DEPARTMENT OF DEFENSE
EDUCATION ACTIVITY
IWAKUNI ELEMENTARY SCHOOL
PSC 561 BOX 1874
FPO AP 96310-0013

Date:_____

Dear _____,

Your child's teacher, _____, is requesting the assistance of the Student Support Team (SST) at Iwakuni Elementary School due to the following concerns:_____

_____.

The Iwakuni Elementary School SST is comprised of general education teachers and specialists. This team of educators reviews student files, observes students in the classroom setting, and often recommends routine screenings (hearing and vision, reading, etc.). The SST works closely with each student's teacher(s) to ensure that he or she is experiencing the optimum learning environment. The team will often make referrals/recommendations for additional services based on the student's individual needs which could include: a behavior plan, vision/hearing screening, academic screening, tutoring, counseling, classroom accommodations, modified curriculum, or a more formal evaluation.

Please sign and return one copy of this letter confirming that you have received this letter and are aware of the difficulties your student is having. SST will proceed to discuss and monitor your child's progress as appropriate. We will keep you informed of all recommendations and you will be contacted if the team determines the need for further evaluation, or if recommendations are made to modify your child's school day in any way. Please contact your child's teacher(s) or school counselor if you have any questions about this process.

Respectfully,

The Student Support Team

Student's Name:_____

☐ I have received the SST information letter and am aware of the concerns regarding my child.

Comments: _____

_____

Signed_____ Date_____