

JASPER SCHOOL DISTRICT
DYSLEXIA INTERVENTION
PARENTAL CONSENT FORM



Arkansas Acts 1294 (2013), 1268 (2015), and 1039 (2017), collectively known as the **Dyslexia Laws**, were enacted to ensure that all public schools are meeting the unique needs of children with the characteristics of dyslexia. These laws define dyslexia, describe required screenings and interventions, and list specific actions that are required by school districts.

To help meet the requirements of these laws, the Jasper School District conducts district-wide screening of all K-2nd students, and selective screenings of 3rd-12th students. Specific screening tools may include Istation (online assessment of reading skills), DIBELS (Dynamic Indicators of Basic Early Literacy Skills), DSA (Developmental Spelling Analysis), AR-RAN (Arkansas Rapid Automatized Naming Screener), CTOPP2 (Comprehensive Test of Phonological Processing), the P.A.S.T. (Phonological Awareness Skills Test), and the WJ IV (Woodcock-Johnson tests).

If screening results indicate that a student has a significant reading deficiency, then he/she qualifies for **Dyslexia Intervention**. The primary intervention program used by the Jasper School District is the Barton Program for Reading and Spelling — a dyslexia intervention program that meets the criteria set forth by the Arkansas Department of Education. Barton “Level 1” includes at least three 30-minute sessions per week of one-on-one instruction. (Several additional levels of intervention are provided if needed.)

The purpose of this letter is to let you know that **your child qualifies for this program**. To take advantage of this opportunity to receive focused supplemental instruction for your child (at no charge to you), simply sign and return the form below.

Additional dyslexia resources can be found on the Jasper School District's Curriculum Resources website at: <https://sites.google.com/site/jaspercurriculum/dyslexia>

(Please check the appropriate box below, then sign and return entire page.)

I understand that my child _____ has shown characteristics of dyslexia, and may benefit from the Dyslexia Intervention program that is provided by the Jasper School District. By signing below, I agree to allow my child to receive these services.

I do not give permission for my child to receive Dyslexia Intervention services.

Parent or Guardian name (please print)

Date

Parent or Guardian signature