To the Parents/Guardians of _________________________________,

One of the primary goals of the Lower Merion School District is to ensure that all students become proficient readers. We recognize that students learn at different rates and that some children need additional support in the learning process.

As your child’s teacher has already told you, we believe that your child would benefit from additional support in reading this year. This decision was based upon your child’s performance on the district-wide assessment DIBELS. The instruction will focus on your child’s needs and may include alphabetic knowledge (letters and sounds), phonological awareness (rhyming and segmenting sounds), phonics, sight words and reading strategies.

It was determined that your child would benefit from additional instruction in the following areas:

_____ Phonological awareness  _____ Alphabetic Knowledge

_____ Reading Strategies  _____ Phonics Knowledge

Your child will be working in a small group of students several times a week with a certified reading specialist. You will receive reports on your child’s progress during the school year. Please sign this letter and return it with your child tomorrow. Feel free to contact me if you have any questions about the program at heineramy@lmsd.org or 610-645-1420.

Sincerely,

Amy Heinerichs
K-2 Reading Specialist
Belmont Hills School

_________________________________________
Signature of Parent/Guardian