



School Letter and Summary Form

Name:		Date of Birth:	
Age:	____ Year ____ Month	Assessment Dates:	
Grade:		Examiner:	

To Whom It May Concern,

_____ was referred to us by _____ due to concerns with _____ . As part of the assessment, a standardized reading screener was administered to gain further insight into potential reading challenges. The results of the screener are as follows:

	Score			
Test Name (Grade Range of Test)	Well Below Benchmark	Below Benchmark	At Benchmark	Above Benchmark
First Sound Fluency (K)				
Phone Segmentation Fluency (K-G1)				
Nonsense Word Fluency (K-G2)				
Correct Letter Sequence				
Whole Word Reading				
Oral Reading Fluency (G1-G6)				
Accuracy				
Words Correct				
Retell				



Based on the findings of the reading assessment, we recommend that _____ receives immediate access to Tier 2 or 3 reading support, specifically targeting the following area of weakness: _____.

We appreciate your attention to this matter and are available for further consultation as needed.

Sincerely,
