



Learning Support – Parental Consent Form

Dear Parents,

We would like to invite your child to participate in Learning Support during this academic year (20__-20__). The purpose of this service is to support your child in overcoming potential barriers to their learning through an individual and/or group support program.

Services the Learning Support Team offer

- Additional support in mainstream classes with Classroom Teacher consultation.
- Group interventions outside of the class.
- One to one support outside of the class working on the child’s specific targets.
- Targeted support of class work and class learning strategies.

I (parent’s name)_____ hereby give permission for my child (child’s name)_____ DOB: (DD/MM/YY)_____ to receive provision from the Learning Support Team.

The consent given is valid for one year. Your child’s progress will be reviewed at the end of the year and you may be asked to sign for the following academic year.

A brief summary of areas we aim to work on

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Please kindly fill in this form and return to the relevant Learning Support Leader.

EYFS and Primary	Secondary
John.serkiz@bsg.org.cn Gemma.payne@bsg.org.cn	Baybra.naw@bsg.org.cn

Kind regards,

The Learning Support Team