



Charles F. Mahoney
Executive Director

Fayette-Greene-Washington
INTERMEDIATE UNIT 1
One Intermediate Unit Drive
Coal Center, PA 15423-9642
Telephone 724-938-3241 Fax 724-938-8722
www.iu1.org

Date: _____

Dear Parents,

Intermediate Unit 1 will provide Home Orientation and Management Experiences in School (HOMES) for those students in the Vision Support Program who require this as indicated in the IEP. This training will occur at _____ and at other community locations to be determined by the HOMES instructors.

The teacher of the visually impaired will provide direct supervision and the Intermediate Unit 1 will provide transportation.

It is necessary to have your written permission for your child to be transported outside the school setting. Please complete and return the bottom of this letter to the teacher as soon as possible.

If you have any questions, please feel free to call me at 1-800-328-6481.

Sincerely,

Justine Phillips – Program Supervisor

Mlm

Permission for HOMES

 I give permission to Intermediate Unit 1 to transport my child, _____, to and from HOMES Program for the school year _____ to _____. I understand that he/she will be off school grounds under the supervision of the teacher of the visually impaired.

 I do not give permission to Intermediate Unit 1 to transport my child to and from HOMES Program for the school year.

Signature of Parent/Guardian

Date