



LITTLE ROCK SCHOOL DISTRICT DYSLEXIA RESOURCE GUIDE
Form for Parental Consent to Exit Dyslexia Intervention with the Wilson Reading System

To the parents/guardians of _____

Your child is being recommended to exit intervention with Wilson Reading System (WRS). This dismissal recommendation is based on the following factors: **(check all that apply)**

- The team feels the student would better benefit from instruction in our **Tier 2** intervention program (K-3: Foundations (2nd Dose); 4-12: Just Words).
- The student has successfully completed instruction in Wilson Reading System for his/her grade level and demonstrates self-correcting/ monitoring behaviors that help him/her be successful.
- The reevaluation and/or post-testing of student shows student growth to be at grade level proficiency standards. *(measures must include phonological awareness, letter-sound correspondences, decoding, and encoding. The DRA is **not** an accurate measure for a student with characteristics of dyslexia).*
- The student was proficient on the reading section of the state assessment.
- The parent submitted a written request for the student to exit the program.
- Other _____

Students that exit intervention with the Wilson Reading System will be monitored by the SBIT team for one year. Monitoring may include some or all of the following: progress reports, grades, state assessment data, teacher reports, parent reports, and/or additional assessment data. If monitoring reveals that a student who exited WRS intervention is not meeting grade level proficiency standards, his or her placement may be reconsidered.

Please check the YES boxes only if you agree that the statements are correct. If the statements are not correct, check the NO boxes. When you have finished, please sign and date.

YES _____ NO _____ I have been notified that my child has shown appropriate progress in reading and/or writing in the Wilson Reading System **or** that my child will participate in the Tier 2 Program (K-3: Foundations (2nd dose); 4-12: Just Words)

YES _____ NO _____ I **do** give my permission for my child to be exited from intervention with WRS.

Signature of Parent or Guardian

Date

Interventionist

Date

Teacher

Date

If a student exits dyslexia intervention please notify Chandle Carpenter at chandle.carpenter@lrsd.org to change his or her status in eschool and place the form in the orange folder for monitoring.