show feelings of low self-esteem
Never	Sometimes	Always	Say he/she does not like school
Never	Sometimes	Always	Has a poor memory
Never	Sometimes	Always	Has a problem with time, money, measurement
Never	Sometimes	Always	Has poor handwriting skills compared to peers
Never	Sometimes	Always	Has trouble learning or recalling the alphabet
Never	Sometimes	Always	Display poor reading skills
Never	Sometimes	Always	Fail to understand what he or she read
Never	Sometimes	Always	Poor spelling skills at grade or age level
Never	Sometimes	Always	Becomes upset when routine is changed
Never	Sometimes	Always	Gets feeling hurt easily
Never	Sometimes	Always	Show to be curious
Never	Sometimes	Always	Has verbal ability equal to peers
Never	Sometimes	Always	Has evidence of artistic or musical talent

FAMILY HISTORY OF DYSLEXIA:

<input type="checkbox"/>	<input type="checkbox"/>	Other family members have been diagnosed with dyslexia tendencies and/or learning problems. If "Yes", who diagnosed tendencies? _____
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Please write or attach any additional information that might assist us in helping your child.
