



Middle and High School Dyslexia Intervention Form



DATE _____

Dear Parent or Guardian of _____,

Your student has been identified to participate in a class to receive intervention in word-level reading and spelling difficulties. This class is called Enrichment or Academic Reading depending on your student's grade level and needs. The class counts as a career-focus credit. Your student will continue to receive high-quality instruction in their grade-level English class. The intervention class utilizes the **Wilson Reading System** to address reading and spelling difficulties, *including characteristics of dyslexia*. During intervention, your student will receive instruction in phonological awareness, phonics, reading, and spelling skills. Instruction is systematic, structured, sequential, and cumulative. It is provided in a small group setting by a certified teacher who has completed the WRS Introductory course. Frequent assessments will be administered to monitor your student's progress. Most importantly, your student will acquire skills and strategies that will be beneficial in all areas of learning.

Please check the box indicating your request, sign at the bottom, and return to your student's interventionist

YES! I **DO** want my student to participate in the intervention class

I **do not** want my student to participate in the intervention program.* *(If at any time you change your mind and want dyslexia intervention services for your child, please notify the school so they can begin intervention.)*

*We decline intervention for the following reason(s): _____

We appreciate your support as we strive to build a community of skilled readers. For more information about the Wilson Reading System, go to www.wilsonlanguage.com. For more information about Characteristics of Dyslexia, go to www.lrsd.org/dyslexia. You will find a definition of dyslexia, characteristics of dyslexia, information about independent evaluations, and information about accommodations in our [LRSD Parent Packet](#). This information is obtained from the [Arkansas Dyslexia Resource Guide](#) by the Arkansas Department of Education. If you have any questions about the program, please email or call me.

Sincerely,

Little Rock School District

Interventionist's Email: _____

Interventionist's Phone: _____

Please sign and return indicating that you have received this information:

(Your student's interventionist will make a copy of the completed form and send it home for your records)

Student Name _____

Signature of Parent/Guardian _____ Date _____