Redmond School District
Parent Notification of Student Support Team (SST) Referral

Date: _____

Dear_____

Your child, _____has been referred to the school's Student Support Team (SST). The purpose of the team is to develop a plan to help students who are experiencing academic and/or behavioral difficulties in the classroom or school environments. The intention of the team is to assist the teacher in developing strategies to address your child's needs in the school and classroom. Your input is valuable so please complete the attached questionnaire.

The team will meet on_____ _____ _____
Date Time Location

You are welcome to attend this meeting, however it is not required of you. If you are unable to attend, the classroom teacher will contact you and share the results of the meeting. If you are able to attend, please contact

_____ _____
SST Facilitator Phone Number

If you have any questions or concerns with the meeting or process, please do not hesitate to contact the SST facilitator at your child's school.

Thank you for your continued support of your child's education.

Attachments:
1. Parent Questionnaire
2. SST Brochure