



**RESPONSE TO INTERVENTION-TIER 3 (STUDENT SUPPORT TEAM)  
INITIAL MEETING NOTIFICATION  
DIRECT REFERRAL TO TIER 3**

Student \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Dear Parent/Guardian:

As you are aware, your child has been struggling in one or more of the following areas: Reading, Math, and/or Behavior. We would like to have a team meeting to consider increasing supports for your child. 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