

School Consultation Packet

TN Center for the Study and Treatment of Dyslexia
MTSU, P.O. Box 397
Murfreesboro, TN 37132

Consultants:
Grades K-3 Janet Camp
Grades 4-8 Karen Jones
Grades 9-12 Tara Joyce

Dear School Consultation Participant:

Thank you for requesting consultation services from our Center regarding a student struggling with reading or seemingly unable to learn to read and/or spell.

We offer consultation services, at no cost, to public and private school regarding children who are served in Tennessee schools. We offer our services for two purposes. First, we want to assist you in the diagnosis and intervention planning for this particular child that concerns you. Second, and probably more important, we hope that after going through the consultation process a few times, you will be able to complete the process at the system level with little assistance from Center staff. This permits us to spend more time assisting schools and school systems who are contacting us for the first time. Our goal is to help school systems become knowledgeable in diagnosis and intervention planning for students with specific reading disability.

We are excited now about the school systems that no longer need to contact us for consultation services or simply contact us for confirmation of their diagnosis and plans for intervention. Now we are contacting those systems when we get a parent referral for assistance or consultation when we know they will be able to assist the parent and student. This helps us serve many more students across the state who are struggling to learn to read.

Please be sure to download all the forms. The forms in this packet are designed to guide you through this process and inform you about the information that we will need to complete the consultation. When you complete the packet, please send the information to the appropriate Center staff person (listed at the top) for the grade level of your student.

School Consultation Guidelines

The following information is needed to complete the consultation:

Student's Name _____ M ____ F ____ Age ____ Grade ____ DOB _____ School _____ School System _____	Contact _____ Position _____ Phone # _____ Fax # _____ Email _____ Address _____ _____ _____
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<u>Need</u>	<u>Rec'd</u>	
_____	_____	Cover letter describing specific school personnel concerns about the student and what assistance is being requested of the Center.
_____	_____	Copy of signed parental permission form to consult with the Center (or paper work should have no identifying information except birth date, age, grade, and sex)
_____	_____	Center DDD form completed using the <u>most recent</u> test scores (form is attached)
_____	_____	Copies of <u>all</u> psychoeducational testing reports ; the most recent testing must be within the past 3 years
_____	_____	Copy of current IEP
_____	_____	Completed Information Request Form (form is attached)
_____	_____	Test of listening comprehension (WIAT preferred), if several Verbal Intelligence subtest scores are below 9
_____	_____	At least one test of phonological awareness , (CTOPP, PAT, or CELF-4 optional subtest), with <u>copy</u> of complete protocol
_____	_____	If possible a test of retrieval/rapid automatic naming (CTOPP or CELF-4 optional subtest)
_____	_____	The Developmental Spelling Analysis (DSA) from <i>Word Journeys</i> , by Kathy Ganske, Guilford Publications, Inc. ISBN 1-57230-559-2
_____	_____	Test of word attack (WJ-III or WIAT-2 Pseudoword Reading)
_____	_____	Parent Information Form (if you have parent permission to consult us)
_____	_____	Teacher Information Form

