

## Dyslexia-Specific Intervention Data for Aspen

**Student Name** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Grade** \_\_\_\_\_

**School** \_\_\_\_\_

**Screening Date** \_\_\_\_\_

**RTI Begin Date** \_\_\_\_\_ (Dyslexia-Specific Intervention)

THIS FORM SHOULD BE USED TO DENOTE STUDENTS THAT ARE RECEIVING DYSLEXIA-SPECIFIC INTERVENTIONS THROUGH THE SCHOOL'S RTI FRAMEWORK, AS IDENTIFIED THROUGH THE UNIVERSAL SCREENING PROCESS.

**Return this form to Rhonda Epperson at the CCBOE. Thank you.**