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| **Notice of and Invitation to SAT Meeting** |

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| Dear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | Date of Notice/Invitation:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Your child has been referred to the Student Assistance Team (SAT). The SAT is a group comprised of teachers, specialists, and parents. The team meets to review the needs of students who are referred, to share information, and to develop a plan to ensure that each student has the best possible educational experience.   As the parent(s) of your child, you are an important member of the team. You have invaluable insights into your child’s needs and it is important that you are included in any decisions that are made regarding your child. A SAT meeting has been scheduled for your child and you are invited and encouraged to attend.   The SAT meeting that has been scheduled for your child will be held on:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Please detach the bottom of this page indicating if you are able to attend at that time. If you are unable to attend the scheduled meeting, please let us know about your availability so the meeting can be rescheduled at a time that works for you.   The team looks forward to working with you to support your child's educational experience. Please be aware there will be several staff attending the meeting that know and/or work with your child. The meetings generally take 30 to 45 minutes to complete.   If you have any questions about this process, what to expect at a meeting, or to share information privately, please contact your child's teacher or the SAT Coordinator so a team member can contact you before the meetings are held. Thank you for taking the time to meet with us and making your child's education a priority. | |
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| Sincerely, | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SAT Chairperson | |
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| |  |  | | --- | --- | |  | I will be able to attend the meeting scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | |  | I will NOT be able to attend the meeting. Please reschedule. | |  | Please indicate any possible meetings times that you prefer: | |  | |  |  |  | | --- | --- | --- | | Monday | AM | PM | | Tuesday | AM | PM | | Wednesday | AM | PM | | Thursday | AM | PM | | Friday | AM | PM | | | |

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| **Parent/Guardian Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |