



STUDENT SUCCESS TEAM (SST) MEETING NOTICE

_____ (School Name)

Date _____

Dear Parent/Guardian of _____,

You are invited to attend a Student Success Team (SST) meeting to discuss your child's progress in school and create a plan to best support your child.

The day and date are _____, _____

Time _____ to _____

The meeting will be held at _____

In preparation for an *initial* SST meeting, please complete the questionnaire on the back of the enclosed SST Family Brochure and bring it to the meeting. Your input will be valuable in helping us meet your child's needs.

You may wish to invite others to support you and provide additional information about your child. If you have any questions about this SST meeting, please contact

_____ at _____
Phone Number

We look forward to seeing you. Thank you.

SST Coordinator

Please check below and return this copy to the teacher or SST Coordinator.

- I plan to attend this meeting as scheduled above.
- I cannot attend the meeting at this date/time. Please contact me at _____ to reschedule.
Phone Number
- Please provide an interpreter who speaks _____.

Parent Signature

Date

Print Parent Name

Phone Number