

HORACE MAY 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:

Phonological Skills (Rhyming, Sound Blending, Phoneme Segmenting...)

Letter Identification

Letter Sounds

Basic Phonics and Decoding

Structural Analysis (Prefixes, Suffixes, Multi-Syllabic Word Solving)

High Frequency/Sight Words

Fluency (Reading Pace, Smoothness, Expression)

Vocabulary

Comprehension

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).

Please sign and return this letter indicating your permission for your child to participate. If you have questions, please call the interventionist listed above at 333-3240.

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

Yes, _____ has my permission to participate in the AOM intervention listed above.

_____ (Signature) _____ (Date)