

Appendix D: Parent Notification of Intervention Services

Dear Parent/Guardian:

As part of district- and state-wide efforts to meet individual student needs and improve student achievement, [insert school district name] works to consistently track your student's progress toward grade level goals, both academically and behaviorally. Interventions (extra support) will be provided as needed to all students who do not meet expected levels of achievement in reading, writing, math, and/or behavior. This system is called Response to Intervention (RTI).

Based on academic testing results, classroom performance, and/or teacher recommendation, [child's name] has been identified as a student who could benefit from intervention services. This letter is to notify you of your child's placement in:

- Tier II**, best described as supplemental or small group instruction that your child will receive in addition to core curriculum instruction provided by his/her classroom teacher. Your child will be in this tier for up to 10 weeks before final progress is determined and further support is provided, if needed.
- Tier III**, best described as intensive interventions that occur daily and with the guidance of the Teacher Support Team. Your child will be in this tier for 8-16 weeks before final progress is determined and further support is provided, if needed.

The additional support that your child will be provided includes:

- [add Intervention #1 here]
- [add Intervention #2 here, if applicable]
- [add Intervention #3 here, if applicable]

[If referring to Tier III]

The Teacher Support Team (TST) would like to invite you to a meeting regarding your child's progress in school. The TST's purpose is to review and consider all available information and to recommend additional educational strategies and interventions to further assist your child. We welcome and desire your participation in the decision making process through your attendance.

Date: _____ Time: _____ Location: _____

If you have any questions or concerns or are unable to attend the

meeting, please contact us at: Phone number: _____ E-mail address: _____

Please understand that ongoing assessment and progress monitoring of interventions throughout the year aid in determining the need to continue, change, or discontinue intervention services. Our goal for providing interventions to your child is to ensure that [child's name] will be successful in meeting the Mississippi grade level expectations and requirements. If you have any questions, please contact your child's classroom teacher or counselor.

Sincerely,

[Insert school administrator/TST chair signature and title here]