ATCAA EARLY CHILDHOOD SERVICES
Head Start/State Preschool

STUDENT STUDY TEAM

CONFERENCE NOTICE

Date of Notice: _____

To the Parent/Guardian of: _____ Class: _____

Parent/Guardian Name: _____ Address: _____

Date of Meeting: _____ Time: _____ Location: _____

A conference is being scheduled to write a plan of support for your child to improve his/her educational program. Your ideas are valuable in arriving at a plan that best assists your child in their preschool experience. Please indicate below if this date and time for the meeting is convenient, if not please let us know a better time.

The following people have been invited and have received a copy of this notice:

Teacher		Health Services Manager	
Associate Teacher		Mental Health Consultant	
Family Advocate		Other	
Child Health & Dev. Specialist		Other	
Family Services Manager		Other	

The purpose for this support plan: _____

_____

_____

If you have any questions or need to reschedule please call: _____

" "

(detach and return to your childs' teacher)

Child's Name: _____ Class: _____

O I will attend the scheduled meeting.

O I am unable to attend the meeting, but could attend on: (date)_____ (time)_____

O I will bring/send the following person: _____

Parent/Guardian Signature: _____ Date: _____