

# CAN YOU HELP?

For  
Parents

**Child's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

## Dear Parent/ Caregiver:

Do you have a special skill or talent to share with our class? Do you have any time to help out in our classroom? We need parents who are willing to help with:

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Please let me know how you can help by completing the brief form at the bottom of this sheet and sending it to school with your child.

Thank you for your interest in your child's classroom. If you have any questions, be sure to stop by or call.

**Teacher's Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**Child' Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**To:** \_\_\_\_\_ **From:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Here's how I can help:

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Days available: \_\_\_\_\_

Times available: (morning) \_\_\_\_\_ (afternoon) \_\_\_\_\_

Phone: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Comments:

