



Celina Independent School District

Dyslexia Referral Data Checklist

Student Name: _____ D.O.B. _____

Campus: _____ Grade Level: _____

Gen. Ed. Teacher _____ Dyslexia Teacher: _____

Campus/Teacher Referral

Parent Referral

The following documents are required to be submitted to your campus dyslexia specialist/therapist prior to a dyslexia evaluation being completed.

Form	Initial
1. MAP Growth Student Profile Report for math and reading (mClass reading report for Kindergarten)	
2. Hard copy writing sample (actual paper/pencil sample)	
3. Report card (most recent)	
4. ELAR & Math Unit Test Performance (most recent)	
5. STAAR assessment results (if applicable)	
6. Vision/Hearing Screening (check with school nurse)	
7. Intervention History Reading _____, how long? _____ Math _____, how long? _____	
8. CISD Teacher Observation Checklist	