## **Intervention Support Team (IST) Meeting Invitation**

Date Sent:		
Method of Delivery:		
To the Parent/Guardian	nof:	
Гeacher:		
nelp teachers find new	ort Team is a committee of people at our scho or different ways to help specific students ac child has been referred to the team by the cl	hieve academic or behavioral
<del>-</del>	evelop Intervention Plans for specific student o the implemented interventions.	ts and also to discuss how the
express any concerns yo	ed and participate in these important meeting ou have or ask questions you may have regar e and welcomed. However, if you are unable t	ding your child's education. Your
Meeting Information: Date: Fime: Location:		
	ons or need more information please do not h	
Detach and Return this Porti	on	
PLEASE CHECK THE APP THE SCHEDULED MEETI	PROPRIATE RESPONSE, SIGN AND RETURN TO ING.	O YOUR CHILD'S TEACHER PRIOR TO
Yes, I willI do not p the results of th	attend the meeting In Person plan to attend the meeting. Please contact me ne meeting.	Phone Conference e at to discuss
Student Name	Parent/Guardian Signature	Date