

BELÉN CONSOLIDATED SCHOOLS
STUDENT ASSISTANCE TEAM
Notice of and Invitation to S.A.T. Meeting

Date of Notice/Invitation: _____

Dear _____,

In accordance with our Educational Plan for Student Success (EPSS), the school has a Student Assistance Team (S.A.T.) whose purpose is to review the educational needs and progress of any student who may require additional educational support.

The team has been asked to review _____'s individual needs to determine if additional supports are necessary. A meeting will take place on _____ at _____ in _____. The team will review existing data and, as needed, conduct observations and/or do additional screening.

In addition to your permission to do additional screening below, we need your input and participation in working with us to meet your child's needs. We invite you to attend the S.A.T. meeting and to contribute your valuable insight. Please sign and return the bottom of this form to indicate if you would like to attend. If you have any questions, please contact me at the number below.

Sincerely,

_____, S.A.T. Chairperson
(505) 966-1520

Student's Name: _____

Telephone Number: _____

Parent/Guardian: _____

I (do / do not) want to attend the S.A.T. meeting

Parent/Guardian Signature: _____ Date: _____