



School Phone:
School Fax: (912)

Date:

To the Parent/Guardian of _____:

The Student Support Team (SST) is a regular education, problem-solving process in every Georgia school. SST provides support to students and to teachers to improve student and overall school performance. The Team assists teachers to help students by clarifying problems, designing intervention plans, and recommending further screening.

Your child was referred to the Student Support Team (SST) due to difficulties in school. However, the SST has determined that additional information is needed to help make decisions to improve your child's performance. We need your permission to complete these screenings. With your permission and depending upon the needs of your child, we may complete screening in any of the following domains:

- Hearing
- Vision
- Speech/Language
- Intellectual
- Academic
- Emotional/Behavioral

You will continue to be invited to every SST meeting concerning your child, and you will be given feedback regarding the results of these screenings, which will be conducted at school. If you have any questions about the process or the in-school screening, please contact the RtI/SST Coordinator or your child's home room teacher at the following number: _____.

Sincerely,

RTI/SST Coordinator

Please sign below indicating whether or not you agree for this screening to be completed, and then return this form to your child's homeroom teacher.

_____ **Yes**, I give permission for my child to be given an in-school screening.

_____ **No**, I do NOT give permission for my child to be given an in-school screening.

My reasons are as follows: _____

Signature of Parent/Guardian

Date