

**Dyslexia Checklist**  
**Grades K -12**  
Please check off all that apply

Please place a  next to the statement(s) that describes your or your child's experience

1	<input type="checkbox"/>	My child has been diagnosed to have dyslexia by a psychologist or dyslexia specialist.
2	<input type="checkbox"/>	My child is or was on an IEP or 504 for a learning disability in primary, middle school and/or high school.
3	<input type="checkbox"/>	My child has received tutoring for reading, but it was not effective.
4	<input type="checkbox"/>	Homework completion is a struggle.
5	<input type="checkbox"/>	Sometimes my child leaves homework at school because it is overwhelming.
6	<input type="checkbox"/>	My child is unable to complete my classwork in time.
7	<input type="checkbox"/>	Teachers comment my child is lazy.
8	<input type="checkbox"/>	Teachers often said if my child tried harder they could do the work.
9	<input type="checkbox"/>	My child studies hard, but is not be able to remember what they studied on the day of the test.
10	<input type="checkbox"/>	The teacher reports my child gets frustrated in class.
11	<input type="checkbox"/>	My child has difficulty with reading.
12	<input type="checkbox"/>	My child has difficulty with comprehension.
13	<input type="checkbox"/>	My child tends to spell words the way they sound.
14	<input type="checkbox"/>	My child had or has difficulty with rhyming.
15	<input type="checkbox"/>	My child is often slow and inaccurate when copying items from the board.
16	<input type="checkbox"/>	My child says they tell their teachers they need more help and after the help they still do not understand.
17	<input type="checkbox"/>	My child can remember spelling words if they are in the same order. If the order is changed they cannot remember the correct spelling.
18	<input type="checkbox"/>	My child is able to give correct answers verbally, but not written
19	<input type="checkbox"/>	My child has one or more hours of homework (first grade and up) each night; spends more time on homework than the teacher expects.
20	<input type="checkbox"/>	My child is disorganized.
21	<input type="checkbox"/>	My child has difficulty managing time.
22	<input type="checkbox"/>	My child has difficulty with change.
23	<input type="checkbox"/>	My child has difficulty remembering lists and/or directions. (For example, a three step direction such as "Go upstairs, pick up your red shirt, and put it in the laundry basket.")
24	<input type="checkbox"/>	My child has difficulty pronouncing words and expressing their ideas.
25	<input type="checkbox"/>	My child has difficulty remembering symbols.
26	<input type="checkbox"/>	My child has difficulty keeping track of their possessions.