|  |
| --- |
| 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.