

September 2019

Dear Parent or Guardian,

We are writing to let you know about a reading programme for emerging readers that is taking place in your child's classroom. Selected pupils will be supported by volunteers from local and national businesses using an online reading programme called **TutorMate**, which is run by an educational charity called Innovations for Learning. TutorMate helps to give pupils additional reading practice and boost their enjoyment of reading.

Your child has been selected to have his/her own reading tutor for the entire school year. Tutors work with their pupils once a week for 30 minutes during the school day. The tutors call the classroom and communicate with a child using a shared internet platform and a voice connection. The only software programmes your child will have access to are the Innovations for Learning stories and games. TutorMate does NOT allow students free access to the Internet. We ensure that all tutors have a current Enhanced DBS check and Safeguarding training before reading with children.

Please could you sign below to give your consent for your child to participate and for us to collect minimal information about your child to allow TutorMate to operate.

If you have any questions at all, please ask your child's teacher or contact me on emma@innovationsforlearning.org.

With best wishes,

Emma Bell

Innovations for Learning

.....

TutorMate Consent Form

Please complete and sign the attached form and return it to your child's teacher as soon as possible.

I give my consent for my child _____ (insert child's name)

in _____ (insert teacher's name) class, to participate in the Innovations for Learning Online Tutoring programme. I understand that, as part of this programme, my child will be reading with an adult volunteer.

My child is known as _____ (insert here the name your child uses in school if it is different to the name given above).

I understand that when I consent to my child participating in TutorMate, I also give my permission for Innovations for Learning to collect and use information about my child e.g. First name only, age, class and gender as part of the TutorMate programme. This information will not be used for any other purpose.

(Please tick "yes" or "no")

Yes

No

I am happy for my child's photo and first name to be used in public communications about TutorMate.

(Please tick "yes" or "no")

Yes

No

Parent/Guardian signature _____ Date: _____