



Today's Date

Name of Parent/Guardian
Address
City, State, ZIP

Dear Parent/Guardian:

The members of the Transition Team have prepared a travel training curriculum to teach students how to use the public transportation system in the *(identify the geographical area)* and surrounding metro areas. We believe that independent and safe travel is an important part of any child's transition.

We want to make travel training available to your child. Enclosed are handouts explaining aspects of the training. If you feel that your child will benefit from this and want your child to receive training, please complete the permission form attached and send it back to me. We will try to schedule the travel training during _____.

If you have any questions, please contact *(designated school personnel)*.

Sincerely,

(Designated School Personnel)

Enclosures