

SUWANNEE COUNTY SCHOOL DISTRICT



Office of Student Services
1740 Ohio Avenue, South
Live Oak, Florida 32064
386-647-4630



Student Support Team Parent/Guardian Invitation

Date: _____

Dear: _____
Name of Parent/Guardian

Address

City, State, Zip Code

You are invited to attend a Student Support Team (SST) meeting for your child. The purpose of this meeting is to review your child's current and past academic records, behavioral records (*if needed*), strengths, and weaknesses, in order to develop interventions needed to help your child in school. The goal in the meeting will be to identify and review strategies to help _____ to be successful in school.

Student's Name

Date: _____ Time: _____ Location: _____

The following persons are invited to the Student Support Team meeting:

☐ Academic Coach

☐ School Counselor

☐ Director of Student Services/Designee

☐ School Nurse

☐ MTSS Coordinator

☐ School Psychologist

☐ Parent(s)/Guardian

☐ Teacher

☐ School Administrator(s)

☐ Other _____

Please let us know if you are able to attend the meeting by checking one of the responses below:

☐ I **will** attend meeting at the above scheduled time.

☐ I **will not** be able to attend meeting at the scheduled time, please contact me at _____ to reschedule.

☐ I would prefer to participate by telephone at the scheduled time, please call _____.

Please sign and return this letter to your child's school.

Parent/Guardian Signature

Date

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

Sincerely,