

SAMPLE used with FSNE

DATE

Teacher
School name & address

RE: Jr Chef Program

Dear (Teacher's Name):

Thank you for participating in *the Jr. Chef Program* this year. We're looking forward to working with you and your students soon.

Enclosed is a copy of the Collaborative Agreement of Understanding that states our intentions and requires your signature. It is required by our funder, USDA. In addition, there are copies of a *Jr. Chef* pre-test for each student. Please administer the pre-test to the students sometime before our first class.

The Nutrition Educator for (name of School), (NAME OF EDUCATOR DELIVERING PROGRAM), will be in your classroom from (beginning – end time) on the following days (days of week) for (number of weeks).

Again, thank you for your participation—we're sure your students will benefit! If you have any questions or comments, please give me a call: (xxx) xxx-xxxx.

Sincerely,

Name, Credentials
Local Program Coordinator

Enclosures: