

Dear Parents/Guardians:

October is International AAC Awareness Month, a time when all over the world there will be events to highlight the accomplishments of people who use augmentative and alternative communication (AAC) methods to communicate.

Our School District is having a special event for selected students who use AAC in our district. This event will be an opportunity for the students to meet and interact with other students who also use AAC systems. We will celebrate and highlight their accomplishments by showing pictures of the students successfully using AAC to communicate at school. We also hope to raise awareness of the needs and accomplishments of students who use AAC by inviting key people including the School District trustees.

On _____ your child _____ has been invited to participate in this special event to celebrate International Augmentative and Alternative Communication Month.

This event will be held at _____.
Your child will leave their school at about _____AM and return at about _____PM.
Transportation for your child (by bus/car) will be arranged on an individual basis.
Your child will be accompanied to the party by a familiar member of the school staff.

You are asked to send a bag lunch. Some snacks (fruit and cake) will be provided.

We hope that your child can attend this special event. You can contact _____ at _____ or email at _____, if you have any further questions. Please complete and return the attached form to the classroom teacher as soon as possible.

Thank you!

Please complete and return to the classroom teacher by _____.

1. () My child _____ **has permission to attend** the AAC Awareness Month event at _____ School on _____.

Or

() My child _____ **will not attend** the AAC Awareness Month event at _____ School on _____.

2. I give my consent for my child _____ **to be videotaped and photographed** using their AAC system in school activities. The videotape and photographs may be shown at the AAC Awareness Day Party on _____. The videotape and photographs may also be shared with other educators and speech- language pathologists in professional development activities such as, in-service presentations and workshops and with education or speech- language pathology students in university or collage courses.

(Signature Parent/Guardian)

(Phone)

(Date signed)

Teachers: Please give the signed forms to your school speech-language pathologist.