



CHILD STUDY TEAM RECOMMENDATION

RE: _____
Date of Birth _____
School _____

Dear: _____

This letter is written to notify you that information about your child was reviewed by the Ritenour School District.

As a result of that review, the following determination has been made:

- Current Intervention(s) are positively supporting your child's needs.
- The Student Support Team will continue to gather data and consider all new information.
This includes:

- Please provide the following information to help us make our decision:

- We would like your input and support for our next meeting concerning your child:
Meeting Date:
Meeting Time:
Meeting Location:

If you have any additional information, questions or concerns regarding supports for your child, please do not hesitate to contact the school. Your input and support are appreciated!

Ritenour School District Representative

Title

Phone

Date



Date

Parent Name

Address

City, State, Zip

Dear **Parent or Guardian Name**,

Name of School has a Student Support Team to address the academic, behavioral and/or medical needs of individual students. **NAME OF CHILD** was referred to the team as possibly needing additional supports to increase the likelihood of academic and/or behavioral success.

Our goal for your child is to experience success academically, behaviorally and socially in the school setting. In order to do this, we need your support. Your input, background information and guidance are necessary for the team to make decisions and plans that could positively impact your child. Finally, we hope the positive home-school connection will create an additional system of supports for your child. Attached you will find an informational sheet which you may choose to complete and return to school prior to or at the meeting. Additionally, you will find a form requesting your permission for a team member to observe and/or assess your child. Please complete and return to the school.

The team would like to meet with you to begin developing a plan to help support your child. Please read, sign and return the enclosed form Please call **CONTACT Person** at (314) **PHONE NUMBER** if you are able to attend our meeting on _____ at _____. I look forward to hearing from you soon.

Sincerely,

PRINCIPAL NAME

Principal

Student _____

Form Completed by: _____ Date: _____

PARENT/GUARDIAN INFORMATION SHEET

- *Describe your child's strengths.*
- *Describe your child's interests, hobbies, extra-curricular activities.*
- *What are your goals for your child?*
- *Does your child ever talk to you about particular people, likes/dislikes, concerns or fears regarding school? If so, please explain.*
- *What are some of your fears or concerns for your child?*
- *Describe some of your child's responsibilities in the home setting.*
- *Additional Information that may help the team: (medical factors, family structure/dynamics, recent loss or tragedy, etc.)*

Thank you!



Student Support Team Parent/Guardian Authorization for Observation and Screening

Name of Student	
Grade of Student	
Student's Date of Birth (M/D/Y)	
Name of Parent/Guardian	

We, the parents/guardians of the above-named child, grant permission for a certificated or licensed staff member(s) in the Ritenour School District to conduct an individual screening and/or assessment and/or complete observations of our child for decision making purposes, progress monitoring and referrals as part of the Student Support Team Process. Screening tools that might be used include:

Cognitive and/or Adaptive Behavior Tools-

- A brief, individually administered measure of verbal and nonverbal cognitive ability
- Obtain a quick estimate of student intelligence as compared with same age peers
- Estimate an individual's verbal versus nonverbal intelligence
- Identify at-risk children who may require a more comprehensive evaluation or additional interventions
- Test Example: **Kaufman Brief Intelligence Test 2nd edition (KBIT-2):**

Speech and Language Screening Tools-

- A brief, individually administered measure of speech functioning
- Used to screen children for potential problems in syntax and/or articulation associated with their production of standard American English dialects
- Compares students' speech and/or language functioning with same age peers
- Identify at-risk children who may require a more comprehensive evaluation or additional interventions in the area of speech or language
- Test Examples: **Stephens Oral Language Screening Test (SOLST), Clinical Evaluation of Language Fundamentals 4th edition Screening (CELF-4)**

Motor Screening Tools

Behavior Screening Tools

We understand that the purpose of the screening and/or observation is to gain information about our child and that refusing consent will not deprive our child of public education services. We also understand that any questions or concerns that we may have regarding our child's needs or this assessment can be discussed with appropriate staff prior to making a decision to consent or to object to this assessment and/or observation.

We understand that the information gained from the assessment may be released to authorized Ritenour School District staff. This information may not be released to any private agency, institution, or professional without written consent.

AGREE:

Signature of Parent/Guardian Date

DISAGREE:

Signature of Parent/Guardian Date

Building Administrator: _____

