Scoil Bhríde,

Nurney,

*Principal – Vinny Thorpe*

*Dep. Principal – Catherine Owens*

County Kildare.

Tel/Fax: (045)526767

Email: [sbnurney@gmail.com](mailto:sbnurney@gmail.com)

www.nurneyns.com

Roll no: 16345A

Dear Parent(s)/Guardian(s) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From time to time, children may need extra support in school. This may involve in-class support, team-teaching, withdrawal of small groups or one-to-one teaching wherever the need arises. The support may cover literacy, numeracy, language, social skills or movement breaks, depending on the needs of the class and/or child.

We wish to inform you that, during this coming year\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert school year here)*, your child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert pupils name here)* will be given the opportunity to work on a one-to-one basis with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert teachers name here)*, the purpose of which is to devote extra time and attention to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert area of focus here)*.

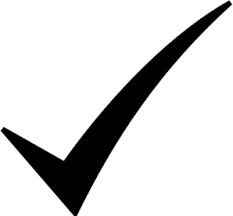
In line with HSE Public Health Advice and Department of Education Guidelines, all precautions will be taken to ensure appropriate sanitization of materials and work areas. Staff and children will sanitize their hands before and after any specific individual teaching.

If you wish your child to be included, please fill and sign the consent form below and return it to the school by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter the deadline date here and below in Consent Form)*

Should you have any queries, please feel free to contact the school.

|  |  |
| --- | --- |
| Yours faithfully, | Yours faithfully, |
|  |  |
|  |  |
| **Learning Support Team** | **Principal** |

**Learning Support Consent Form** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please enter the school year here)*

Please tick the appropriate boxes;

* **I wish** my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter your child’s name here)* to avail of learning support in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert area of focus here)
* **I do not wish** my child \_\_\_\_\_\_\_\_\_\_\_ *(enter your child’s name here)* to avail of learning support in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert area of focus here)

|  |  |
| --- | --- |
| Signed: Parent(s)/Guardian(s) | Date: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |