

Suwannee County School District
702 2nd Street NW
Live Oak, FL 32064

Student Support Team Parent Invitation

Date _____

Dear _____,
Name of Parent/Guardian

Address

City, State, Zip Code

You are invited to attend a Student Support Team meeting for your son/daughter

Name of Student

Date _____ Time _____

Place _____

The purpose of this meeting is to review your child's past and current academic and behavioral records, as well as to review your child's strengths and weaknesses, and to develop interventions needed to help your child be as successful as possible.

The following persons are invited to this conference:

- | | |
|---|-------------------------------|
| _____ School Counselor | _____ Parent(s)/Guardian(s) |
| _____ School Psychologist | _____ School Administrator(s) |
| _____ Teacher(s) | _____ School Nurse |
| _____ Director of Student Services/Designee | |
| _____ Other(s): _____ | |

We look forward to having you participate in this meeting. If you have any questions, please call me at _____.

Phone

Sincerely,

Staffing Specialist

Please indicate your response below and use the envelope provided to return this form to the Staffing Specialist.

- _____ Yes, I will attend at the scheduled time.
_____ No, I cannot attend at this time. Please contact me at (phone number) _____ to reschedule this meeting.
_____ No, I cannot at any time. Please hold the meeting without me.
_____ Other _____

Signature of Parent, Guardian, or Surrogate Parent

Date