

## OMSD Dyslexia Protocol K-12

Step #	Action
1	<p>Administer Initial Screeners</p> <p>Analyze the data, if data team/teacher suspects possible dyslexia, complete RTI Referral Form and teacher observation questionnaire. It is important to make sure the student has had access to quality, multi-sensory instruction before referring.</p>
2	<p>RTI/Data Team Evaluates behaviors using Early Indicators Checklist.</p> <p>If Early Indicators Checklist displays numerous markers:</p>
3	<p>Begin process of Level 1 Dyslexia Screening</p> <ul style="list-style-type: none"> <li>✓ Gather additional information               <ul style="list-style-type: none"> <li>➤ Student Work Samples</li> <li>➤ Running Records or Miscue Analysis</li> <li>➤ Formative Assessments –anecdotal notes, checklists, rubrics, etc.</li> <li>➤ Utilize additional diagnostic screening tools – Cool Tools, Phonics Program Assessments, and/or use Dyslexia Resource Guide Appendix</li> </ul> </li> </ul>
4	<p>Hold RTI Meeting to review student data and determine the next steps. Parents should attend this meeting to review data if a Level I Plan is deemed necessary. If they are unable to attend, send letter home informing them of their intervention plan, further information, and additional resources.</p> <ul style="list-style-type: none"> <li>● Send parent letter asking to for consent for further screening and intervention</li> <li>● Parent/Guardian complete Parent Interview</li> </ul>
5	<p>Student receives dyslexia intervention services</p> <ul style="list-style-type: none"> <li>✓ If student does not respond in a timely manner, meet with RTI to determine if further screening is needed</li> <li>✓ If further screening is needed inform parents and obtain permission for Level II normed referenced screening (CTOPP, GORT, etc.)</li> </ul> <hr/> <p>Complete Level II Plan- Is data from normed referenced tests supports decision</p>
6	<ul style="list-style-type: none"> <li>✓ If necessary explain that they have a right to have an independent, comprehensive dyslexia evaluation of the student at their cost</li> </ul>



# Dyslexia Level I Intervention Plan

Name \_\_\_\_\_ Date \_\_\_\_\_

## A. Student Need:

<b>Strength(s):</b>	<b>Evidenced By (Data/Assessment)</b>
<b>Area(s) of Need:</b>	<b>Evidenced By (Data/Assessment)</b>

## B. Intervention Plan for Targeted Area of Need:

**Current Performance** - data in area of Targeted Need

1.

3. **The student will** (describe observable, measurable behavior):

4. **Aligned intervention** (describe the differentiation; how often the intervention will occur):

## C. Evaluate Progress (4-8 Weeks)

Student is making adequate progress with Level I Intervention	Yes	No
Student will be referred for Level II Intervention Services	Yes	No

If student is being referred for Level II intervention services, normed referenced assessments must be administered (GORT, CTOPP, etc.)

## Signature/Title

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.



# Level II Intervention Plan

Student Name \_\_\_\_\_

Date \_\_\_\_\_

## A. Normed Referenced Assessment Results


## B. Aligned intervention (Researched-based, frequency of intervention)

\_\_\_\_\_

## C. Evaluate Progress (2-6 Weeks) Circle One

1. Student is making adequate progress with Level II Intervention	Yes	No
2. Student will be referred for Specialized Evaluation	Yes	No

## Signature/Title

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.





## Early Indicator Checklist

### Family History:

- Other family members experienced learning problems Father, Mother, Sibling(s)

### Oral Language:

- Difficulty understanding verbal directions
- Difficulty understanding stories read to him/her
- Difficulty correctly pronouncing phonemes or syllables of words in sequence; persistent baby talk (busgetti for spaghetti, mawn lower for lawn mower, fibe for five)
- Substitutes words with the same meaning for words in the text he/she can't pronounce, such as "car" for "automobile."
- Difficulty acquiring new vocabulary
- Difficulty finding the right words
- Unable to find the exact word; Speech that is not fluent; Pauses, hesitations when speaking; Lots of "um"s
- Imprecise language, such as vague references to "stuff" or "things" instead of the proper name of an object
- Unable to find the exact word; confusing words that sound alike: saying "tornado" instead of "volcano," substituting "lotion" for "ocean," or "humanity" for "humidity"
- Difficulty speaking in grammatically correct sentences

