Dear *[parent/guardian name],*

I have noticed that *[child’s name]* is having some challenges in school with learning *[to read, to do math work, or another thing that the teacher has noticed is a challenge for the child]*. I have noticed the following signs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Given these warning signs, I would like to screen your child for signs of dyslexia. This screening will tell us more about how we can support your child with reading in the classroom. I need your permission to do this screening. *[Add some details about the screening, such as the name and length of time and whether it will require taking your child out of the regular classroom or not].* You will be given a copy of the screening results.

Please check the box below to let me know if you give permission for the school to complete this screening. Or, you can give me a call so that we can talk about this together. Visit [go.osu.edu/DyslexiaGuide](https://go.osu.edu/dyslexiaguide) to learn more about dyslexia.

Thank you,

Teacher Name

Phone number

Date

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the school permission to

Parent/Guardian Name

screen my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for signs of dyslexia.

Child’s Name

€ Yes, please do the screening.

€ No, do not do the screening.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date