

PARENTAL PERMISSION for PARTICIPATION in *AMERICA READS*

TO: _____

FROM: Dr. Jo Ann Robisheaux
Coordinator of *America Reads*
Southeastern Louisiana University
549-5275

DATE: _____

Your child, _____, has been referred to the *America Reads* program for tutoring in reading. Your child will be meeting with a tutor who will be working on specific skills that he or she needs in order to improve in his or her reading skills.

If you agree to have your child tutored as part of the *America Reads* program, please **mark the space below**:

_____ I give my permission for my child to participate in the *America Reads* program **at his or her school site after school and I will pick up my child** when the tutoring sessions end.

Signature

Please return this form to your child's teacher. If you would like more information about the *America Reads* program, please call

Dr. Jo Ann Robisheaux
549-5275

SAMPLE