



DYSLEXIA CENTER OF TULSA

Client Name _____

Date _____

Initial Eval___ Re-Eval___

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



Building Pathways to Reading Success



19	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	My child is disorganized.
21	My child has difficulty managing time.
22	My child has difficulty with change.
23	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	My child has difficulty pronouncing words and expressing their ideas.
25	My child has difficulty remembering symbols.
26	My child has difficulty keeping track of their possessions.
27	Hard worker
28	Excellent at finances
29	Wants to do the work but has practically given up when it comes to math, reading, schoolwork, etc.
30	Feels “stupid” when it comes to math, reading or feeling like she/he can’t find their words.
31	Entrepreneur heart
32	Is exceptionally skilled with a task that had not been taught

