

Date:

Dear Parent(s):

Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, was noted to have (individual description of student errors inserted here) during speech and language screening (or describe other identified disorders) or by his or her classroom teacher. Your child had difficulty with the following communication skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_County Schools, we are incorporating a program called STEPS. The STEPS Program is **not** a special education program, which means that your child doesn’t need an Individualized Education Program to participate. This program has been successful in preventing many students from being referred for special education speech therapy services.

The speech-language pathologist (SLP) will work with your child to instruct him or her \_\_\_\_\_\_\_\_ for a short amount of time each week or month, depending on your child’s communication difficulties. The therapist will work with the classroom teacher to ensure that students do not miss any core instructional time to participate in STEPS. You may also receive activities for practicing at home. Periodically, the SLP will assess your child to determine whether they are making progress.

Please complete and return the bottom portion of this page to indicate that you would like your child to participate in the STEPS Program.

If you have questions about STEPS, or if you would like to schedule a time to meet, please contact me at \_\_\_\_\_\_ School (304-XXX-XXXX) or \_\_\_email\_\_\_\_\_\_.

Sincerely,

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

Speech-Language Pathologist

\_\_\_\_\_\_\_\_\_\_\_ County Schools

![C:\Users\tfsuser\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\09ASE5WK\MC900188107[1].wmf]()\_Cut here and return the bottom portion to school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Yes, I give consent for my child to participate in the STEPS Program.

\_\_\_\_\_ No, I do not want my child to participate in the STEPS Program.

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to the school. Thank you.