

Notice of Support Team Education Plan (STEP) Meeting

School Name: _____

Date Notice Sent: _____

Dear Parents/Guardians of _____, Grade _____,

As part of a cooperative effort to assist your child, we invite you to participate in a STEP team meeting. Parent partnership is a central goal and guiding principle of our Catholic school and you are a key component in helping us to establish a supportive education plan to help your child. Your active participation is requested at a STEP meeting scheduled for the following date/time:

Date: _____ Time: _____ Location: _____

The STEP team is a school support team that includes the parents, the classroom and/or homeroom teacher, the school administrator or STEP team coordinator, other school personnel, and the student, if appropriate. The goal of the team is to gather information and work together to support a student's educational needs in the classroom. The team will look at questionnaire results, review cumulative records, test scores, work samples, and other data. If you have any outside records such as an IEP, 504 Plan, diagnostic test results, or health records that you wish the team to consider, please provide copies of these records to the team prior to the scheduled meeting. The team will use the data to create an action plan to identify your child's strengths and areas of concern, implement support strategies, identify responsible persons, and schedule timelines for progress.

Please check below and return this form to the school:

I will attend the meeting

I will not be able to attend the meeting. To reschedule the meeting, please contact me at

Telephone _____

Email _____

Here are some alternative dates/times I am available:

Parent/Guardian Signature _____ Date _____

PLEASE RETURN THIS SIGNED NOTICE AND THE COMPLETED PARENT QUESTIONNAIRE TO THE SCHOOL OFFICE BY _____
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If you have any questions, please contact:

School Principal or STEP Team Coordinator (Name) _____

Telephone Number _____ Email _____

