

PARENTAL CONSENT - INSTRUCTIONAL SERVICES

School: _____ School Year: 2019-2020

Student _____ Date of Birth: _____

Grade _____ Classroom Teacher _____

Date: _____

To Parents:

Your child is eligible to receive Title I, Part A services in the area(s) checked below.

Reading _____ Math _____

These services will be provided by _____, a Catapult Learning teacher. The teacher will work with your child two times per week in a small group setting to provide additional reading and/or math support.

In order to assess your child's needs for academic intervention, ongoing evaluations and assessments will take place. Student progress reports will be sent to you and shared with your child's teacher during the school year.

Before these services can begin, we must have your consent. This may be given by signing in the space below.

I give permission for my child to receive instructional services through Catapult Learning.

Signature of Parent or Guardian _____ Date _____

Address _____
Number Street

City State Zip Code

Home Phone: _____ Work Phone: _____