**Oregon Department of Education**

**Request for Waiver for Universal Screening of Risk Factors of Dyslexia in a Student’s Native Language Other Than English**

Date:

Name of District:

Name of District Contact

Email address:

Phone:

Directions: Please complete items 1-5 below. Send the completed form to: [Carrie Thomas Beck](mailto:carrie.thomas-beck@state.or.us), Dyslexia Specialist.

1. The screening test must assess each of the following areas that has predictability for reading difficulty in that language in KINDERGARTEN: phonological awareness, letter/sound correspondence, rapid naming (OAR 581-002-1825 (2)(a)(A)). For each required area, list the name of the measure(s) and provide a brief description.

Phonological Awareness:

Name of Measure:

Description:

Letter/Sound Correspondence:

Name of Measure:

Description:

Rapid Naming:

Name of Measure:

Description:

2. The screening test must assess each of the following areas that has predictability for reading difficulty in that language in FIRST GRADE: phonological awareness, letter/sound correspondence, rapid naming, word or pseudo word reading fluency, oral reading fluency (OAR 581-002-1825 (2)(a)(B)). For each required area, list the name of the measure(s) and provide a brief description.

Phonological Awareness:

Name of Measure:

Description:

Letter/Sound Correspondence:

Name of Measure:

Description:

Rapid Naming:

Name of Measure:

Description:

Word or Pseudo Word Reading Fluency:

Name of Measure:

Description:

Oral Reading Fluency:

Name of Measure:

Description:

3. The screening test must include a fluency component (OAR 581-002-1825 (2)(a)(C)). List the names of the measures that include a fluency component in the proposed screening test.

4. The screening test must be able to be administered at multiple times across the school year (OAR 581-002-1825 (2)(a)(D)). Use the tables below to indicate the schedule for administering each of the measures in kindergarten and first grade.

|  | KINDERGARTEN | | |
| --- | --- | --- | --- |
| Area | Beginning of Year | Middle of Year | End of Year |
| Phonological Awareness |  |  |  |
| Letter/Sound Correspondence |  |  |  |
| Rapid Naming |  |  |  |

|  | FIRST GRADE | | |
| --- | --- | --- | --- |
| Area | Beginning of Year | Middle of Year | End of Year |
| Phonological Awareness |  |  |  |
| Letter/Sound Correspondence |  |  |  |
| Rapid Naming |  |  |  |
| Word or Pseudo Word Reading Fluency |  |  |  |
| Oral Reading Fluency |  |  |  |

5. Provide a brief explanation of the process that the district will use to develop benchmark goals for each of the measures (OAR 581-002-1825 (2)(b)).