

J. W. SMITH ELEMENTARY
Parent/Caregiver Notification of Intervention

Date: _____

Dear _____,

Based on information gathered during school-wide reading assessment and on input gathered from the classroom teacher, it has been determined that your child may benefit from a 1-to-1 or small group reading intervention.

Students receiving intervention get additional practice and support in building their basic reading skills. Your child will receive instruction in the following:

- | | |
|--|---|
| <input type="checkbox"/> Phonological Skills (Rhyming, Sound Blending, Phoneme Segmenting...) | <input type="checkbox"/> High Frequency/Sight Words |
| <input type="checkbox"/> Letter Identification | <input type="checkbox"/> Fluency (Reading Pace, Smoothness, Expression) |
| <input type="checkbox"/> Letter Sounds | <input type="checkbox"/> Vocabulary |
| <input type="checkbox"/> Basic Phonics and Decoding | <input type="checkbox"/> Comprehension |
| <input type="checkbox"/> Structural Analysis (Prefixes, Suffixes, Multi-Syllabic Word Solving) | <input type="checkbox"/> Other: _____
_____ |

The specific intervention to be used: _____

Interventionist: _____

The intervention will be delivered in the classroom outside of the classroom _____ days a week from _____ (time).

If you have questions, please call the interventionist listed above at 333-3290.

We look forward to working with your child! Thank you!