

Jasper School District  
**Dyslexia Intervention**  
Program Exit Form



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Grade: \_\_\_\_\_ School: \_\_\_\_\_

The student above has met the criteria for exiting the district's Dyslexia Intervention program as determined by the school's **Dyslexia Intervention Committee**.<sup>\*</sup> While no one factor is sufficient to warrant exiting a student from the program, the following indicators played an important role in this decision:

- State Assessment Scores in Reading (*must be close or proficient*)  
Current Scores: \_\_\_\_\_
- Ability to Self-monitor/Self-correct (*per teacher/interventionist observation*)  
 verified    not verified   by whom? \_\_\_\_\_
- Adequate Classroom Reading Performance (*teacher observation, test scores, etc.*)  
 verified    not verified   by whom? \_\_\_\_\_
- Results of Additional Screenings (*if any*)  
Tool Used: \_\_\_\_\_ Scores: \_\_\_\_\_  
Tool Used: \_\_\_\_\_ Scores: \_\_\_\_\_
- Additional Comments (*continue on back if needed*):  
\_\_\_\_\_  
\_\_\_\_\_

**\*Dyslexia Intervention Committee** (*signatures*)

Principal: \_\_\_\_\_ Interventionist: \_\_\_\_\_

Teachers: \_\_\_\_\_

**Parent / Guardian Response**

I understand the decision of the **Dyslexia Intervention Committee** and  support  
 do not support this decision. Signed: \_\_\_\_\_

*Note: This form must be completed by the primary interventionist and signed by all parties.  
Once completed and signed, it should be placed in the student's permanent folder.*