

I assure that the districts literacy assessments used are curriculum independent as required by W.S. 21-3-401.

Name: _____ Title _____ Date: _____

Report the aggregate number of students identified by screening instruments as having signs of dyslexia or other reading difficulties:

Grade Level (K-3)	Screening Instrument Used	Number of Students Identified

List the evidence based program(s) of instruction used in your district (by grade level or setting as appropriate):

List the evidence-based interventions used in your district by grade level (identify various settings/ tiers as appropriate):

Grade Level	Intervention

Identify the specific training (for each district-used program listed above) reading teachers have received:

Identify student-teacher ratio for reading instruction and intervention as appropriate:

Grade (K-3)	Setting	Student-Teacher Ratio

Identify the use of certified tutors, instructional facilitators, paras in K through 3 trained in the delivery of EB instruction and intervention program selected by the district:

