

LICKING VALLEY LOCAL SCHOOLS

**INVITATION TO
INTERVENTION ASSISTANCE TEAM MEETING**

To the parent/guardian of:

You are invited to a meeting to discuss the educational needs of _____. At this meeting, we will discuss strategies to help your child have a successful school year. School and family working together is one of the best ways to ensure success. If for any reason you are unable to attend this meeting we will continue in your absence. You will receive copies of the IAT paperwork explaining the strategies we will be implementing with your student. The meeting is scheduled as follows:

Date:

Time:

Location:

Others invited to the meeting include:

- _____ -Teacher
- _____ -Teacher
- _____ -Teacher
- _____ -Teacher
- _____ -Principal
- _____ -Special Education Teacher
- _____ -School Psychologist
- _____ -Other

Please keep one copy of this Notice and return the other so that we will know your intent. If you have any questions or concerns, please feel free to contact the following school personnel:

Name:

Phone Number:

PARENT REPLY TO IAT REQUEST

_____ I will attend the meeting at the time slated.

_____ I would prefer to participate by telephone call. At the time of the conference, I can be reached at the following telephone number _____.

_____ I request that the meeting be held without my being present.

_____ I would like the meeting to be held at the following time or location

_____.

Signature: _____.

Date: _____.