- Difficulty explaining ideas or elaborating on thoughts

### Phonological Awareness:

- Difficulty recognizing or producing rhyming words
- Difficulty isolating sounds in the beginning, final, and/ or medial position
- Difficulty segmenting individual sounds in a word
- Difficulty blending sounds into a word

### Alphabet:

- Difficulty learning or recalling the names of letters
- Difficulty learning or recalling the sounds of letters

### Decoding and Word Recognition:



- Difficulty sounding out unfamiliar or nonsense words
- Difficulty reading words in isolation (lists)
- May confuse small words - at - to, said - and, does - goes

### **Fluency**

- Difficulty with reading with expression
- Difficulty with rate (low in words per minute)
- Lack in accuracy

### **Spelling:**

- Difficulty memorizing words for spelling tests
- Difficulty spelling words in context, even after spelling them correctly on a spelling test
- Difficulty spelling words phonetically

### **Comprehension:**

- Difficulty with reading comprehension, but not when read to
- Better understanding of words in context than words isolated in lists

### **Written Expression:**

- Difficulty constructing sentences
- Difficulty organizing grade appropriate written compositions
- Difficulty producing sufficient written output
- Written expression does not match verbal expression (content, organization, vocabulary)

### **Handwriting:**

- Slow with handwriting tasks
- Overall poor quality/illegible handwriting on written assignment
- Awkward, fist-like, or tight pencil grip

### **Cognitive/Academic Ability:**

- The student appears to have intellectual ability equal to or above grade level peers.
- The student has grade level math calculation skills.
- The student appears to have grade level math reasoning skills

- The student has reading difficulties that are unexpected compared to other abilities.
- The student requires many repetitions to learn something new.
- Compensates by memorizing stories or words but cannot keep up as demands increase
- Strength in thinking skills: conceptualization, reason, imagination, abstraction
- Strength in areas not dependent on reading, such as math, computers, and visual arts, or excellence in more conceptual

### **Social/Emotional/Behavioral:**

- Shows frustration and anxiety, as he realizes he is lagging behind his peers
- Exhibits health or behavior problems, emotional difficulties or wants to avoid school
- Avoids reading aloud
- Difficulty attending to tasks involving print.
- Difficulty organizing time and materials
- Is easily distracted
- Does many things too quickly
- Is often overactive or fidgety
- Is inconsistent with production of classwork and homework on written assignments

### **Student's Academic Development:**

- English is a second language.
- The student was retained in \_\_\_\_ grade.
- The student has been/is in special programs. (Special Education, Tiered Interventions, etc.)

### **Suggested work samples to include:**

- The student's most recent spelling test.
- A Sample of the student's unedited writing (journal entry, creative story, etc.)
- The student's most recent progress report or report card.
- A copy of most recent literacy screeners.



# Teacher Observation Questionnaire for Dyslexia

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

**Please circle the difficulties that indicate the degree of your concern regarding each skill area.**

## **Phonological Awareness Skills**

### **This student has:**

Difficulty recognizing or reproducing rhyming words

Difficulty isolating sounds in beginning, final, and/or medial position

Difficulty segmenting individual sounds in words

## **Alphabet**

### **This student has:**

Difficulty learning or recalling names of letters

Difficulty learning or recalling sounds of letters

## **Decoding and Word Recognition**

### **This student has:**

Difficulty sounding out unfamiliar words

Difficulty reading words in isolation

## **Fluency**

### **This student has:**

Difficulty reading accurately in context

Difficulty reading grade level material at expected rate

## **Spelling**

### **This student has:**

Difficulty memorizing words for spelling tests

Difficulty spelling in context

## **Comprehension**

### **This student has:**

Difficulty with reading comprehension

## **Written Expression**

### **This student has:**

Difficulty constructing sentences

Difficulty organizing grade appropriate written compositions

Difficulty producing sufficient written output

### **Cognitive/Academic Ability**

This student appears to have intellectual ability equal to or above grade level peers.

