Date:

Dear Parents/Guardians:

Your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been selected to participate in a

20 minute handwriting group once a week for 12 weeks. This group will be directed by a Licensed Occupational Therapy Provider. The purpose of the group is to support your child’s classroom instruction. Our group will focus on proper letter formation and writing techniques such as spacing, sizing, and line alignment. A report of progress will be sent home at the end of the 12 week program. It will then be determined if your child will exit the program at that time or complete another 12 week handwriting group. Permission must be required every 12 weeks.

If you have any questions or concerns, please contact \_\_\_\_\_(Name\_\_\_\_\_\_\_-Licensed Occupational Therapist- \_\_\_\_\_\_\_\_\_\_(Email)\_\_\_\_\_\_\_\_\_\_\_\_

Please return the form below to your child’s teacher for your child to begin participation in the handwriting group.

I give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

participate in the handwriting group.

I do not give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

participate in the handwriting group.

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

Signature Date