DEMING EARLY LEARNING CENTER

1750 8th Ave. Terre Haute, IN 47804 Phone: 812-462-4431
Principal: Chrissy Jarvis

Dear Parent(s) and/or Guardian(s)

We are looking at trying some new supports to help your child be more successful at school. We have a list of sensory support items that we would like to try with your child. With your signed permission, we will be able to trial some of these supports to create a positive plan moving forward.

I , the parent/guardian of _____(child's name) authorize Deming Early Learning Center to incorporate the use of the following for my child:

_____headphones

_____Pressure vest

_____weighted belt

_____weighted lap pad

_____body sock

_____ chair with seat belt

_____ (Parent Signature)

_____(Date)