

Date:

Student:

Dear \_\_\_\_\_,

In order to meet your child's learning needs, \_\_\_\_\_ will participate in interventions that are not provided to all students in the classroom. This process will include the assessment of your child's response to scientific, research-based interventions with the intention of increasing your child's success rate of learning grade level skills in \_\_\_\_\_.

The following evidenced-based interventions will be used: **(list strategies or programs)**

The intervention/s will be delivered:

As these strategies are implemented, your child's performance data will be collected, reviewed and recorded. The data will be collected every \_\_\_\_\_ in the form of \_\_\_\_\_.

The goal of this intervention is to have your child make adequate progress after the intervention has been implemented for an appropriate period of time. Your child's goal is :

Our plan is for your child to be successful. However, in the event that your child has not made adequate progress after these interventions have been implemented for a specific period of time, we will schedule a meeting to discuss the next steps. These steps may include more time in an intervention, or trying different interventions to design the most appropriate instructional program.

Thank you for the opportunity of educating your child. We look forward to working with you and your child.

Sincerely,

Classroom Teacher Name

Classroom Teacher Phone Number