

FSM DEPARTMENT OF EDUCATION - SPECIAL EDUCATION PROGRAM

Child Assistance Team – Parent Invitation Letter

Name of Student:	Grade:	DOB:	School:
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Dear Parent(s)/Guardian(s). _____

The Department of Education is committed to providing a high quality education program for ALL students. Some students do not make adequate progress in their education program. There may be many reasons why a student does not meet the expected performance levels for their age/grade level. Research has found that early identification of at-risk students and the provision of specific educational interventions can assist struggling students in meeting expected performance levels.

In our school we have a Child Assistance Team (CAT) to help students who are experiencing learning difficulties. The CAT is responsible for gathering information concerning students who are experiencing learning difficulties and developing Intervention Plans to help assist the student.

The child identified above is being referred to the CAT for the following reasons:

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Health (Physical/Motor)
<input type="checkbox"/> Intellectual/Cognitive	<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Speech and language
<input type="checkbox"/> Vocational	<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/> Social Emotional

Other Concerns:

We would like to invite you to attend and participate in a Child Assistance Team Meeting. Please come prepared with any information you have concerning learning difficulties this student is experiencing. This meeting is scheduled for:

Date: _____ **Time:** _____ **Locations:** _____

We look forward to your attendance at this important meeting.

Sincerely,

Principal/Administrator Signature Date

Parent Response - Please check the appropriate box below and sign below. Please return this form to the school principal.

- I will be able to attend the CAT Meeting.
- I will not be able to attend the CAT Meeting. Please proceed without me.
- I would like to request the meeting be rescheduled.

Parent Signature Date