



## Important Parent 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 rights as a parent/guardian.

### What is dyslexia?

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or 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. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge. (International Dyslexia Association, 2002)

### What does dyslexia screening in APS involve?

Atlanta Public Schools has selected the NWEA MAP Fluency Assessment as our Dyslexia Screening Tool. The MAP Universal Screener and MAP Fluency Assessments will be administered in August, December, and March as part of the dyslexia screening process. **These results are not intended nor designed to diagnose;** but serve as an indicator that your child requires additional support in reading.

### 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 \_\_\_\_\_.

### What Happens Next?

School teams will use the Multi-tiered System of Support (MTSS) framework to review screening results and identify intervention needs. You will receive results from the screener and notification if your child is at risk of reading challenges. Students at risk for reading challenges may receive additional support and monitoring.

**Please sign below and return this form to your child's homeroom teacher.**

**Student Name:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

\_\_\_\_\_ I wish for my child to opt out of the dyslexia screening process

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

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_