Parent Dyslexia Checklist

Parent’s Name:___________________________________________    Date Completed:___________
Child’s Name:_____________________________________________    Grade: ________  Age: ________

Check only the items that describe your child.

Development

☐ My child has a history of ear infections and/or placement of ear tubes.
☐ My child had difficulty learning to talk.
☐ My child has/had speech therapy.
☐ My child has/had some difficulty pronouncing new words.
☐ My child mispronounces some words by putting the sounds in the wrong order (e.g., aminal for animal or pusgetti for spaghetti) or leaving sounds out.
☐ My child has difficulty following directions.
☐ My child has difficulty remembering the details of a story that has been read to him/her.
☐ My child has difficulty with word retrieval such as remembering the names of people and places.
☐ My child often uses the wrong word when speaking or has difficulty recalling the word he/she wants to use.

Family

☐ One or more of our family members have/had difficulty learning to read and spell.
   Relationship(s) ___________________________
☐ One or more of our family members have/had difficulty with attention.
   Relationship(s) ___________________________

Non-reading skills

☐ My child is creative (e.g., loves to draw, sing, act, invent).
☐ My child is good at assembling puzzles.
☐ My child is good at school subjects that do not require reading.
☐ My child enjoys many activities that do not require reading.

Pre-reading skills

☐ My child likes/liked to listen to books.
☐ My child does not/did not like to look at print when I read to him/her.
☐ My child has/had trouble learning how to rhyme words.
☐ My child has/had trouble learning the alphabet.
☐ My child complains (or shows anxiety/frustration) about having to read.
☐ My child dislikes reading aloud.
☐ My child has trouble remembering the sounds of letters.
☐ My child has trouble breaking apart the sounds in words and then blending them back together to read words.

Reading

☐ My child confuses little words that look alike (e.g., who and how, was and saw).
☐ My child does not read as well as many of his or her classmates.
My child takes a long time to finish homework that requires reading.
My child reads slowly and often has to reread to understand what he/she is reading.
My child needs me to read the assigned text aloud so that he/she can do the assignment.

Spelling and Writing

☐ My child spells words the way they sound, rather than how they look.
☐ My child knows how to spell a word for a spelling test, but then forgets it quickly.
☐ My child may spell the same word in different ways on the same page.
☐ My child has/had difficulty with handwriting
☐ My child has difficulty with written assignments.

Additional concerns:__________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
__________________________________________________________________________________________________

Developed by: N. Mather, B. J. Wendling, L. E. Jaffe, C. M. Proctor, and T. L. Stephens-Piscecco.