DYSLEXIA SCREENING CHECKLIST

Name: _____ Date: _____ Age: _____

Directions: Tick Yes or No for each item.

#	Yes	No	Screening Item
1	☐	☐	Reads slowly.
2	☐	☐	Had trouble learning to read in school.
3	☐	☐	Needs to read something two or three times to understand it.
4	☐	☐	Feels uncomfortable reading out loud.
5	☐	☐	Omits, transposes, or adds letters when reading or writing.
6	☐	☐	Still makes spelling mistakes even after spell check.
7	☐	☐	Has trouble pronouncing uncommon multi-syllable words when reading.
8	☐	☐	Prefers short articles or magazines over longer books.
9	☐	☐	Found foreign language learning especially difficult.
10	☐	☐	Avoids tasks that require a lot of reading.
11	☐	☐	Has difficulty recognizing letter sounds or letters.
12	☐	☐	Finds directions hard to understand or follow.
13	☐	☐	Has trouble remembering sequences, routines, or ordered steps.
14	☐	☐	Finds organization difficult, such as keeping track of materials or assignments.
15	☐	☐	Has trouble with math facts or telling time.
16	☐	☐	Has a family history of reading or spelling problems.
17	☐	☐	Showed delayed speech or other early developmental milestones.
18	☐	☐	Appears bright and articulate but reads or writes below expectation.