December 2015

Elementary Request for Level 2 Dyslexia Screening



Parent Consent for Level 2 Dyslexia Screening

Dear Parent/Guardian,

The Arkansas department of Education requires that all students in grades K-2 be screened for Dyslexia each year. Additionally, students who are struggling readers in grades 3 and beyond must also be screened using a variety of formative assessments related to reading, with continuous monitoring of any student determined to be "at-risk" for Dyslexia characteristics. With your permission and input, school personnel would like to conduct additional screening to more specifically determine your child's abilities in the areas of reading most commonly related to Dyslexia. This information will be used to determine more appropriate educational interventions that may be needed for your child.

Please sign below to give permission for us to conduct a Level 2 screening for characteristics of Dyslexia. Once the data has been gathered we will notify you with the results. This screening is not a comprehensive evaluation for Special Education eligibility. Please contact me if you have any questions or concerns.

Sincerely,	
PRINCIPAL/DESIGNEE	
PHONE NUMBER	
I give permission for school personnel to conduct further so I do not give permission for school personnel to conduct fu	
SIGNATURE OF PARENT:	DATE:
OFFICE USE ONLY:	***************************************
School: Grade	D.
Student's Name: Retained: Y/N	Submitted by:
Teacher's Name:	
Date of Initial Screener: Year: Circle One: Fall Winter Spring	Is the student receiving RTI intervention for Dyslexia characteristics? Y/N
Date of Level 1 Screener: Year: Circle One: Fall Winter Spring	Has the student had an independent comprehensive evaluation for Dyslexia? Y/N Is this a parent request? Y/N
Submit this request to Li	sa Rice at Special Services