

**OHIO COUNTY SCHOOLS
STUDENT SUPPORT TEAM
NOTICE OF CONFERENCE
(Tier 3)**

Dear _____,

We are inviting you to attend a Student Support Team conference to discuss your child's academic progress. We wanted to inform you of this meeting and encourage your attendance and/or participation.

_____ (Student's name)	_____ (Date of Birth)	
_____ (Date)	_____ (Time)	_____ (Location)

- A. The purpose of this meeting: (check all that apply)
- Review instructional progress
 - Discuss behaviors of concern that are impeding your child's learning
 - Discuss intervention strategies to help your child
 - Other: (specify) _____

- B. The following people will be included in the meeting:
- | | |
|--|--|
| <input type="checkbox"/> School Principal | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Student |
| <input type="checkbox"/> Referring Teacher | <input type="checkbox"/> Title I Staff |
| <input type="checkbox"/> Curriculum Specialist | <input type="checkbox"/> ESS/Instructional Coach |
| <input type="checkbox"/> Other professional (specify): _____ | |

You are welcome to bring any information, including formal or informal test results, work samples, etc. to the meeting. You may bring someone who has knowledge or special expertise regarding the student or someone to assist you at the meeting if you would like.

Sincerely,

_____ Name of District Representative	_____ Telephone Number
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Call or complete and return to the student's school

Name of Student: _____

_____ I will be attending the meeting. _____ I will not be attending the meeting.

Parent Signature: _____ Date: _____