**Best Buddies International**

**Parent**

**Involvement**

**Letter**



Date

Dear (**school name**) Parents,

My name is Lauren Amador, I am the Program Manager for Best Buddies in Arizona. I oversee our Best Buddies Friendship programs at our schools as well as our adult programs. As the Program Manager for Best Buddies (**chapter name**), I work with (**advisors’ names**) to promote the Best Buddies mission of friendship, leadership, and inclusion at (**school name**).

Best Buddies is the world’s largest non-profit organization dedicated to providing opportunities for social inclusion to people with and without intellectual and developmental disabilities. In addition to creating and supporting one-to-one friendships at (**school name**), our organization offers leadership trainings, promotes disability awareness, and provides professional opportunities for students with and without disabilities. Best Buddies serves over 700,000 individuals each year and has participants in every state in the US and in 50 countries worldwide.

Your child has been recommended to participate in the new Best Buddies chapter at (**school name**). Your child will meet the Best Buddies mission by being matched in a one-to-one friendship with their peer who (is/is not) in the special education program at (**school name**). Together with their buddy, your child will be invited to participate in chapter lunches, monthly activities, and school-wide events. Students in the Best Buddies chapter make a one-school-year commitment to contact their buddy once a week, either by talking at school or connecting via email, phone, or text, and to participate in an activity together twice a month. These in-person activities can take place on or off campus. While the Best Buddies leaders work to provide opportunities for socialization as a chapter, we encourage buddy pairs to spend time together on their own by engaging in typical social activities, such as attending school sporting events or eating lunch together. This program is meant for an equal one-to-one friendship. Students are not required to be mentors to their buddies. Agreements must be made between the two students within the buddy pair.

As a member of the Best Buddies (**school name**) chapter, your child will have an incredible opportunity to make new friends and participate in our global network committed to disability awareness and inclusion. We ask for your support in helping your child fulfill their commitment to this program and to their new friend. The most important way that you can help is to encourage your child to contact their buddy once a week and provide ideas to your child to ensure they can see their buddy twice a month. In addition, the Best Buddies club may occasionally host activities that may require additional transportation for your child which will need to be provided.

In order for your child to become a member of Best Buddies, you must complete the consent form on the student membership application. The membership application can be found at [www.bestbuddiesonline.org/join](http://www.bestbuddiesonline.org/join)[.](http://www.bestbuddiesonline.org/) You can provide consent by completing the application online with your student and electronically approving consent. If you have any questions pertaining to the Best Buddies organization or your child’s commitment, please do not hesitate to reach out to me or the Best Buddies advisor at (**school name**); (**advisor contact information**).

Thank you for your support! We are grateful for your family’s involvement in our movement and look forward to working with your child to meet the mission of Best Buddies at (**school name**).

In friendship,

Lauren Amador  
[LaurenAmador@BestBuddies.org](mailto:LaurenAmador@BestBuddies.org)