**Intervention Meeting Notification**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: Education Rights Holder:

Address:

RE: Name of Student: Date of Birth:

Dear Education Rights Holder,

The above named student is demonstrating the following area(s) of concern in school:

Credit Deficiency: Student has completed \_\_ credits and needs \_\_ credits to graduate

Poor Attendance: Student has missed \_\_  school days/ periods this  semester/ school year

Behavioral Challenges: Student is demonstrating the following behavioral challenges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due to these areas of concern, the school is considering recommending that your student attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a continuation school. **Such placement would be voluntary and only after you have agreed it would be in the student’s best interest.**

However, it is always our goal to serve students in their local, comprehensive school. We would like to hold a meeting to discuss what interventions we can implement, both at home and at school, to avoid a school transfer. As the student’s education rights holder, your input is essential to this process.

We have scheduled a meeting for \_\_\_\_\_\_\_\_\_\_\_\_. Please contact \_\_\_\_\_\_\_\_\_\_\_ at: \_\_\_\_\_\_\_\_\_\_ to let us know if you can attend this meeting, or if you would like to reschedule the meeting at a time that is convenient to you. You may also invite anyone else you feel would have information relevant to this conversation (for example, the youth’s social worker, probation officer, therapist, clergy, caregiver, etc.)

We look forward to working with you.

Thank you,