October 2013

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

We have been working with your child’s classroom teacher to assess his/her literacy skills using various assessment tools. These assessments are administered to all students at Center School. Based upon this data, we have several programs available to our students.

We spend half of our day as Reading Recovery Teachers with first grade students and the other half of our day is spent as Consulting Teachers of Reading. In that role, we support classroom teachers and students in the other grade levels. We will both be working with your child’s grade level this year.

As Reading Consultants, we work with small groups of students, called Literacy Groups. The purpose of these Literacy Groups is to provide students with additional opportunities to read, write, and foster good reading strategies.

If you would like your child to be a member of one of these groups, please sign the slip below and have your child bring it to school tomorrow.

If you have any questions or concerns, please do not hesitate to call either of us at school. (758-2521)

Sincerely,

Ms. Deborah Camacho

Mrs. Holly Maloof

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Circle One)

I would / would not like my child to receive additional instruction in literacy.

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

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_