



Elementary Tier 3 Dyslexia Intervention Form



LITTLE ROCK
SCHOOL DISTRICT

DATE _____

Dear Parent or Guardian of _____,

Your student has been identified to receive intervention for word-level reading and spelling difficulties. The intervention program to be delivered is the **Wilson Reading System (WRS)**. This program is designed to address reading and spelling difficulties, including **characteristics of dyslexia**. During intervention your student will receive instruction in phonological awareness, phonics, and reading skills. This intervention instruction is systematic, structured, sequential, and cumulative. It is provided in a small group setting by a 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 WRS intervention program

I **do not** want my student to participate in the WRS 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 possible 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: _____

Interventionists Phone number: _____

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 _____