

**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 provided by the Assurance of Mastery (AOM) teacher at the school.

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 (school phone number). We look forward to working with your child! Thank you!

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

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