



**RESPONSE TO INTERVENTION-TIER 3 (STUDENT SUPPORT TEAM)
INITIAL MEETING NOTIFICATION
STUDENTS MOVING FROM TIER 2 TO TIER 3**

Student _____ Date: _____

School Name: _____

Dear Parent/Guardian:

As you are aware, your child has been receiving support through the Tier 2 Response to Intervention process. Your child continues to struggle and we would like to have a team meeting to review response to intervention data and consider increasing supports. You are a critical member of the team and we would like your participation. Other team members may include your child's teacher, school counselor, administrator(s), the school psychologist, a speech pathologist, and other supportive staff as needed.

Please come share your concerns and views with us. The meeting has been scheduled for:

Date: _____ Time: _____ at School: _____.

If you cannot attend, please contact _____ @ _____ before the meeting so that we can send you a copy of your child's intervention plan.

Sincerely,

-----Detach and Return to School -----

Student's Name: _____

_____ Yes, I will be able to attend

_____ No, I will not be able to attend

_____ Please reschedule my child's meeting. Contact me at the following phone number _____

_____ Date: _____

Parent/Guardian Signature