Sacramento City Unified School District

School Name

**Student Study Team**

Today’s Date:

Regarding:

 Student Name

Dear Parent/Guardian*,*

The Student Study Team (SST) is a group of teachers and support staff here at your child’s school, who are dedicated to your child’s success. We invite you to join us, as you are a critical part of the Student Study Team. This team will be meeting soon to identify how we can best serve your child’s educational needs. *Your presence at this meeting is very important and will be beneficial to your child*. Please see meeting details, below, and return the bottom portion of this form to the front office of your child’s school.

Thank you!

**The Meeting with the Student Study Team will be held on:**

Date:  \_\_\_/\_\_\_/\_\_\_

Time:  \_\_\_:\_\_\_

Location:

If this appointment is not convenient, please contact us to reschedule:
Name: Title:

Phone: Email:

**Please complete and return this portion to the school office, immediately:**

Student: Student Name Room #: Student's Classroom (if applicable)

Parent/Guardian:

Please check one:

🞏 Yes, I will attend the SST meeting.

🞏 No, I cannot attend the SST meeting.

🞏 Please call me to reschedule the SST meeting. Call me at (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_\_