|  |
| --- |
| Dear Parents or Legal Guardian,Congratulations! Your child has demonstrated proficiency in reading at the third grade level through our district’s screening instrument. As a result, your child will not be subject to the **retention** guidelines of the Reading Sufficiency Act. **Sincerely,** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date:

|  |  |
| --- | --- |
| Student Name: | Date: |
| School District: | Site: |
| Student’s Grade level:

|  |  |
| --- | --- |
|  | First |
|  | Second |
|  | Third |

 |
| Name of Screening Assessment: |
| Screening Assessment Score: |

A copy of this form should be kept in student’s cumulative folder.