

Permission to Test for Dyslexia

School _____ Date _____

Dear Parent,

Your child appears to have some characteristics of specific reading difficulties. The district provides a program to help students who are having difficulty with decoding skills, word recognition. To determine eligibility for this program, a series of reading tests will be administered. Your permission to administer this test to your child is requested. Please complete the bottom part of this form and return it to the Dyslexia Coordinator of the school.

I grant the San Antonio Independent School District permission to administer a battery of reading tests to my child. I understand that the purpose of these tests are to assess eligibility for placement in the Dyslexia Program. I further understand that the results of this assessment will remain confidential and will be shared with me upon completion of the screening process.

Student's Name

Date of Birth

Current School

Current Grade

Parent's Signature

Date