

Dear Teacher:

A peer awareness program for your student _____ has been requested. Please send the two page "parent packet" home with your student. Your input is also very important to us in preparing for the presentation. Please fill out the attached form and fax it, along with the returned "parent packet" to the Autism Resource Team at _____.

Your peer awareness facilitator will be contacting you soon to discuss the presentation and final arrangements with you. Please list any convenient dates or time that you would like to share with us in making arrangements for scheduling the presentation.

We look forward to meeting with your class!

Erin Diefendorf, Autism Consultant
Kristie Lofland, Autism Consultant

Student: _____

School: _____ Grade: _____

Wow! These are the contributions this student makes in my class!

These are the challenges for this student.

What I'd love for classmates to know about this student!
