



PRESCHOOL PARENT'S CHECKLIST

This checklist is only meant for parents or the caregiver of the child.
It is not meant to diagnose if a child has dyslexia.

Please tick yes or no in the respective boxes.

Alphabet Knowledge

1	Has difficulty learning the letters or remembering the letters taught	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Has difficulty learning the letter sounds despite repeated teaching	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Has difficulty recognising the letters (ABCs)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	Has difficulty sequencing the letters	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Reading

1	Has difficulties recognising high frequency words despite being taught or expose to (e.g. the, my, she)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Has difficulties joining sounds together to read words	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Has difficulty learning the letter sounds	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Writing and spelling

1	Has difficulty forming letters and/or numbers	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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2	Has difficulty writing own name	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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3	Has difficulty learning to spell	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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4	Writes in mirror image (e.g. b/d/p/q)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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5	Has difficulties breaking up the sounds in a word (e.g. 3 sounds /c//a//t/ in the word 'cat')	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Others

1	Takes a long time to recall concepts taught in school or home	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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2	Forgets easily	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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3	Needs 1 to 1 attention to complete work in school or at home	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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4	Requires multiple reminders to focus and stay on task	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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5	Has difficulties following multi steps instructions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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6	Frequent task avoidance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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