Reading Worksheet

(For the Identification of a Learning Disability)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects reading.
(All boxes must be checked with appropriate documentation provided.)

1. Intervention/Teacher Assistance Team

☐ Alternative strategies have been implemented, and student has not made adequate progress.

Source of Evidence: (Attach Intervention/Assistance Team information or complete chart)

Strategies	**Results**	**Dates** (To/From)

2. Whole Group Language Arts Instruction

☐ Student has participated in daily whole group reading/language arts instruction provided by the classroom teacher.

Description (e.g., Read alouds, shared reading, literature think-alouds, comprehension strategies):

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3. Continuous Assessment

☐ Continuous assessment has been done to provide a basis for instructional decisions.

Source of Evidence:

Assessment (running records, sight word lists, retellings)	**Skills/Competencies Targeted** Based on Assessment	**Dates** (To/From)