**Dyslexia Screener Overview of Needs Form - School**

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| --- | --- |
| Pupil Surname: |  |
| Pupil Forename: |  |
| Name of person completing this form: |  |
| Job Role: |  |
| Signature: |  |
| Date: |  |

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| What current support strategies or interventions are being implemented? | |
| **Intervention**  *e.g., reading support, spellings, motor intervention* | **Classroom (Quality First Teaching)**  *e.g. writing slope, pencil grips, ICT, coloured overlays, word banks* |
| What difficulties is the pupil experiencing? | |
| **Reading** | |
| **Spelling** | |
| **Writing** | |
| **Motor Coordination** | |
| **Language** | |
| **Memory and Processing** | |