

**PAUL BUNYAN ELEMENTARY**  
**Parent/Caregiver Notification of Classroom 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 1-to-1 or small group reading intervention in the classroom.

Your child will receive additional practice and support in building his or her basic reading skills with 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 \_\_\_\_\_ 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 333-3119.

We look forward to providing your child with extra help! Thank you!

Yes, \_\_\_\_\_ has my permission to participate in the intervention listed above.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)