

TO: \_\_\_\_\_

\_\_\_\_\_ Date

FROM: \_\_\_\_\_

RE: Trial of weighted or compression item

I am writing to you today to request permission to begin a trial use of a weighted or compression item with your child. Use of these items is common. They are known to help with self regulation, providing a calming effect and increased body awareness, much like swaddling an infant. The use is to decrease sensory stress while increasing focus, on-task and socially-appropriate behaviors. It is NOT for discipline or restraint. Your child will be encouraged to use the item, never forced to. A wearing schedule will be developed that best fits their needs. It will include on and off times. The item will not be used continuously. Staff will be instructed as to the wearing schedule, if there are any precautions and what the desired outcome is. I will be monitoring its use and making adjustments as needed. Please sign your consent below so its use may move forward and contact me with any questions you may have. Thank you.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date