



Important Information Regarding Dyslexia Screening

Dear Parents and Guardians:

In accordance with Georgia Senate Bill 48, City Schools of Decatur has a screening process to identify students in kindergarten through third grade for characteristics of dyslexia. This letter informs you about the process and your rights as a parent.

What is dyslexia?

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and fluent word recognition and poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected about other cognitive abilities and the provision of effective classroom instruction.

What does screening involve?

The dyslexia screening process must include tools that assess phonological awareness and phonemic awareness, sound/symbol recognition, alphabet knowledge, decoding skills, encoding skills, and rapid automatic naming.

CSD uses a combination of Star Early Literacy/ Star Reading and Curriculum-based Measurements as part of the dyslexia screening process. View our assessment flowchart [here](#) and view our reading and dyslexia screening process [here](#).

What Happens Next?

School teams will use the Multi-tiered System of Supports (MTSS) framework to review screening results and identify intervention needs. You will receive results from the screener that notifies if your child is at risk or not at risk of reading challenges. Students who are identified as being at risk for reading challenges may receive additional support and monitoring. For more information about MTSS please scan the QR code.

For More Information

Please refer to the brochure on the CSD MTSS website to learn more about dyslexia. If you have questions about the dyslexia screening process or your right to opt-out, please contact your school’s MTSS lead.

Your Right to Opt-Out

While we encourage participation in this important screening, you have the right to opt your child out. If you choose to do so, please sign and return this letter by **August 9, 2024**.

Please sign below and return to your child’s Homeroom teacher.

Student Name: _____ **Homeroom Teacher:** _____

_____ I wish for my child to opt out of the dyslexia screening process but would like for my child to participate in the universal screener.

_____ I wish for my child to opt out of the dyslexia screening process, including the universal screener.

Parent/Guardian Name _____

Parent/Guardian Signature: _____ **Date:** _____