



AVON LOCAL SCHOOLS

36600 Detroit Road Avon, Ohio 44011

Notification of Dyslexia Screening Request

Dear Avon Eagles,

We are writing to inform you about an important development regarding dyslexia screening in our school district, as mandated by the new law implemented in Ohio. This law aims to ensure that every student receives the necessary support and resources to overcome challenges related to dyslexia. As educators and administrators, we understand the significance of identifying and addressing learning difficulties at the earliest possible stage.

Dyslexia, can affect reading and writing skills and can significantly impact a child's academic progress and overall well-being. By providing timely intervention and support, we can empower students to reach their full potential.

Under the newly enacted Ohio law, parents of students in grades 4th - 6th have the right to request dyslexia screening for their child within our school district. We encourage you to take advantage of this opportunity if you have any concerns regarding your child's reading and writing abilities or suspect the presence of dyslexia. The screening process will involve comprehensive assessments conducted by our Avon Local staff.

To initiate the dyslexia screening request, please follow the steps outlined below:

1. Fill out the Dyslexia Screening Request Form, which is attached to this letter
2. Submit the completed form to your child's Principal

Once we receive your request, we will promptly review it and schedule the necessary assessments. You will receive a report of the results after the assessment has been administered. We strongly believe in open communication and collaboration between parents and schools. Therefore, we encourage you to reach out to us if you have any questions, concerns, or require further information.

Sincerely,

Val Kaminski -Director of Curriculum and Instruction

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Virginia Fitch- Assistant Superintendent

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JEN FITCH
Assistant Superintendent
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VALERIE KAMINSKI
Director of Curriculum
(440) 937-4680



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Dyslexia Screening Request Form

Student Name:

Grade:

Today's Date:

Birthdate:

Address:

Parent/Guardian Contact information

Name:

Phone Number:

Email:

Background Information: (In this section, please list any information regarding the student's educational history, any previous assessments or diagnoses, and family history of learning difficulties or dyslexia.)

Symptoms and Difficulties: (Please check all that apply)

Reading

Spelling

Writing

Phonological awareness

Letter Reversals

Sequencing

Other _____

Other Concerns: (Please provide us with any additional information or concerns you may have related to dyslexia)

Date: Received: (Avon Local School use:)

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