DYSCALCULIA SCREENING CHECKLIST

Name: _____ Date: _____ Age: _____

Directions: Tick Yes or No for each item.

#	Yes	No	Screening Item
1	☐	☐	Has difficulty understanding basic number concepts.
2	☐	☐	Struggles to compare quantities, such as “more” and “less.”
3	☐	☐	Finds counting difficult or loses track while counting.
4	☐	☐	Struggles to remember math facts.
5	☐	☐	Has trouble learning or retaining times tables.
6	☐	☐	Needs to use fingers, marks, or other aids to calculate.
7	☐	☐	Finds mental math difficult.
8	☐	☐	Makes errors with sequencing numbers or math steps.
9	☐	☐	Confuses similar numbers, such as 2 and 5 or 6 and 9.
10	☐	☐	Has difficulty understanding place value or the role of zero.
11	☐	☐	Struggles with addition, subtraction, multiplication, or division.
12	☐	☐	Has trouble following verbal instructions during math tasks.
13	☐	☐	Finds word problems harder than simple calculations.
14	☐	☐	Has difficulty moving from concrete examples to abstract math.
15	☐	☐	Has trouble with fractions, percentages, or estimation.
16	☐	☐	Finds telling time on an analog clock difficult.
17	☐	☐	Struggles with money, budgeting, making change, or financial planning.
18	☐	☐	Avoids math activities or becomes anxious/frustrated with math.
19	☐	☐	Finds it hard to organize written work in math.
20	☐	☐	Appears to understand math one day but forgets it later.