



{INSERT SCHOOL LOGO HERE
IF DESIRED)

Dear Parent/Caregiver,

{INSERT DATE}

In the coming weeks, we will be connecting your {SON/DAUGHTER} to a peer group at school. In this group, called a “peer network,” we will invite 2-6 peers without disabilities to meet with each other and your child at school to connect socially and work on social-related goals. In addition to spending time doing an activity together, they may also look for ways to connect with one another throughout the week. An adult at the school will support the students as they work together. Your child’s specific diagnosis and other confidential information will be kept private, unless you would like for us to share contact information for connecting outside of school.

{HIS/HER} network will meet regularly...{SPECIFIC INFORMATION ABOUT DAY(S)/TIMES THE GROUP IS MEETING}.

Please let me know if you have any questions or concerns.

Sincerely,

{FACILITATOR NAME}