

Date:

To the Parent(s)/Guardian(s) of

This letter is to inform you that your child's teachers wish to discuss ways to help your child be more successful in school. This group of educators are called a Student Assistance Team (SAT). This meeting will include teachers and may have other staff members in attendance. Recommendations will be made for ways to try to help your child improve his/her performance in school.

Before interventions or assessments can occur, a vision, hearing and/or health screening may need to be completed. The purpose of these screenings are to ensure that your child's concerns are not a result of problems in these areas.

Please complete the enclosed parent permission form and return it to your child's teacher.

Your child's Initial Student Assistance Team Meeting will be held at the school on:

DATE:

TIME:

If you have any questions, please contact _____ at _____ .

Thank you,

Student Assistance Team

Hancock County Schools
Student Assistance Team Parent Permission Form

Please complete and return to your child's teacher by: DATE: _____

Student Name: _____ Grade: _____ Teacher: _____

Please answer the following questions:

1. What are your child's greatest strengths?

2. In what area(s) do you see your child needing the most improvement?

3. What motivates your child? (What do they like?)

4. Does your child have difficulty completing homework?

5. Does your child receive special support outside of school? (tutoring, therapy)

6. What is the best way to contact you?

We would like to do the following screenings to better assess the needs of your child:

___ Vision ___ Hearing ___ Speech ___ Health ___ Behavior

___ I **give** permission for screenings

___ I **do not** give permission for screenings

Your child's Initial Student Assistant Team Meeting will be held at the school on:

DATE: _____

TIME: _____

___ I **will** be able to attend the SAT meeting

___ I **will not** be able to attend the SAT meeting but would like to participate by
Phone

___ I **will not** be able to attend the SAT meeting. Please contact me to reschedule.

Parent/Guardian Signature _____ Date: _____