Buckeye Central Local Schools

Ohio Dyslexia Screener Request Form

(For Students in Grades 1-6 – Please complete and submit to the district)

Student Name: _____

Student Information:

• Student Full Name: _____

• Date of Birth: _____• Grade: _____

Parent/Guardian Information:

• Parent/Guardian Name: _____

• Contact Phone Number: _____

• Email Address: _____

Reason for Request: (In detail, please explain any concerns observed regarding your child's reading, language, or learning skills and why you believe a dyslexia screening is warranted.)

_____

_____

_____

Consent & Acknowledgement: I, the undersigned parent/guardian, am requesting that the district conduct a dyslexia screening on my child. I understand that this screening is a preliminary step to identify potential dyslexia-related challenges and that, if necessary, further evaluations or interventions may be recommended.

Parent/Guardian Signature: _____

Date: _____

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For District Use Only: Received By: _____

Date: _____ Comments: _____

Buckeye Central... "where students come first"