

SCHOOL LETTERHEAD

Date: _____

Student: _____

DOB: _____

RE: Student Assistance Team Meeting

Dear Parent/Guardian:

Your son/daughter has been referred to the Student Assistance Team concerning:

Your presence is requested at the Student Assistance Team meeting to aid the team in addressing your child's educational needs at this time. If you have any medical, health, or other relevant records, please bring them to the meeting. Also, please bring any information you may have to assist the team in determining the appropriate course of action in addressing your child's needs. The meeting is scheduled for:

Date: _____

Time: _____

Location: _____

If you cannot attend the meeting at this time, please contact the SAT Chairperson at _____.

Please return the bottom part of this form to your child's teacher as soon as possible.

Sincerely,

SAT Chairperson

[Check the appropriate item(s)]

_____ I will attend the SAT meeting.

_____ I will not attend the SAT meeting but I give permission for the SAT committee to discuss my child.

_____ I will not attend the SAT meeting and I do not give permission for the SAT committee to discuss my child.

Student's Name: _____

Parent's Signature: _____ Date signed: _____