

Dear Parent,

Your child _____ has expressed interest in participating in a Lunch Buddy Program as a peer mentor for a classmate with Asperger's Syndrome (Autism Spectrum Disorder). The lunch buddy meets for lunch in Room 114 during their lunch and recess time. The mentors take turns; so it may be twice a month all year that your child will participate. As a volunteer, your child will be instructed by me about the importance of social skills and how they help children make friends and influence others. They have the unique opportunity to interact in a positive way. After this training, with the student with Autism, the lunch buddies will be ready.

The lunch buddy will model correct behavior, conversation, feelings and play skills in a supervised setting. These skills are very difficult for children with Autism, but come easily for typical _____ graders, thus will more likely influence and gain the attention of a child with Autism.

Please consider this opportunity for your child and return the response form to me as soon as possible. Feel free to call me if you have any further questions.

Thank you!

_____, Special Education Teacher

Phone _____ Email _____

My child, _____ has permission to participate in the Lunch Buddy Program.

Signature of Parent or Guardian Date

From Kari Dunn Buron; modified by Marsha Baer, Forest Lake Area Schools, 2003