**[School Letterhead]**

Date of Notice/Invitation:

Dear Parents,

Our school has a Student Assistance Team (SAT) whose purpose is to review the educational needs and progress of any student who may require additional educational support. **[Child’s name]** has been referred by his/her teacher. The team has been asked to review your child’s individual needs to determine if additional supports are necessary. A meeting will take place on **[enter date]** at **[time]** in the **[location]**. The team will review existing data and, as needed, conduct observations and/or do additional screening.

In addition to asking your permission to do additional screening (see below), we need your input and participation. We look forward to working with you to meet your child’s needs. We invite you to attend the SAT meeting and contribute your valuable insights. Please sign and return the bottom of this form to give your permission for additional screening and to indicate if you would like to attend. If you have any questions, please contact me at the number below.

Yours very truly,

**[name]**

**[title]**

**[telephone number]**

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do do not give my permission for additional screening if needed.

I do do not want to attend the SAT meeting.

 Please send me a copy of the summary of this meeting.

 Please let me know the time/place of the SAT meeting.

Parent/Guardian Signature: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_