

**Literacy Intervention Parent/Guardian Permission Form**

Fremont Public Schools

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Grade

\_\_\_\_ Yes, I give permission for my child to participate in additional literacy instruction with a reading specialist.

\_\_\_\_ No, I do not give permission for my child to participate in additional literacy instruction with a reading specialist.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date