COLUMBIA PUBLIC SCHOOLS

To the Parent(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I want to let you know that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been selected to participate in the ***Reading Recovery*** program. ***Reading Recovery*** is an individualized literacy program for first grade students only. This means that your child will meet individually with a specially trained ***Reading Recovery*** teacher for 30 minutes daily. Your child has the opportunity to participate in the ***Reading Recovery*** program for only 20 weeks, therefore, it is very important that your child attend school every day (unless he/she is sick) and completes his/her nightly reading and writing homework. This literacy instruction is in addition to the regular literacy instruction in your child’s classroom.

Please indicate below whether or not you want your child to participate in the ***Reading Recovery*** program. If you have any questions concerning ***Reading Recovery***, please feel free to contact me.



I am looking forward to working with your child over the next 12- 20 weeks.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Contact Information***

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_ **Yes**, I want my child to participate in the Reading Recovery program.

\_\_\_\_\_\_\_ **Yes**, I understand my child’s attendance is very important to his/her literacy success.

\_\_\_\_\_\_\_ **Yes**, I am able to help my child with his/her nightly reading and writing homework.

\_\_\_\_\_\_\_ **No**, I do not want my child to participate in the Reading Recovery program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Child’s Name Parent’s Signature Date

***Please sign and return one copy and keep a copy for yourself.***