

## ELEMENTARY *CIRCLE OF FRIENDS* INFORMATION

- ◆ For each Special Education student, choose 2-3 responsible age appropriate peers from their homeroom class to participate in *Circle of Friends*. Make sure they are good with the students, are responsible enough to help with activities and are able to handle missing regular classes periodically and still make up the work as needed. Make sure in choosing peers to consult with homeroom teachers on who they feel would be able to handle this responsibility.
- ◆ Send home permission slips with Special Education students and with typical peers to obtain parent permission to participate in the program and to inform parents of the programs their children will be attending.
- ◆ Plan monthly activities that are both fun and educational for multiple age levels at once. If activities are extra messy or unusual, you may want to send home notes with typical peers so their parents are aware of their child's participation.
- ◆ Here are some ideas for activities:

**September** – organizational meeting with the participating peers

**October** – Halloween motor lab including activities like caramel apples and decorating pumpkins

**November** – bake individual Thanksgiving pies and participate in classroom "feast"

**December** – bake holiday cookies and decorate trees

**January** – snow activities?

**February** – Valentine's day party

**March** – planting the garden area together with flowers and plants

**April** – mud day with child pools of mud, water and shaving cream – for sensory

**May** – Cinco de Mayo motor lab with OT/PT activities using sombreros, burros, music and a piñata

Date \_\_\_\_\_

Dear \_\_\_\_\_,

In the next few weeks, we will be starting a program called *Circle of Friends* for our students who have special needs here at (INSERT SCHOOL NAME). Although we already have 4<sup>th</sup> and 5<sup>th</sup> grade helpers who come in periodically to help in our classroom, *Circle of Friends* is a nationally known program that strives to provide opportunities to develop friendships with typical classmates. It is our hope that these friendships will naturally develop so children are included in every day school and neighborhood activities. We all work on accepting and celebrating each other's differences here at SCHOOL NAME, and this is an opportunity for first hand experience!

We will meet approximately once a month at lunch, recess or a time arranged with the classroom teacher for special activities. If your child requires the help of an aide, that help will still be available as appropriate.

We need your signature to indicate your permission for your child to participate. If you have any questions, please call me. Please return this form to school as soon as possible. Thank you so much!

Sincerely,

Teacher name  
Contact phone



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Yes! I give permission for my child to participate in *Circle of Friends*.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_

Date \_\_\_\_\_

Dear \_\_\_\_\_,

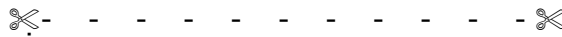
Your child has volunteered to be a helping friend to a student in his/her class with a special need or disability. *Circle of Friends* is a nationally known support program where everyday kids like yours help a child with special needs at recess, lunch, going through the halls, during specials or at other times. Your child will not be expected to teach or discipline the child with special needs; that is the job of the teacher. We just want your child to be a buddy to the child with special needs.

*Circle of Friends* does not distract from your child's education in any way; in fact, it is an enhancement to them because they have the opportunity to develop friendships and to learn acceptance and empathy first hand. *Circle of Friends* will meet at lunch, during recess or at a time arranged with the classroom teacher. The goal of *Circle of Friends* is to facilitate special times for peers to spend together that will increase friendships within the school and the neighborhood.

We need your signature to indicate your permission for your child to participate. If you have any questions, please call me. Please return this form to your child's homeroom teacher, as soon as possible. Thank you so much!

Sincerely,

Teacher Name  
Contact Info



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Yes! I give permission for my child to participate in *Circle of Friends*.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_