

# SCHOOL DISTRICT SCREENING REPORT

Many students have a type of perceptual processing problem called Irlen Syndrome. This is not an optical problem. It is a problem with how the brain interprets visual information. Perceptual problems can affect academic and work performance, behavior, attention, ability to sit still, and concentration.

Students with Irlen Syndrome may suffer from any of the following: slow reading rate, inefficient reading, poor reading comprehension, inability to do continuous reading, poor depth perception, difficulty with ball sports, light sensitivity, and an inability to sit still, pay attention and concentrate. In addition, strain and fatigue while reading, studying, computer use, or from fluorescent lights can occur.

Irlen Syndrome can coexist with learning difficulties, but some individuals may have been mislabeled as having dyslexia, reading disabilities, ADD/HD, or specific learning disabilities. Identification and remediation of Irlen Syndrome does not replace the need for special education, remediation, or vision correction. According to some state standardized testing guidelines, students are eligible to use colored overlays for standardized state assessments without it being specified in an IEP or Section 504 plan.

**For further information, refer to *Reading By The Colors* and *The Irlen Revolution* by Helen Irlen and [www.irlen.com](http://www.irlen.com)**

Student's Name \_\_\_\_\_ Date of Testing \_\_\_\_\_

- This student sees distortions on the printed page (see attached picture) and needs to use a \_\_\_\_\_ Irlen Colored Overlay. Please encourage the use of the colored overlay when reading at home and at school. You should notice improvement in the areas checked below:
- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Length of time reading  | <input type="checkbox"/> Fluency                   | <input type="checkbox"/> Error rate   |
| <input type="checkbox"/> Comprehension/retention | <input type="checkbox"/> Attention & concentration | <input type="checkbox"/> Reading rate |
| <input type="checkbox"/> Sight vocab recognition | <input type="checkbox"/> Comfort                   |                                       |
- In addition to using an Irlen Colored Overlay for reading, this student needs:
- |  |  |
|--|--|
| <input type="checkbox"/> _____ colored paper for work  | <input type="checkbox"/> Sit near a window or dim lighting |
| <input type="checkbox"/> Test on _____ colored paper   | <input type="checkbox"/> Visor/hat in the classroom        |
| <input type="checkbox"/> Colored ink pens  | <input type="checkbox"/> Bookstand                         |
| <input type="checkbox"/> Marker or magnifying bar for reading, math, copying, and scantron answer sheets |  |
- Problems in the areas checked below may also be a result of Irlen Syndrome.
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Copying                   | <input type="checkbox"/> Math computation  | <input type="checkbox"/> Test taking     |
| <input type="checkbox"/> Computer use              | <input type="checkbox"/> Concentration     | <input type="checkbox"/> Spelling        |
| <input type="checkbox"/> Composition writing       | <input type="checkbox"/> Strain & fatigue  | <input type="checkbox"/> Handwriting     |
| <input type="checkbox"/> Attention & concentration | <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Daydreaming     |
| <input type="checkbox"/> Note taking               | <input type="checkbox"/> Proofreading      | <input type="checkbox"/> Distractibility |
| <input type="checkbox"/> Completion of assignments | <input type="checkbox"/> Headaches         | <input type="checkbox"/> Stomachaches    |
- At the present time, there is no indication of Irlen Syndrome. Because perceptual problems can occur later as the educational demands to read and study increase, continue to monitor this student's progress. Retesting is recommended in:
- |                                   |                                    |                                      |
|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> One Year | <input type="checkbox"/> Two Years | <input type="checkbox"/> Three Years |
|-----------------------------------|------------------------------------|--------------------------------------|

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
School District Certified Irlen Screener