

**Title I Reading  
Permission Slip**



Dear Parent/Guardian,

Your child has the opportunity to participate in the Title I Reading Intervention program to receive extra support in reading and writing. This support will be in addition to the reading instruction they receive in the classroom. I will be working closely with your child's classroom 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,

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I will allow my child to participate in the Title I Reading Intervention program.

I will not allow my child to participate in Title I Reading Intervention program.

\_\_\_\_\_  
(Child's name)

\_\_\_\_\_  
(Parent/Guardian's Signature)