This student has grade level math calculation skills.

This student has grade level math reasoning skills.

This student has reading difficulties that are unexpected compared to other abilities.

### **Oral Language**

*When listening, this student has:*

Difficulty understanding verbal directions

Difficulty understanding stories read to him/her

*When speaking, this student has:*

Difficulty acquiring new oral vocabulary

Difficulty finding the right word

Difficulty speaking in grammatically correct sentences

Difficulty explaining ideas or elaborating on thoughts

### **Attention**

#### **This student:**

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 and homework assignments

### **Handwriting**

#### **This student:**

Is slow with handwriting and copying tasks

Displays overall poor quality/illegible handwriting on written assignments

### **Student's Academic Development**

English is a second language for this student. No Yes

This student was retained in \_\_\_\_\_ grade.

This student has been in special programs. (*Special Education, Reading Recovery, etc.*) No Yes

Please identify these:

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Suggested work samples to include:

1. The student's most recent spelling test
2. A sample of the student's unedited writing (journal entry, creative story, etc.)
3. The student's most recent progress report or report card
4. A copy of the most recent assessments

Texas Scottish Rite Hospital for Children – 2011

This *Teacher Observation Questionnaire for Dyslexia* may be duplicated and utilized in educational settings as a tool for documenting parent concerns and observations. If it is edited or adapted, please credit the source by including the statement: "Adapted from the Teacher Observation Questionnaire for Dyslexia, Texas Scottish Rite Hospital for Children."

## CHARACTERISTIC PROFILE FOR DYSLEXIA

Student Name	
School	
Date of Birth	
Age	
Grade	
Date of Screener	

Underlying Cause: Phonological Processing		Below Average < 90	Average 90-109	Above Average > 110
STANDARD SCORES				
Phonological Awareness	<b>CTOPP-2</b>			
	Elision=			
	Blending Words=			
	Phoneme Isolation=			
Phonological Memory	<b>CTOPP-2</b>			
Rapid Naming	<b>CTOPP-2</b>			
<b>Primary Characteristics:</b>				
Decoding				
Word Recognition				
Oral Reading Fluency	<b>GORT-5</b>			
	Rate=			
	Accuracy=			
Spelling				
<b>Outcomes: Variable Impact</b>				
Reading Comprehension	<b>Not Required for Level 2</b>			
Written Expression	<b>Not Required for Level 2</b>			
Cognitive/Academic Ability	KBIT-2			
<b>Coexisting Complications or Assets</b>				
Oral Language	<b>Not Required for Level 2</b>			
Attention	<b>Not Required for Level 2</b>			
Mathematics	<b>Not Required for Level 2</b>			
Handwriting	<b>Not Required for Level 2</b>			
Behavior/Emotions	Not Required for Level 2			

Table Used With Permission - *Texas Scottish Rite Hospital for Children*

- X – Norm-Referenced Data
- \*- Criterion or Screening Data
- T – Teacher Observation
- P – Parent Observation

**Response to Intervention Referral (Teacher)**  
**INFORMATION FROM EDUCATIONAL RECORDS**

**GENERAL INFORMATION**

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_\_  Female  Male      Hand Preference:  Right  Left

Student ID Number: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are parents aware of your concern?      Yes      No      If not, why not? \_\_\_\_\_

**Reason for Referral**

Circle the area:    Behavior

Academic: Literacy/Math

Describe the specific deficit you focused on:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY**

Yes    No    Is student currently receiving speech services?

Yes    No    Has student ever been retained? If yes, list grade(s) \_\_\_\_\_

Yes    No    Has student been suspended for disciplinary reasons during the current school year? If yes, please explain (use back if more space is needed)

Yes    No    Has student been previously referred to special education? If yes, give previous referral date: \_\_\_\_\_ Within this school?     Yes     No

**Student Strengths:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATE MANDATED TEST SCORES**

Describe student performance on previous standardized testing

\_\_\_\_\_  
\_\_\_\_\_

Please describe TIER CORE Instruction (differentiation, interventions, modifications, remediations etc.)

