



School Board of Volusia County

Mr. Ruben Colon, Chairman
 Ms. Jamie M. Haynes, Vice Chairman
 Mrs. Anita Burnette
 Mrs. Linda Cuthbert
 Mr. Carl Persis

Rachel Hazel
 Superintendent of Schools

Date: _____
 Student Name: _____
 Student Alpha: _____

Intensive Reading is an elective course provided to middle and high school students. This course is intended to provide support and intervention for students who have reading difficulties.

I understand it has been recommended that my student enroll in intensive reading to receive reading intervention based on the following data:

School Year	Test Date	FSA Scale Score	FSA Achievement Level	SAT (if applicable)	ACT (if applicable)

Florida Standards Assessments (FSA) Achievement Levels Scale Scores for Grades 5-10

FSA ELA Grade	Level 1	Level 1 Subcategories			Level 2	Level 2 Subcategories		Level 3	Level 4	Level 5
		Low Level 1	Mid-Level 1	High Level 1		Low Level 2	High Level 2			
5th	257-303	257-272	273-288	289-303	304-320	304-312	313-320	321-335	336-351	352-385
6th	259-308	259-275	276-292	293-308	309-325	309-317	318-325	326-338	339-355	356-391
7th	267-317	267-283	284-300	301-317	318-332	318-325	326-332	333-345	346-359	360-397
8th	274-321	274-289	290-305	306-321	322-336	322-329	330-336	337-351	352-365	366-403
9th	276-327	276-293	294-310	311-327	328-342	328-335	336-342	343-354	355-369	370-407
10th	284-333	284-300	301-317	318-333	334-349	334-341	342-349	*350-361	362-377	378-412

ELA Scores Needed for Graduation Requirements			
FSA ELA (10 th Grade)		SAT	
Scale Score	Achievement Level	Evidence-Based Reading and Writing (EBRW)	English and Reading Subtests (average)
*350+	3+	480+	18+

As the parent of the above-named student, I understand that the school’s academic team has determined it would be in the best interest of my child to participate in the intensive reading course and receive the intense remediation and targeted instruction taught in that class. With this knowledge, I am choosing to remove my student from intensive reading. I understand this choice may jeopardize my child’s ability to graduate if the required ELA FSA score, or the corresponding SAT and ACT scores are not obtained prior to graduation.

Parent Signature: _____ Date: _____

Principal or Administrative Designee: _____ Date: _____