



Long County Schools
 Dr. Robert Waters, Superintendent
 P. O. Box 428
 Ludowici, Georgia 31316
 Telephone: (912) 545-2367
 Fax: (912) 545-2380

Notice to Parent

Date: _____

To the parent(s)/guardian(s) of _____:

There will be a Pyramid of Interventions Team meeting concerning your child on _____ (date) at _____ (time) in _____ (location). The purpose of this meeting will be to review all relevant information about your child and to develop appropriate interventions to meet his/her needs.

The following people have been invited to attend this meeting:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You are invited and urged to participate in this meeting. If you would like more information about this meeting or would like the meeting date and/or time changed, please contact _____ (Title) _____, or your child's teacher.

Sincerely,

Please check one and return this form to your child's teacher.

_____ **I will attend this meeting.**

_____ **I will not be attending this meeting and understand that I may request a copy of the Team recommendations.**

Signature _____ Date _____
 (Parent/Guardian/Surrogate)

Attachment: Response To Intervention: Information for Parents