

SAMPLE PMHP CONSENT FORM

[School letterhead/Logo]

Dear Parent/Guardian:

Your child has been recommended to participate in [program name], a special program that is offered at our school. [Name] is a program that offers extra adult attention to students who, while not experiencing great difficulty, but could benefit from feeling more connected and supported at school.

Students participating in the program meet weekly with a “child associate” (CA) for a play session involving activities such as toys, crafts, games, and high interest books. In this fun setting, students become aware of their feelings, develop rules and routines, and learn to get along with others and feel good about themselves. These skills help children to be successful at school and in their personal lives. This highly successful program serves thousands of young children in Connecticut and around the country every year.

If you would like to have your child take part in this program, please complete the form below and promptly return it to school with your child [or mail it to the address below].

If you have questions now or at any time regarding [program name] or your child’s participation, please feel free to contact [name] at [phone number].

Sincerely,

[CA name, program name]

[principal or CA supervisor]

CONTENT TO PARTICIPATE IN [program name]

I agree that my child, _____, may participate in [program name].

Parent/guardian signature: _____ Date: _____

Phone number(s): _____