



Parent Consent for Scotopic Sensitivity Screening

Date: _____

Dear: _____

Many children have a type of perceptual processing problem called Irlen Syndrome (also known as Scotopic Sensitivity Syndrome). This is not an optical problem. It is a problem with how the brain interprets visual information. Perceptual problems can affect academic and work performance, behavior, attention, ability to sit still, and concentration.

Children with Irlen Syndrome may suffer from any of the following: slow reading rate, inefficient reading, poor reading comprehension, inability to do continuous reading, poor depth perception, difficulty with ball sports, light sensitivity, and an inability to sit still, pay attention, and concentrate. In addition, strain and fatigue while reading, studying, computer use or from fluorescent lights can occur.

Irlen Syndrome can coexist with learning difficulties, but some individuals may have been mislabeled as having dyslexia, reading disabilities, ADHD, or specific learning disabilities. Identification and remediation of Irlen Syndrome does not replace the need for special education, remediation, or vision correction. In New Mexico, students are eligible to use colored overlays for standardized state assessments if it is specified in an IEP or Section 504 plan. For further information, refer to Reading by the Colors or The Irlen Revolution by Helen Irlen or www.Irlen.com.

Your child has the opportunity to be screened for Irlen Syndrome. If you have any questions, please contact me at the number below.

Sincerely,

Title: _____

Phone Number: _____

Student's Name: _____

School: _____ Grade: _____

Parent / Guardian Name: _____ Telephone Number: _____

(please print)

_____ I DO give my permission for Irlen Screening. I understand that the LCPS District will provide one set of Irlen Colored Overlays if my child needs them. I also agree that additional sets, or any further diagnostic testing or remediation (including colored glasses) will be at my own discretion and expense.

_____ I DO NOT give my permission for Irlen Screening.

Parent / Guardian Signature: _____

Date: _____