

November 2015



Independent Comprehensive Dyslexia Evaluation Form

Student: _____ Grade: _____ Building: _____

Check One: _____ Gen Ed _____ 504 _____ SPED

*****Attach the Independent Dyslexia Evaluation and send it to Lisa Rice at SSC*****

SSC Use Only:

Independent Evaluator Name/Credentials:

Recommendations—

_____ Additional Level 1 Dyslexia Screening Needed which includes:

_____ Level 2 Dyslexia Screening Needed

_____ Begin Dyslexia Intervention Services

_____ Other

Additional Comments:

**Following review, please complete the recommendation section and
return a copy to the building principal and a copy to Lisa Rice at SSC**