

**YOUR CHILD'S 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 (school phone number).

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