**MISSISSIPPI DYSLEXIA SCREENER**

Dyslexia Screener Data

2023 - 2024

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. District dyslexia point of contact personnel are asked to please complete the information below and submit all information to the Office of Student Intervention Services via the secure SharePoint file by May 31,2024. Contact Sandra Elliott at selliott@mdek12.org for questions concerning the completion of the SharePoint spreadsheet.

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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 mCLASS with DIBELS 8th Edition | [ ]  MS College Dyslexia Screener |
| [ ]  Curriculum Associates  i-Ready Assessment; i-Ready Erly Reading Tasks | [ ]  MS Dyslexia Therapy Association Dyslexia Screener in Association with William Carey University |
| [ ]  Illuminate Education FastrBridge | [ ]  Pearson aimswebPlub Measures  |
| [ ]  Lexercise MS Dyslexia Screener | [ ]  Voyager Sopris Learning Acadience Reading |

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| **FALL OF FIRST GRADE****Deadline for Administration: October 10, 2023** |
| **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 19, 2024** |
| **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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