

Literacy Screening Assessment Form

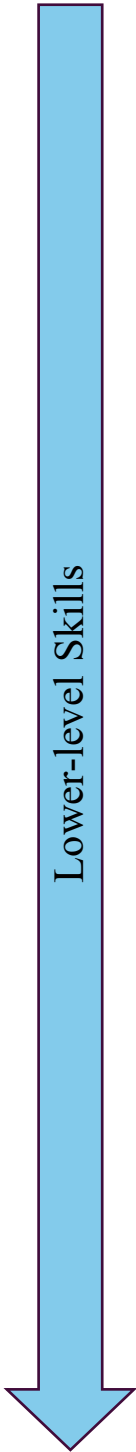
1 Step 1: Initial Screening Questions

Name:		Date of Birth:	
Age:	___ years, ___ months	Assessment Dates:	
Grade:		Client ID:	
Examiner:		Supervisor:	

How much do the following apply to your child (now or in the past)...	Never/Not at All	Rarely/A Little	Sometimes	Frequently/ Quite a Lot	Always/ a Great Deal
Difficulty with spelling	1	2	3	4	5
Difficulty learning letter names	1	2	3	4	5
Difficulty learning phonics (sounding out words)	1	2	3	4	5
Reads slowly	1	2	3	4	5
Reads below grade or expectancy level	1	2	3	4	5
Requires extra reading help in school because of problems with reading and spelling	1	2	3	4	5
TOTAL () If score is 16 or greater, move to step 2				

2 3 Steps 2 & 3: Administer Standardized Reading Assessments & Follow Testing Down Model

Grade	Kindergarten	1	2	3	4	5	6
Time of Year	Beginning (Sept to Dec)			Middle (Jan to Mar)		End (Apr to June)	



Test	Score	Well Below Benchmark	Below Benchmark	At Benchmark	Above Benchmark	Intervention
Oral Reading Fluency (G1-G6)						
Retell	Grade 6					Reading Comprehension
	Grade 5					
	Grade 4					
	Grade 3					
	Grade 2					
	Grade 1					
Words Correct	Grade 6					Reading Fluency
	Grade 5					
	Grade 4					
	Grade 3					
	Grade 2					
	Grade 1					
Accuracy	Grade 6					Word Reading & Decoding
	Grade 5					
	Grade 4					
	Grade 3					
	Grade 2					
	Grade 1					
Nonsense Word Fluency (K-G2)						
Whole Word Reading (WWR)	Grade 2					Word Reading & Decoding
	Grade 1					
	Kindergarten					
Correct Letter Sequences (CLS)	Grade 2					Alphabetic Principles
	Grade 1					
	Kindergarten					
Phoneme Segmentation Fluency (K-G1)						
PSF	Grade 1					Phonemic Awareness
	Kindergarten					
First Sound Fluency (K)						
FSF	Kindergarten					Phonemic Awareness