

Dyslexia Assessment Report

Student Information

Student Name:
Date of Birth:
Assessment Date:
School:
Grade:
Assessor:

Background Information

Reason for Referral:
Relevant Medical/Family History:
Previous Interventions:

Assessment Tools Used

-
-
-

Summary of Assessment Results

Area Assessed	Score/Observation	Comments
Phonological Awareness		
Word Reading		
Spelling		
Reading Fluency		
Reading Comprehension		
Writing Skills		
Other		

Interpretation and Recommendations

Summary of Findings:
Recommendations for Support/Intervention:
Accommodations/Modifications:

Assessor's Signature

Date