

Dear Parent/Family:

A peer awareness program for your child, _____, will be scheduled upon receipt of these forms. Please fill out the attached sheet and return it, along with this page, to your child's teacher of record or classroom teacher. Your peer awareness facilitator will be contacting you soon to discuss the presentation and final arrangements with you.

I give my permission to _____ to conduct a peer awareness presentation to:

- My child's classroom peers
- My child's grade level /team
- My child's _____group/team
- Other: _____

I will attend the peer awareness presentation*

I will not attend the peer awareness presentation.

*Please specify family members who will be attending the presentation:

Parent Signature

Date

Phone numbers/contact information where you may be reached

Erin Diefendorf, Autism Consultant

Kristie Lofland, Autism Consultant

Student: _____

My child's strengths are:

What I want my child's peer to know.

My child's social challenges are:
