## **HUMPHREYS COUNTY SCHOOLS** 2443 Hwy 70, East

Waverly, TN 37185

## **Dyslexia Screening Permission Form**

	n e ninth
Child's Name	Date of Birth
Dear Parent:	
(Public Chapter 1058 of the Accharacteristics of dyslexia thro	ession, the general assembly passed the "Say Dyslexia" bill cts of 2016) which requires school districts to screen for ough their existing Response to Instruction and Intervention vide "dyslexia-specific tiered interventions" for students that
In order to process through thi will be given:	is request, you are being informed that the following screenings
Vision Screening Hearing Screening Areas to be screened for Dysle • Phonological and Pho •Sound-Symbol Recogr •Alphabet Knowledge •Decoding Skills •Encoding Skills •Rapid Naming	nemic Awareness
screening indicates that your c	ve been completed, you will be notified of the results. If the child needs a more in-depth evaluation, you will receive a notice eeting to discuss the need for an evaluation to determine if your and/or related services.
If you are in agreement for scre	eening, please sign and date in the space provided below:
Yes, I give permission	for the dyslexia screening.
Parent/Guardian Signature	Date
Please return this form to your address above. If you have an	child's teacher or to the Special Education Office located at

address above. If you have any questions, please call our office at 931-296-2568.