Dyslexia Evaluation Checklist: Parent Form

Student’s Name (Last) __________________________ (First) __________________________ Date ________________

Respondent’s Name (Last) ______________________ (First) __________________________________________

Preferred Form of Address:  ❑ Mr.      ❑ Mrs.      ❑ Ms.      ❑ Miss

Relationship:

❑ 1. Mother     ❑ 5. Stepfather
❑ 2. Father     ❑ 6. Grandmother
❑ 4. Stepmother ❑ 8. Sister
❑ 9. Brother    ❑ 10. Aunt
❑ 11. Uncle     ❑ 12. Other (specify) ________________

Check only the items that describe your child. Provide examples where indicated.

A. Development

❑ 1. Has a history of ear infections
❑ 2. Had ear tubes inserted
❑ 3. Had difficulty learning to talk
❑ 4. Had speech therapy
❑ 5. Currently has speech therapy
❑ 6. Had some difficulty pronouncing new words
❑ 7. Currently has some difficulty pronouncing new words
❑ 8. Mispronounces some words by putting the sounds in the wrong order (e.g., aminal for animal or pusgetti for spaghetti) or leaving sounds out
   If checked, provide example(s): __________________________________________________________

❑ 9. Has difficulty following directions
❑ 10. Has difficulty remembering the details of a story that has been read aloud
❑ 11. Has difficulty with word retrieval such as remembering the names of people and places
❑ 12. Often uses the wrong word when speaking or has difficulty recalling the word he/she wants to use

B. Family History

❑ 1. Has one or more family members who have/had difficulty learning to read and spell
   Relationship(s): __________________________
❑ 2. Has one or more family members who have/had difficulty with attention
   Relationship(s): __________________________

C. Nonreading Skills

❑ 1. Is creative (e.g., loves to draw, sing, act, invent)
   If checked, provide example(s): __________________________________________________________

❑ 2. Is good at assembling puzzles
❑ 3. Enjoys many activities that do not require reading
   If checked, provide example(s): __________________________________________________________

D. Prereading Skills

❑ 1. Likes to listen to books
❑ 2. Does not like to look at print when listening to books read by others
❑ 3. Had trouble learning how to rhyme words
❑ 4. Currently has trouble rhyming words
❑ 5. Had trouble learning the alphabet
❑ 6. Has trouble remembering letter sounds
❑ 7. Has trouble breaking apart the sounds in words and then blending them back together to pronounce the words
❑ 8. Currently has difficulty recognizing some letters
❑ 9. Complains about having to read
❑ 10. Shows anxiety or frustration about having to read
❑ 11. Dislikes reading aloud

E. Reading Skills

❑ 1. Confuses little words that look alike (e.g., who and how, was and saw)
   If checked, provide example(s): __________________________________________________________

❑ 2. Does not read as well as others the same age
❑ 3. Takes a long time to finish homework that requires reading
❑ 4. Reads slowly and often has to reread to understand what he/she is reading
❑ 5. Needs a parent to read the assigned text aloud prior to doing the assignment

F. Spelling and Writing Skills

❑ 1. Spells words the way they sound rather than the way they look
❑ 2. Knows how to spell a word but then forgets it
❑ 3. May spell the same word in different ways on the same page
❑ 4. Had difficulty with handwriting
❑ 5. Currently has difficulty with handwriting
❑ 6. Has difficulty with written assignments

G. Additional concerns:

________________________________________________________________________________________

________________________________________________________________________________________

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