

## Dyslexia Family History Questionnaire

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Does your child show a lack of interest in reading simple books or talking about books?  Yes  No

Do you have a family member that struggled with learning to read?  Yes  No

Was your child recommended to repeat an elementary grade or complete an additional year in preschool?  Yes  No

Has your child attended summer school or received private tutoring for reading?  Yes  No

For students in grades 1-5, have you been told by your child's teacher that your student is struggling in reading?  Yes  No

Please return form to Chris Neset, SIS Specialist at the District Office.

*For more detailed information on dyslexia screening screening requirements please refer to Minnesota State Statutes, section 120B.12. Or contact Hope Langston, Director of Instructional Services by email - [hlangston@northfieldschools.org](mailto:hlangston@northfieldschools.org) or by phone - 507.663.0600.*