Tennessee Center for the Study and Treatment of Dyslexia

DIFFERENTIAL DIAGNOSIS for DYSLEXIA (DDD) FORM

Student Name _____

Grade _____ Age _____

TEST RESULTS	CLINICAL INTERPRETATIONS	
<p>This form was designed to provide a framework for considering whether a student <i>who meets state criteria to be classified as learning disabled in reading or written expression</i> demonstrates the diagnostic profile associated with dyslexia and would therefore require intervention appropriate for this type of reading disorder.</p>	<p>Clinical interpretations of YES in this column suggest that dyslexia cannot be ruled out. Additional information is needed to determine this student's specific reading problem.</p>	<p>Clinical interpretations of YES for all summary statement in this column suggest this student has a specific reading disability consistent with the diagnosis of dyslexia.</p>
<p>General Intelligence Most recent IQ test results; date administered _____:</p> <p>Test: WISC-III Other: _____ Full Scale IQ: _____ Verbal IQ: _____ (Verbal IQ 90 or above?) NO YES Performance IQ: _____ (Performance IQ 90 or above?) NO YES</p>	<p>General intelligence tests within the average range or higher?</p> <p style="text-align: center;">NO YES</p>	<p>General intelligence tests within the average range or higher?</p> <p style="text-align: center;">NO YES</p>
<p>Oral Language (Listening) Comprehension Most recent test results; date _____:</p> <p>Listening Comprehension: _____ WIAT _____ WJ-R Other test: _____ Score: _____ Standard score 90 or above? NO YES</p> <p>Other data regarding language abilities: _____</p> <p>Estimates of oral language comprehension: WJ-R Knowledge Cluster score: _____ Cluster score 90 or above? NO YES WISC-III Subtest scores: Vocabulary _____ Similarities _____ Comprehension _____ All subtest scores 8 or above? NO YES</p>	<p>Listening comprehension skills and oral language comprehension skills have not been formally tested but are estimated to be within the average range or higher?</p> <p style="text-align: center;">NO YES</p>	<p>Listening comprehension skills and oral language comprehension skills have been tested and are within the average range or higher?</p> <p style="text-align: center;">NO YES</p>
<p>Reading and Spelling Most recent test results; date _____:</p> <p>Reading comprehension: _____ WIAT-II _____ WJ-R Other test: _____ Score: _____ Reading Comprehension 8 or more SS points below Listening Comprehension? NO YES</p> <p>Word Recognition: _____ WIAT-II _____ WJ-R Other test: _____ Score: _____ Word Recognition 15+ points lower than Listening Comp. and I.Q.? NO YES</p> <p>Spelling: _____ WIAT-II Other test: _____ Score: _____ Spelling 15+ points lower than Listening Comp. and IQ.? NO YES</p> <p>Word Analysis: Psuedoword Decoding: WIAT-II _____ WJ-R _____ WRMT-R _____ Other test: _____ Score: _____ Word Attack 15+ points < Listening Comprehension and IQ NO YES</p>	<p>Test results in reading and spelling are incomplete but the data collected thus far is consistent with the profile of dyslexia and suggests that further assessment of reading skills is needed?</p> <p style="text-align: center;">NO YES</p>	<p>Test results in reading and spelling are complete and are consistent with the diagnostic profile of dyslexia: Listening Comprehension and I.Q. 15+ points > Word Recognition; Word Analysis and Spelling</p> <p style="text-align: center;">NO YES</p>
<p>Phonological Awareness PAT Segmenting Sentences _____ PAT Segmenting Syllables _____ CTOPP Blending Words _____ CTOPP Segmenting Words _____ CTOPP Segmenting nonwords _____ CTOPP Elision _____ LAC Phoneme Identification ____/16 LAC Manipulating Phonemes ____/12</p>		<p>Phonological skills are well below age and grade level?</p> <p style="text-align: center;">NO YES</p>
<p>Naming Speed (Colors) Affects reading rate and word reading accuracy. Naming Speed is an independent deficit but may co-occur with dyslexia. _____ CTOPP</p>	<p>Naming Speed is slower than average?</p> <p style="text-align: center;">NO YES</p>	<p>Naming Speed is slower than average?</p> <p style="text-align: center;">NO YES</p>

**School-Initiated Consultation
Information Request Form**

To: _____ System: _____ Date: _____

We need additional information for _____ Grade: _____

Please provide information for items below that are checked.

___ Please have the reading teacher describe student's reading and spelling behavior and any performance concerns (decoding skills, word attack, spelling, comprehension, reversals, etc.)

___ Please have the reading teacher describe what reading program(s) is being used, as well as any other interventions which are being provided or have been provided (Speech-Language, OT, etc.) Include when, how long and how frequently these services are or were provided.

___ Has child received additional evaluations for speech-language, OT, neuropsychological condition, vision, auditory processing disorder? Yes ___ No ___ **If so, please send copies of the reports.**

___ Additional Information Requested:

5/02

Tennessee Center for the Study and Treatment of Dyslexia
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Murfreesboro, Tennessee 37132
Office: (615) 494 8880 • Fax: (615) 494-8881
E-mail: dyslexia@mtsu.edu • www.mtsu.edu/~dyslexia



TEACHER INFORMATION FORM

Student's Name: _____ Date sent: _____

Teacher completing form: _____ Date: _____

School Address: _____ School Phone: _____

_____ Fax: _____

E-Mail Address: _____

Role of Teacher completing form:

- _____ regular classroom Teacher, self-contained
- _____ regular Teacher, departmentalized program
- _____ provides Special Education services
- _____ provides other supplemental support services

Amount of time with student per day:

- _____ 4 or more hours
- _____ several periods, for _____ (subjects)
- _____ 1 period, for _____ (subject)

Please list below what you consider are the student's most immediate problems in school:

Please list below what you consider to be areas of relative strength for this student within a school setting:

(over →)

