

**District
Permission to Review**

Student Name: _____ Date: _____

Parent/Guardian: _____

Your child is experiencing some difficulty in school. Specifically, he/she struggles with _____.

We use a process called “Response to Intervention” (RtI) to give students additional help when they need it, beyond the different types of instruction the teacher may use on a daily basis. This means that a specialist (speech-language pathologist, reading teacher, etc.) may conduct a classroom observation or a screening, or may work with your child to teach a particular skill.

☐ We need your permission to conduct a screening in the area(s) of _____

☐ We need your permission for _____ to work directly with your child for a period of _____ weeks within small group or the classroom setting.

☐ You are invited to discuss this at a meeting on _____ at _____ AM/PM at your child’s school.

I understand and give permission for the above activities.

Child’s Name: _____

Parent (printed) Name: _____

Parent Signature: _____

Date: _____

If applicable, please check one:

☐ I will attend the scheduled meeting.

☐ I will not attend the scheduled meeting.

Please contact _____ at _____ with questions.