



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Indiana Dyslexia Assessments Program Evaluation Protocol: 2024-2025

[Indiana Code \(IC\) 20-35.5](#) requires Indiana schools to conduct universal screening of students in kindergarten through grade two for learning characteristics related to dyslexia. In response to universal screening, students identified as “at risk” (or “at some risk”) for dyslexia must participate in additional diagnostic measures. The diagnostic measures indicate if there is a pattern of learning strengths/weakness and support intervention. Schools may elect to provide these services to students in grade three and beyond. Universal screeners and diagnostic assessments must be approved by the Indiana Department of Education (IDOE). IDOE partners with a committee of Indiana educators to review screeners and ensure that they meet legislative requirements as well as minimum requirements for technical validity prior to approval.

This rubric is used to evaluate screeners submitted for approval beginning school year 2024-2025. Five criteria are considered:

1. **Type and Purpose:** Provides screener or diagnostic data related to dyslexia for kindergarten, grade one, and/or grade two students.
2. **Components:** Measures six specific components related to dyslexia, as developmentally appropriate.
3. **Technical Validity:** Provides an accurate and meaningful measure.
4. **Reliability:** Provides a reliable measure across forms and administrations.
5. **Indicator for Dyslexia:** Provides data to identify specific skill deficits related to characteristics of dyslexia.

The respondent must follow the process outlined in the *Indiana Dyslexia Screener Program Approval Process* to submit evidence for consideration. To receive approval, the respondent must pass all criteria. Vendors may submit evidence together (e.g., use of a combination of programs) to meet all required components, if desired. *Submissions may not exceed 75 pages in length.*

Assessment Program Name: [Click here to enter text.](#)

Assessment Program Vendor: [Click here to enter text.](#)

Assessment Program Content Areas: [Click here to enter text.](#)

Assessment Program Grade Levels Serviced: [Click here to enter text.](#)

Contact Name: [Click here to enter text.](#) **Email:** [Click here to enter text.](#) **Phone:** [Click here to enter text.](#)

Contact Name: [Click here to enter text.](#) **Email:** [Click here to enter text.](#) **Phone:** [Click here to enter text.](#)

IDOE Contact: [Click here to enter text.](#) **Email:** [Click here to enter text.](#) **Phone:** [Click here to enter text.](#)

Reviewer Group: [Click here to enter text.](#)

Review Begin Date: [Click here to enter text.](#) **Review Completion Date:** [Click here to enter text.](#)

Final Status: **Approved** **Not Approved**

Approval Notes: [Click here to enter text.](#)

Criterion 1: Type and Purpose

The assessment provides screening or diagnostic data related to dyslexia for kindergarten, grade one, and/or grade two students. IDOE approves universal screeners for dyslexia and Level I/Level II diagnostic assessments. All measures must be designed to detect and/or support students “at risk” for dyslexia. Respondents should clearly define the scope of their assessment program. Some programs may provide screening and diagnostic data within the same overall program while others may not. Respondents should clearly describe their assessment program and the level(s) of data provided to schools. This will ensure appropriate program review can occur.

*Note: While universal screeners and Level I/Level II diagnostic assessments may be provided through the same overall program (e.g., as separate components of a systematic program), a **single assessment cannot serve both purposes.***

Research Questions	Evidence Required	Expectations for Acceptability
<p>Is the submitted product a universal screener for dyslexia?</p> <p><i>For this rubric, a universal screener for dyslexia is defined as a brief assessment designed for a wide range of students to identify students who may be at risk for poor learning outcomes due to reading deficiencies related to dyslexia.</i></p>	<p>The respondent must provide evidence of the degree to which the program is a universal screener for dyslexia.</p>	<p>The assessment must be brief and provide an initial indicator which allows educators to determine if additional diagnostic testing or intervention is needed.</p> <p>The assessment must be built from a design intended to include all student populations.</p>
<p>Is the submitted product a Level I or Level II diagnostic assessment for dyslexia?</p> <p><i>For this rubric, a Level I or Level II diagnostic assessment for dyslexia is defined as an assessment which provides diagnostic data to support instructional response for students who are at risk for dyslexia.</i></p>	<p>The respondent must provide evidence of the degree to which the program is a Level I/Level II diagnostic assessment for dyslexia.</p>	<p>The assessment must provide diagnostic data on performance deficits in those specific foundational reading skills most commonly impacted by dyslexia.</p> <p>The assessment should identify specific areas of need for students at risk for dyslexia.</p>
<p>Adequacy of Evidence: <input type="checkbox"/>Pass <input type="checkbox"/>Fail</p> <p>Committee Comments:</p>		

Criterion 2: Components

The assessment measures six specific components of reading related to dyslexia as developmentally appropriate.

Indiana Code requires that all six components of reading listed in this section of the rubric be measured as developmentally appropriate.

Research Question	Evidence Required	Expectations for Acceptability
<p>Does the assessment measure the following components of reading related to dyslexia as developmentally appropriate?</p> <ul style="list-style-type: none"> ● Phonological and phonemic awareness ● Sound symbol recognition ● Alphabet knowledge ● Decoding skills ● Rapid naming skills ● Encoding skills 	<p>The respondent should provide test design documents which define the specific skills measured on the assessment.</p> <ul style="list-style-type: none"> ● Test blueprints, defined as the breadth of knowledge/skills, which are assessed (e.g., content standards or learning statements) and the degree to which they are assessed ● Test design specifications, defined as a description of the overall structure of the assessment 	<p>The test blueprints must confirm that knowledge/skills essential for each of the six listed components of reading are measured as developmentally appropriate.</p> <p>The test design specifications must demonstrate that listed components of reading are measured in the assessment as developmentally appropriate.</p>
<p>Adequacy of Evidence: <input type="checkbox"/>Pass <input type="checkbox"/>Fail</p> <p>Committee Comments:</p>		

Criterion 3: Technical Validity

The assessment provides an accurate and meaningful measure.

