(Letter Date)

Dear Parent or Guardian,

(Insert student’s name) participated in a universal screener for learning characteristics related to dyslexia on (insert date). This assessment was administered to identify students who may be at risk of experiencing difficulty with reading skills, as required by the Indiana Department of Education (IDOE). The universal screener helps educators focus classroom interventions and instructional approaches to help meet the needs of your student.

After analyzing the results from the universal screener, it has been determined that your student may be “at risk” or “at some risk” for the learning characteristics of dyslexia. With your consent, your student will be administered a Level I Diagnostic Assessment for Learning Characteristics of Dyslexia on (insert date). Results from this diagnostic will provide data to determine specific interventions and services to support your student and determine if additional testing is needed. Please sign and return the bottom portion of this letter to confirm your consent for your student to be administered the Level I Diagnostic Assessment for Learning Characteristics of Dyslexia.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *consent* to my student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Child’s name)

participating in the Dyslexia Level 1 Diagnostic.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *object* to my student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Child’s name)

participating in the Dyslexia Level 1 Diagnostic.