

APPLICATION FOR THE QUALITY MARK

Name of School _____

We are satisfied that we have met the requirements for the Norfolk Dyslexia Friendly School Quality Mark

Name _____ Role _____

Signed _____ Date _____

QUALITY MARK ACCREDITATION

I confirm that _____ has successfully met the standards required for the Norfolk Dyslexia Friendly School Quality Mark.

Verifier (Dyslexia Outreach Service): _____

Signed: _____ Date: _____

Comments:

Verifier (Norfolk County Council): _____

Name: _____ Role: _____

Signed: _____ Date: _____