**MISSISSIPPI DYSLEXIA SCREENER**

Dyslexia Screener Data

2018-2019

Effective July 1, 2017, Section 37-173-15 of House Bill 1046 mandates that each local school district screen students for dyslexia in the spring of Kindergarten and the fall of Grade 1 using a State Board of Education (SBE) approved screener. Please complete the information below and submit completed forms to the Office of Student Intervention Services at [dyslexiadata@mdek12.org](mailto:dyslexiadata@mdek12.org) by April 19, 2019. Contact LaurieWeathersby at [Lweathersby@mdek12.org](mailto:Lweathersby@mdek12.org) for questions concerning the completion of the form.

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| **DISTRICT INFORMATION** | | | | | | |
| School District | |  | | | Date |  |
| Contact Person | |  | | Contact Position | |  |
| Contact E-mail | |  | Contact Phone | | |  |

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| Check the SBE approved screener that was used for this assessment: | |
| Mississippi Dyslexia Therapy Association Screener | Lexercise |

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| **FALL OF FIRST GRADE**  **Deadline for Administration: October 15, 2018** | | | | | | |
| **Date screener was given** |  | | **Date parents were notified** | |  | |
| **District/School Name** | | **Number of students who were given  the screener** | | **Number of students who failed  the screener** | | **Percentage of students who failed the screener** |
| District Name | |  | |  | |  |
| Enter each school name on a separate row. Add or delete rows as necessary. | |  | |  | |  |
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| **SPRING OF KINDERGARTEN**  **Deadline for Administration: April 05, 2019** | | | | | | |
| **Date screener was given** |  | | **Date parents were notified** | |  | |
| **District/School Name** | | **Number of students who were given  the screener** | | **Number of students who failed  the screener** | | **Percentage of students who failed the screener** |
| District Name | |  | |  | |  |
| Enter each school name on a separate row. Add or delete rows as necessary. | |  | |  | |  |
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