**MISSISSIPPI DYSLEXIA SCREENER**

Dyslexia Screener Data

2020-2021

Effective July 1, 2017, Section 37-173-15 of House Bill 1046 mandates that each local school district screen students for dyslexia in the spring of Kindergarten and the fall of Grade 1 using a State Board of Education (SBE) approved screener. Please complete the information below and submit completed forms to the Office of Student Intervention Services at dyslexiadata@mdek12.org by April 23, 2021. Contact Laurie Weathersby at Lweathersby@mdek12.org for questions concerning the completion of the form.

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| **DISTRICT INFORMATION** |
| School District |       | Date |       |
| Contact Person |       | Contact Position |       |
| Contact E-mail |       | Contact Phone |       |

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| Check the SBE approved screener that was used for this assessment: |
| [ ]  Amplify Screener mCLASS with DIBELS 8th Edition, RAN, and Spelling (New Customers) | [ ]  Lexercise Mississippi Dyslexia Screener |
| [ ]  Amplify Screener mCLASS DIBELS Next and Early Literacy Measures (Returning Customers) | [ ]  Mississippi College: Dyslexia Screener for Kindergarten, First, Second, and Third Grade |
| [ ]  DIBELS 8th Edition University of Oregon Center on Teaching and Learning | [ ]  William Carey/Mississippi Dyslexia Therapy Association Dyslexia Screener for Kindergarten and First Grade, 2017 Ed. |
| [ ]  FastBridge Learning Illuminate Education |  |

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| **FALL OF FIRST GRADE****Deadline for Administration: October 23, 2020** |
| **Date screener was given** |  | **Date parents were notified** |  |
| **District/School Name** | **Number of students who were given the screener** | **Number of students who failed the screener** | **Percentage of students who failed the screener** |
| District Name |       |       |       |
| Enter each school name on a separate row. Add or delete rows as necessary. |       |       |       |
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| **SPRING OF KINDERGARTEN****Deadline for Administration: April 09, 2021** |
| **Date screener was given** |  | **Date parents were notified** |  |
| **District/School Name** | **Number of students who were given the screener** | **Number of students who failed the screener** | **Percentage of students who failed the screener** |
| District Name |       |       |       |
| Enter each school name on a separate row. Add or delete rows as necessary. |       |       |       |
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