Dear Parent/Guardian,

The following equipment and/or sensory accommodations have been proven, through research and practical use, to be beneficial in helping meet individual children’s sensory needs at rest time. We are requiring your signed permission in order to use these tools with your child. If you agree with the use of these tools with your child please sign this form and send it back to the classroom teacher.

Equipment/Accommodations:

Weighted blanket

Child’s name :

Parent/guardian signature: