

CONSENT FOR RESOURCE ASSISTANCE AND PROGRAM ADAPTATIONS



Date: _____

Re: _____ Date of Birth: _____
(Student Name) (Day / Month / Year)

School: _____ Teacher(s): _____

Your child will remain in the regular program, meeting all of the foundational objectives with minor adaptations.

Resource assistance and program adaptations will be provided by a resource teacher and/or a classroom teacher who will work with your child on specific skills to improve his/her academic success.

Parent Statement:

I understand the program described above and if my child needs a personal program plan, it will be discussed with me.

(Parent / Guardian Signature)

(Date)