Notice of Support Team Education Plan (STEP) Meeting

School Name:		
Date Notice Se	nt:	
Dear Parents/C	, Grade ,	
meeting. Parent are a key com	partnership is a central ponent in helping us to	st your child, we invite you to participate in a STEP team goal and guiding principle of our Catholic school and you establish a supportive education plan to help your child. a STEP meeting scheduled for the following date/time:
Date:	Time:	Location:
teacher, the sch appropriate. The student's educate cumulative rectan IEP, 504 Plate provide copies of to create an assupport strategic	ool administrator or STE he goal of the team is ational needs in the class ords, test scores, work same, diagnostic test results of these records to the team action plan to identify es, identify responsible per elow and return this form	m that includes the parents, the classroom and/or homeroom P team coordinator, other school personnel, and the student, if is to gather information and work together to support a stroom. The team will look at questionnaire results, review imples, and other data. If you have any outside records such as , or health records that you wish the team to consider, please am prior to the scheduled meeting. The team will use the data your child's strengths and areas of concern, implement ersons, and schedule timelines for progress. m to the school:
	ll attend the meeting	
		e meeting. To reschedule the meeting, please contact me at
I el	epnone nail	
	e are some alternative date	es/times I am available:
Parent/Guardia	an Signature <u></u>	vuin Zyno Date
	TURN THIS SIGNEI IRE TO THE SCHOOL	
f you have any	questions, please contact	t:
chool Principal Celephone Numl	or STEP Team Coordi ber	mator (Name)

