**Important Information Regarding Dyslexia Screening**

Dear Parents and Guardians:

In accordance with Georgia Senate Bill 48, Atlanta Public Schools has a screening process to identify students in kindergarten through third grade for characteristics of dyslexia. This letter is to inform you about the process and your right as a parent.

**What is dyslexia?**

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction.

**What does screening involve?**

The dyslexia screening process must include tools that assess phonological awareness and phonemic awareness, sound symbol recognition, alphabet knowledge, decoding skills, encoding skills, and rapid automatic naming.

APS uses NWEA MAP Dyslexia Screener as its dyslexia screening process. View our reading and dyslexia screening process [here.](https://lor2.gadoe.org/gadoe/file/c1ae1ca6-12ae-4e37-b860-b3aaaa12cc73/1/GaDOE-Reading-and-Dyslexia-Screening-Process.pdf)

**Your Right to Opt-Out**

While we encourage participation in this important screening, you have the right to opt your child out. If you choose to do so, please sign and return this letter by **Friday**, **August 16, 2024**.

**What Happens Next?**

School teams will use the Multi-tiered System of Supports (MTSS) framework to review screening results and identify intervention needs. You will receive results from the screener and notification or if your child is at risk or not at risk of reading challenges. Students who are identified as being at risk for reading challenges may receive additional support and monitoring.

**For More Information**

Please refer to the Georgia Department of Education website to learn more about dyslexia. If you have questions about the dyslexia screening process or your right to opt out, please contact your school’s MTSS lead.

**Please sign below and return the bottom portion to your child’s Homeroom teacher.**

**Student Name:** **Homeroom Teacher:**

\_\_\_\_\_\_ I wish for my child to opt out of the dyslexia screening process but would like for my child to participate in

the universal screener.

\_\_\_\_\_\_ I wish for my child to opt out of the dyslexia screening process, including the universal screener.

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**