Name:

Home Address:

Telephone:

Date:

Dear Principal,

I would like to request permission for the following therapist to visit my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at school:

 Therapist Name:

 Type of therapy required:

 Provider Name:

I understand I must first meet with the Principal to discuss the learning goals I would like the therapist to focus on during school visits.

Kind Regards