**EXAMPLE**

**Permission to Participate in a Social Skills Group**

Date: Student: Grade:

Teacher: Parent/Guardian:

The PBS Tier II team would like to include your child in our Small Group Social Skills Club. Your child, along with five other students, will meet twice a week with Ms. Smith for about 45 minutes to learn and practice a social skill. Your child’s teacher will be asked to rate your child’s use of the skill on a weekly basis so we can monitor your child’s progress with the skill.

Your child will be able to earn incentives and rewards for practicing the skills. You will be periodically notified of the skills being taught so you can encourage your child’s use of the skills. Together, we can make this a positive experience for your child.

If you do not wish your child to participate in this program, please call Ms. Smith at (555) 555-5555.

Sincerely,

PBS Tier II Team

**EXAMPLE**

Dear Parent/Guardian,

Your child has been identified and qualifies for a Tier 2 Intervention through our school’s Small Group Social Skills Club (SGSS). The SGSS program provides two 45-minute sessions a week of instruction and practice of a specific social skill. This intervention also provides a positive communication link between home and school, and can be faded to develop student self-management.

Your child should bring home 2 times a week, a chart telling what skill is being worked on, where and how many times they plan on using the skill. Please provide positive feedback to your child when he/she displays the skill. Your child will be able to earn incentives and rewards for their use of the skill.

If you do not wish your child to participate in this program, or have any questions, please call Ms. Smith at 555-5555.

Sincerely,

Your School PBS Tier 2 Team