

Tangipahoa Parish School System

**Multisensory Structured Language Program
Parent Notification/Oral Interpretation**

Date: _____ School: _____

Student: _____ ID #: _____ Grade: _____

Dear: _____

The Student Assistance Team (SAT/504) at your child’s school has determined that your child demonstrates characteristics of Dyslexia. Teachers have been trained to administer assessments and render recommendations based on the results. This is not a formal diagnosis or analysis.

Your child would benefit from a Multisensory Structured Language Program. This instruction is taught in addition to the regular education reading instruction.

Dyslexia is defined under the Louisiana Law for the Education of Dyslexic Students as “a language processing disorder which may be manifested by difficulty processing expressive or receptive, oral or written, language despite adequate intelligence, educational exposure, and cultural opportunity. Specific manifestations may occur in one or more areas, including difficulty with the alphabet, reading, comprehension, writing, and spelling.”

A meeting has been scheduled for oral interpretation of the Dyslexia Assessment. Your attendance at this meeting will be greatly appreciated.

DATE: _____

TIME: _____

PLACE: _____

Sincerely,

SAT/504 Chairperson

____ Parent did not attend meeting and a copy was mailed on _____.

OR

____ The Dyslexia Assessment for my child has been explained to me. I understand the oral explanation and a copy of the assessment has been provided to me.

Parent/Guardian Signature

Date

SBLC/504 Chairperson

____ **Parent/Student Rights Attached**