

Reading Recovery Permission Slip

Dear Parent/Guardian:

Your child has the opportunity to participate in the Reading Recovery Program through one-on-one sessions or small groups. All Reading Recovery teachers have received special training to help strengthen your child's reading and writing skills at an accelerated pace. I will be working closely with your child's classroom reading teacher, and I will keep you informed of your child's progress.

If you have any questions or concerns, I will be glad to talk with you. Please call the school or schedule an appointment with me to meet in person.

Please check the appropriate line below, sign, and return this form to school tomorrow.

Sincerely,

Reading Recovery Teacher

Student's Name: _____

_____ I will allow my child to participate in the Reading Recovery Program

_____ I will not allow my child to participate in the Reading Recovery Program

_____ I will allow my child to be photographed and/or videoed for instructional purposes

Parent/Guardian's Signature