

St Levan Primary School
where all children SHINE...for life

The Bottoms, St. Levan, Penzance, Cornwall, TR19 6HD
Tel: 01736 810486



Year Two: Dyslexia Screening Test- Junior (DST-J)

(date)

Dear parents,

I am writing to you about an assessment known as the Dyslexia Screening Test- Junior (DST-J). I may have mentioned this at parents' evening. The DST-J is a method of checking whether a child is displaying signs of having dyslexia or related problems in reading. We plan to use it with all the children in Year Two before they enter the Puffins Class in September.

The DST-J is not a formal test, and each part of the DST-J is designed to be fun and not at all stressful. It takes about half an hour per child and has four sections, which cover a range of early skills, including the child's knowledge, language skills, speed, balance and hand-eye skills. By looking at a range of skills, we find strengths as well as areas of weakness, and this can be very helpful when considering how to help your child learn as well as possible. From the results of the DST-J, we can also check whether or not your child might have subtle hearing problems or memory problems. These difficulties can make it harder for children to learn to read. It is not a means of labelling children but of identifying ways of supporting them more appropriately.

The short tests also allow us to check whether your child is likely to show signs of dyslexia. If there is any history of difficulties with learning to read in your immediate family (yourself, your spouse, your child's brothers or sisters), it would be useful if you could note this down at the bottom of the form.

Please complete the attached permission form and return it to school. This is particularly important if you would prefer your child **not** to take part because, if we do not hear from you, we shall assume that you are happy for us to proceed.

If you have any further questions, please do not hesitate to get in touch.

Yours sincerely,

Jessica Ferguson

Permission form for the DST-J

Name of child _____

Date of birth _____

(Please tick the box you want)

I give permission for my child to take part ☐

Or

I would prefer if my child did not take part ☐

Is there any history of reading problems in the family? If yes, please give details. _____

Date:

Signature of parent _____