**Maine Dyslexia Screening Project Evidence Document**

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| **Necessary Components** | **Evidence –**  **Please describe how each component is addressed** |
| Screener incorporates measures to screen for phonological and phonemic awareness, sound-symbol recognition, alphabet knowledge, decoding skills, rapid naming skills and encoding skills in Pre-K, Kindergarten, First and/or Second grade. |  |
| Screener includes a data dashboard that is easily accessible to teachers and shows the interconnectedness of the reading components. |  |
| Screener predicts student risk for characteristics of dyslexia if student does not meet grade-appropriate reading benchmarks. |  |
| Screener offers curriculum agnostic, evidence based instructional resource guidance. |  |
| Screener includes parent reporting and communication capabilities. |  |
| Screener provides and/or supports data-driven workshops for educators to facilitate analysis, interpretation and intentional integration of student needs to address in instruction. |  |
| Screener allows student groups to be identified – these include and are not limited to English learners, students with specials needs, and students with a family history of dyslexia. |  |
| Screener is developmentally appropriate and highly engaging for students while ensuring valid and reliable data. |  |
| Administration time, analysis, and communication of results from screener can be completed in a timely and efficient manner. |  |
| Option to administer screener is available for at least 3 times per year. |  |
| Participating educators agree to complete Maine Department of Education surveys. |  |

The SAU acknowledges that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Screener meets the above criteria. The signature below is assurance that all components of the reimbursement program are met.

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Cost of Screener\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Please attach copy of vendor invoice for reimbursement.***

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Superintendent (or SAU Representative) Signature Date