

Dear Parent/Guardian,

Your child \_\_\_\_\_, will have the opportunity to participate in the “Circles” Program. This program is designed to help students see and understand the different levels of relationships between people, and the boundaries and relationship specific behaviors relating to Talk, Touch, and Trust . The activities and discussions will include topics relating to sexuality. Instruction involving sexuality will use correct language , and include hygiene . “Circles” programs are designed for students with developmental disabilities, and are presented in a manner that is both sensitive and factual.

If you have any questions about the “Circles” program, contact your child’s teacher.

Please sign and return the bottom of this form to indicate that you are aware that the class will be participating in the “Circles” programs, and that you give or decline consent for your child to participate.

Thank you,

\_\_\_\_\_ (teacher’s name)

I give consent for my child (name) \_\_\_\_\_  
to participate in the “Circles” program.

\_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date

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I do not want my child (name) \_\_\_\_\_  
to participate in the “Circles” program.

\_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date