September 13, 2013

Center School

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Our school, in cooperation with Lesley University, is offering the Reading Recovery Program this year. Your child has been selected to participate in this intervention program. Ms. Deborah Camacho one of our Reading Recovery Teachers, will customize lessons for your child and work with him/her for thirty minutes each day, in addition to his/her regular classroom instruction.

The Reading Recovery Program is designed to help increase your child’s awareness of what he/she can do. It involves both reading and writing each day. The implications for such a program are positive. Early detection and instruction on a one-to-one basis, can give a child a more successful start in his/her school career.

An extremely critical component of this program is parent involvement. It is important for you to support your child in the following ways: ensuring your child attends school every day, following through with the nightly assignments from your child’s Reading Recovery lesson, observing a lesson during your child’s time in the program, and most importantly, praising your child’s efforts in reading and writing.

If you would like your child to participate in this program and are willing to make the above commitments, please sign and return the permission slip as soon as possible. We cannot begin working with your child until we receive your written permission. If you have any questions about the Reading Recovery Program, please do not hesitate to contact Ms. Camacho or Mrs. Maloof at Center School

Sincerely,

Ms. Deborah Camacho

Mrs. Holly Maloof

I would like my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive additional help at school through participation in the Reading Recovery Program.

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_