



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Wednesday, September 7, 2022

Dear Parent or Guardian,

Your child, _____ participated in a universal screener for learning characteristics related to dyslexia. 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. Results from this diagnostic assessment 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. Attached is additional information for parents from the Indiana Department of Education. If you have questions, feel free to contact your child’s school.

Please check and sign then detach and return to school.

Permission Slip to administer the Level 1 Diagnostic Assessment for Learning Characteristics of Dyslexia

_____ I **consent** for my child, _____, to participate in the Dyslexia Level 1 Diagnostic Assessment.

(Parent/Guardian Signature)

_____ I **object** for my child, _____, to participate in the Dyslexia Level 1 Diagnostic Assessment.

(Parent/Guardian Signature)