Tuscarora Intermediate Unit 11
2527 US Hwy 522 South
McVeytown PA 17051-9717
(814) 542-2501 • (717) 899-7143

Act 89 Remedial Program
Permission to Participate

Dear Parent/Guardian:

Your child has been given the opportunity to participate in the Act 89 remedial program. This program offers individual or small group instruction to help your child develop skills and confidence in reading, writing and/or content areas.

Please sign this letter acknowledging that you have been informed of your child's possible enrollment into the Act 89 program. Then, check if you give consent for your child to participate in the Act 89 program. A report of your child's assessment is included with this form.

Sincerely,

_____ _____

Act 89 Reading Specialist Date

☐ Yes, I give consent for my child to participate in the Act 89 Program.

☐ No, I do not give consent for my child to participate in the Act 89 Program.

_____ _____

Child's Name Grade

_____ _____

Parent/Guardian Signature Date

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Permission to Participate
Act 89 Math Services

Dear Parent/Guardian:

Your child has been given the opportunity to participate in the Act 89 math program, based on the following criteria:

☐ Teacher Recommendation

☐ Marking Period Grades

☐ Previous Math Services Received

☐ DIBELS Math Benchmark

☐ KeyMath Diagnostic Assessment

☐ GMADE Diagnostic Assessment

The math program offers individual or small group instruction to help your child develop skills and strategies in math and/or content areas. Please sign and return this letter acknowledging that you have been informed and give consent for your child to attend the Act 89 math program. If you have any questions or concerns, please contact me, Zach Treece, at ztreece@tiu11.org

Sincerely,

_____ _____
Act 89 Math Specialist Date

___ I give consent for my child to participate the Act 89 math program.

___ No, I do not give consent for my child to participate the Act 89 math program.

_____
Student Name

_____ _____
Parent Signature Date

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Act 89 Speech & Language Program
Permission to Participate

Dear Parent/Guardian:

Your child has been given the opportunity to participate in the Act 89 Speech and Language Program. This program offers individual or small group instruction to help your child develop skills and confidence in speech and language skills.

Please sign and give consent below acknowledging that you have been informed of your child's possible enrollment into the program.

A report of your child's assessment is included with this form.

Sincerely,

_____ _____
Act 89 Speech and Language Therapist — Date

☐ Yes, I give consent for my child to participate in the Act 89 Speech and Language Program.

☐ No, I do not give consent for my child to participate in the Act 89 Speech and Language Program.

_____ _____
Child's Name — Grade

_____ _____
Parent/Guardian Signature — Date