

Meeting Invitation for Student At-Risk

Student Name:		Date:(mm/dd/yyyy)
School:		
Dear Parent or Guardia	ın:	
		she is not learning the necessary skills to be successful in school. Our teachers have eds, but your child is at-risk academically and not succeeding in school or in certain
It is important that we your child be successfu		hild's progress and possible actions. We hope that we can develop a plan that will help
A meeting has been scl	neduled for the following date, t	time, and location:
N	leeting Date:	(<i>mm/dd/yyyy</i>) Time:
Meetin	ng Location:	
School Staff attending	this meeting may include the fo	llowing individuals:
Your child's tea	cher(s):	
School Adminis	strator:	
Counselor or Sc	chool Psychologist:	
Learning Specia	alist or Therapist:	
Other:		
		or ask other school staff to be in attendance. If you have any questions about this or time, please contact me as soon as possible.
	Name	Title
	Phone	Email Address
Please check one:	one: □ Please have an interpreter available. Language: □ I do not need any translation/interpretation assistance.	
Please sign and date be	elow to show that you have read	d and received this information. Please return the entire form to your child's teacher.
Parent/Guardian Signature:		Date:
Teacher Signature:		Date:

Copy to Student Cumulative Folder