RTI OMSD

**NOTICE TO PARENT**

To the parents/guardians of \_\_\_\_\_,

Based on initial literacy screening, your child has demonstrated difficulties in one or more of the following areas:

- Phonological and Phonemic Awareness
- Sounds Symbol Recognition
- Alphabet Knowledge
- Decoding Skills
- Rapid Naming Skills
- Encoding Skills

Ozark Mountain School District is requesting permission to conduct additional literacy screening on your child, \_\_\_\_\_. Please complete the attached parent interview and return it to the school. If you have any questions concerning this please call the principal/designee, \_\_\_\_\_ at \_\_\_\_\_.

Respectfully,

RTI Committee/Chair

\_\_\_\_\_  
Parent Signature





## PARENT INTERVIEW

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent(s) names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*To aid in assessing the problems a child is experiencing in school and to detect the possibility of dyslexia, please have the parent answer each of the following questions.*

### **YES NO FAMILY HISTORY**

\_\_\_\_\_ Have any other members of the family had learning problems?

\_\_\_\_\_ Father

\_\_\_\_\_ Mother

\_\_\_\_\_ Sibling

Explain \_\_\_\_\_

\_\_\_\_\_

### **PHYSICAL HISTORY**

\_\_\_\_\_ 1. Has your child ever been critically or chronically ill?

Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 2. Has your child ever had an extremely high fever?

\_\_\_\_\_ 3. Does your child have any physical problems which you feel may cause difficulty in learning? Please explain: \_\_\_\_\_

\_\_\_\_\_ 4. Is your child currently taking medication?

Please list \_\_\_\_\_

\_\_\_\_\_ 5. Does your child seem to have trouble hearing?

\_\_\_\_\_ 6. Does your child seem to have trouble seeing?



***Please circle the term that indicates the degree of parents' concern regarding each skill area.***

**Phonological Awareness Skills**

My child has / had:

Difficulty recognizing or reproducing rhyming words	Rarely	Often
Difficulty naming the first or last sound in a word	Rarely	Often
Difficulty blending sounds together to make a work	Rarely	Often

**Alphabet**

My child has / had:

Difficulty learning or recalling names of letters	Rarely	Often
Difficulty learning or recalling sounds of letters	Rarely	Often

**Decoding and Word Recognition**

My child has / had:

Difficulty sounding out unfamiliar words	Rarely	Often
Difficulty reading words accurately	Rarely	Often

**Fluency**

My child:

Makes frequent reading errors	Rarely	Often
Reads with hesitations	Rarely	Often
Reads slowly	Rarely	Often

**Spelling**

My child has:

Difficulty memorizing words for spelling tests	Rarely	Often
Difficulty spelling words correctly	Rarely	Often

**Comprehension**

My child has:

Difficulty understanding what he/she reads	Rarely	Often
Difficulty answering textbook questions	Rarely	Often

**Written Expression**

My child has:

Difficulty writing sentences correctly	Rarely	Often
Difficulty writing stories and reports	Rarely	Often





To the parents/guardians of \_\_\_\_\_,

After receiving LEVEL I intervention(s), your child is still demonstrating difficulties in one or more of the following areas:

- Phonological and Phonemic Awareness
- Sounds Symbol Recognition
- Alphabet Knowledge
- Decoding Skills
- Encoding Skills

OMSD recognizes that all students learn differently, and we are committed to helping all students to reach high levels of learning. Therefore, we ask for your support and input in this approach for your child. We will be meeting on \_\_\_\_\_ . We value your input and ask that you please join us for the meeting if at all possible. If you prefer another date/time, please indicate below and we will reschedule at a more convenient time.

Respectfully,

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Please detach and return to your child's homeroom teacher.

\_\_\_\_\_ I will be able to attend the meeting on \_\_\_\_\_

\_\_\_\_\_ I can reschedule the meeting for \_\_\_\_\_ (date) \_\_\_\_\_ (time).

\_\_\_\_\_ I will be unavailable to attend. Please send information home.

Parent signature \_\_\_\_\_

(By signing here, I give the OMSD permission to conduct further normed-referenced testing.)











