

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:

- | | |
|--|---|
| <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).

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)