IDOE accepts validity evidence from the National Center on Intensive Intervention (NCII) as the preferred method. If the respondent is not able to provide that evidence due to time constraints, a second option for validity evidence is available.

Research Questions	Evidence Required	Expectations for Acceptability
<p>Does the test development process support accurate and meaningful scores?</p> <p>Does the scoring process support accurate and meaningful scores?</p>	<p>Option 1 (Preferred): The respondent may provide evidence that the National Center on Intensive Intervention awarded the assessment a “convincing” or “partially convincing” indicator for validity.</p> <p>Option 2: The respondent may provide a technical report detailing the test development process. The technical report must include a description of test design, item development and calibration, scoring methodology, and quality controls.</p>	<p>Option 1 (Preferred): The National Center on Intensive Intervention’s (NCII’s) current website should reflect “convincing” or “partially convincing” for validity for the assessment. The respondent may also submit a formal statement from NCII reflecting the provision of this rating in the event website updates are delayed after a rating is provided. The statement must include a date within the last calendar year.</p> <p>Option 2: The assessment should be constructed using a research-based method that focuses on the measurement of the intended construct. Appropriate stakeholders must be included throughout both the test development process and the item development process. Criteria must be in place to ensure only high-quality items are utilized on the assessment (including field testing protocols). A research-based scoring method must be applied to the assessment to return a valid “total score.”</p>
<p>Adequacy of Evidence: <input type="checkbox"/>Pass <input type="checkbox"/>Fail</p> <p>Committee Comments:</p>		

Criterion 4: Reliability

The assessment provides a reliable measure across forms and administrations.

IDOE accepts reliability evidence from the National Center on Intensive Intervention as the preferred method. If the respondent is not able to provide that evidence due to time constraints, a second option for validity evidence is available.

Research Questions	Evidence Required	Expectations for Acceptability
<p>Does the assessment support reliable scores over time and across forms?</p>	<p>Option 1 (Preferred): The respondent may provide evidence that the National Center on Intensive Intervention awarded the assessment a “convincing” or “partially convincing” indicator for reliability.</p> <p>Option 2: The respondent may provide evidence showing the degree to which scoring is comparable and reliable across various forms and administrations as applicable.</p>	<p>Option 1 (Preferred): The National Center on Intensive Intervention’s (NCII) current website should reflect “convincing” or “partially convincing” for reliability for the assessment. The respondent may also submit a formal statement from NCII reflecting the provision of this rating in the event website updates are delayed after a rating is provided. The statement must include a date within the last calendar year.</p> <p>Option 2: Processes must be in place that ensure the consistency of score results across different forms and over time (if applicable). Examples include the use of stable test blueprints, computer adaptive algorithms, and test specifications. Protocols and processes must be in place that address standardization of test administration. Examples may include defined test windows, test administration manuals, instructions for test administrators or school administrators regarding administration of assessments, and/or test security information.</p>
<p>Adequacy of Evidence: <input type="checkbox"/>Pass <input type="checkbox"/>Fail</p> <p>Committee Comments:</p>		

Criterion 5: Indicator for Dyslexia

The assessment provides data to identify specific skill deficits related to characteristics of dyslexia.

IDOE approves universal screeners for dyslexia and Level I/Level II diagnostic assessments for dyslexia. The data provided by the assessment should directly correspond to the test design. If the respondent is submitting as a universal screener, the respondent should provide documentation of indicators as described in the row labeled “For Universal Screeners for Dyslexia.” If the respondent is submitting as a Level I/Level II diagnostic assessment, the respondent should provide documentation of diagnostic data as described in the row labeled “For Level I/Level II Diagnostic Assessments for Dyslexia.”

Research Questions	Evidence Required	Expectations for Acceptability
<p><i>For Universal Screeners for Dyslexia:</i> Does the screener provide an indicator which identifies students who may be at risk for poor learning outcomes due to reading deficiencies related to dyslexia?</p>	<p>The respondent must submit evidence of the data provided by the screener.</p>	<p>There must be a clear way for schools to use the data provided to identify students who may be at risk for poor learning outcomes due to reading deficiencies related to dyslexia. This may be a single indicator based on data from all components or the use of a system of indicators working in tandem. If the assessment provides a system of indicators working in tandem, the respondent must provide clear instructions for schools to use to interpret those indicators and identify students at risk.</p>
<p><i>For Level I/Level II Diagnostic Assessments for Dyslexia:</i> Does the screener provide diagnostic data to support instructional response for students who are at risk for dyslexia?</p>	<p>The respondent must submit evidence of the data provided by the diagnostic assessment.</p>	<p>The assessment must provide diagnostic data for student performance in reading, especially related to foundational reading skills most impacted by dyslexia.</p>
<p>Adequacy of Evidence: <input type="checkbox"/>Pass <input type="checkbox"/>Fail</p> <p>Committee Comments:</p>		

Updated October 2023