



Date

Parent Name

Address

City, State, Zip

Dear Parent or Guardian Name,

The Ritenour School District has a Family Support Team to address the social-emotional 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 school success.

Our goal for your child is to experience success academically, behaviorally and socially in the school setting. The Family Support Team would like to meet with you to create a plan to help your child experience success. The team will consist of various staff members from Ritenour, including principals, social workers, counselors, representatives from other agencies that work in our district helping children, plus most importantly, you. We welcome and encourage you to invite to our meeting anyone of your choosing, and we recommend that you invite anyone that is currently helping you or child, and anyone that knows you and your child well.

We will be meeting on (date). Please tell me by (date) how many people will be coming to our meeting, so that I am sure that our room will be adequate.

At this meeting we will begin with a discussion of your child's and your families strengths, the concerns that we see at school, and any concerns that he or she has at home or in the community. We will then narrow our focus to one or two issues, and then brainstorm and discuss ways to address these concerns. We will then develop a plan based upon that, and put that plan into action.

A team member will contact you to begin developing a plan to help support your child. Please do not hesitate to contact me if you need additional information.

Sincerely,

PRINCIPAL NAME

Principal

CONTACT Person at (314) PHONE NUMBER