Please rate the student's skills in the following areas by circling the appropriate number:

- 1 = well below average for grade
- 2 = somewhat below average for grade
- 3 = average for grade
- 4 = somewhat above average for grade
- 5 = well above average for grade

<u>Academic Areas</u>	<u>Rating</u>				
oral language expression	1	2	3	4	5
decoding and reading words	1	2	3	4	5
reading comprehension	1	2	3	4	5
handwriting	1	2	3	4	5
spelling	1	2	3	4	5
content of written expression	1	2	3	4	5
math	1	2	3	4	5
Social Studies	1	2	3	4	5
Science	1	2	3	4	5

<u>Social-Emotional Development</u>	<u>Rating</u>				
attention span	1	2	3	4	5
organization	1	2	3	4	5
self-control	1	2	3	4	5
independence	1	2	3	4	5
self-esteem	1	2	3	4	5
peer interactions	1	2	3	4	5
motivation	1	2	3	4	5

Please note in detail the specific instructional materials used (now and in the recent past) to develop this child's reading and spelling skills. If necessary, you may use the back of this sheet or attach a sheet. Specifically indicate what skills are the focus of instruction at this time?

How many minutes per day/days per week is this direct instruction provided?

PARENT INFORMATION FORM

Date: _____ Student's Name: _____
Age: _____ Grade: _____ Birth Date: _____

Developmental History

1. If your child has experienced any medical problems or difficulties during pregnancy or birth, please describe these below:

2. If your child is currently taking any prescribed medications, please list all of these below:

<u>Medication</u>	<u>1st Age Prescribed/Dose</u>	<u>Condition</u>
_____	_____	_____
_____	_____	_____

Detailed Description of Problem: _____

- 3a. If your child experienced any problems with hearing, ear infections (indicate age span when problems occurred; and how often were tubes inserted-once or several times), please describe these problems below:

- 3b. If your child experienced any problems with either speech or language development, please describe these problems below:

(over →)

- 3c. Please note age your child began using 2-word phrases: _____
 Current oral language quality: _____
4. Does your child wear glasses? _____ Date of last examination _____
 Vision training ever been received or recommended? If so, please explain: _____

5. How would you describe your child's development of motor skills?

	Early Development	Current Status
<i>Gross Motor Skills</i>		
Walking/Running		
Sports		
<i>Fine Motor Skills</i>		
Speech Articulation		
Coloring/Cutting		
Handwriting		
Tying Shoes		

School History

1. Did your child attend any pre-school program? If "yes," where? _____

2. At what age did your child start kindergarten? _____
3. Number of different schools attended? _____
4. Has your child repeated any grade(s)? _____
5. Does your child now receive Special Education services? _____
- 5a. At what grade did your child begin receiving special education services? _____
6. What aspects of school are the most difficult for your child at this time?

7. Please rate your child's current abilities by circling the number that best describes your child's skills in each area:

- 1 = well below average for age
- 2 = somewhat below average for age
- 3 = average for age
- 4 = somewhat above average for age
- 5 = well above average for age

<u>Academic Areas</u>	<u>Rating</u>				
oral language expression	1	2	3	4	5
reading words	1	2	3	4	5
understanding what he/she reads	1	2	3	4	5
handwriting	1	2	3	4	5
spelling	1	2	3	4	5
content of written expression	1	2	3	4	5
math	1	2	3	4	5
Social Studies	1	2	3	4	5
Science	1	2	3	4	5

Social and Emotional Development

1. Please rate your child's development in the following areas by circling the number that best describes your child currently:

- 1 = well below average for age
- 2 = somewhat below average for age
- 3 = average for age
- 4 = somewhat above average for age
- 5 = well above average for age

<u>Area</u>	<u>Rating</u>				
focused attention	1	2	3	4	5
ability to attend	1	2	3	4	5
general organization	1	2	3	4	5
self-control	1	2	3	4	5
general level of motivation	1	2	3	4	5
self-esteem	1	2	3	4	5
relationships with peers	1	2	3	4	5
general level of independence	1	2	3	4	5

2. Please list any special interests and/or talents your child has:

(over →)

3. How would you describe your child's feeling of self-worth?

4. Is there a family history of difficulties in reading or spelling?

Mother's Family _____

Father's family _____

Others of your children _____

If so, please complete the Family History Form attached.

THANK YOU for providing the above information. If you feel there is any additional information that would be helpful for us to know, please feel free to add that below:

Parents' Names: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Legal Custodian's Signature: _____