HISD | External Funding Titles I, II & IV
FUNDAMENTALLY FOCUSED. SUPPORT DRIVEN.
providing equitable services to ***Private Nonprofit Schools***
Catapult Learning

PARENTAL CONSENT - INSTRUCTIONAL SERVICES

CARES Act (ESSER Fund)

School: _____ School Year: 2020-2021

Student: _____ Date of Birth: _____

Grade: _____ Classroom Teacher: _____

Date: _____

To Parents:

Your child is eligible to receive CARES Act instructional 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 up to 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 you and your child's classroom 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. By signing this consent form, you also give permission for the district, school, or facility to share academic records with Catapult Learning.

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

_____

Signature of Parent or Guardian Date

Address_____

_____

City State Zip Code

Phone: _____ Work Phone: _____

OR

I DO NOT GIVE permission for my child to receive instructional services through Catapult Learning.

_____

Signature of Parent or Guardian Date