 **Parental Notification of Response to Intervention**

Date of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/ Guardian:

As part of district-wide efforts to improve student achievement, all GCS students are given brief assessments three times per year (fall, winter, spring), in order to measure their progress in the curriculum over time. Your child did not meet the expected range for his/her grade level for this benchmark assessment. To better meet your child’s academic and/or behavioral concerns, we will begin working with him/her in a small group setting.

This extra support is referred to as an intervention. The system of providing intervention services is called **Response to Intervention (RTI).** Your child will be involved in a level of RTI referred to as Tier II. The purpose of these services is to identify the skill weakness and/or behavior affecting your child’s academic performance and devise interventions to improve academic performance and/or behavior. These services will be provided by qualified school faculty in conjunction with district staff. The individuals providing services will work to implement an intervention, collect data, and evaluate outcomes.

Thank you for your support and assistance as we strive to provide the best possible environment for your child’s educational success. If you have questions or concerns about this process, please contact your child’s school.

This is to indicate that I have been informed regarding my child’s need for intervention services for academic and/or behavioral concerns. I have read and understand the above information, and have had the opportunity to ask any questions and have those questions answered satisfactorily.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and return the bottom of this notification to your child’s teacher, thank you!