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 requirements please refer to Minnesota State Statutes, section 120B.12. Or contact Hope Langston, Director of Instructional Services by email - hlangston@northfieldschools.org or by phone - 507.663.0600.

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