



**Albuquerque Public Schools**

Response to Intervention/  
Student Assistance Team

Winston Brooks  
SUPERINTENDENT

Linda Sink  
CHIEF ACADEMIC OFFICER

**Date** \_\_\_\_\_

**Dear** \_\_\_\_\_

As a follow-up to our previous conversation, I would like to invite you to a meeting on

\_\_\_\_\_ at \_\_\_\_\_.

The purpose of this meeting is to share information about your child, \_\_\_\_\_, and to discuss how we can work collaboratively to provide school support. If this time is not convenient for you, we will work with you to find a time that is better for you.

The school has a Student Assistance Team (SAT) whose purpose is to review the educational needs and progress of any student who may require additional educational support. Staff members who work with your child will be at this meeting. The team will review existing data and determine if additional support is necessary. If there is anyone who you would specifically like to attend from school or elsewhere, please let us know.

We need your input and participation in working with us to meet your child's needs. Attached to this letter is a Parent Survey and Permission form that you need to fill out and return to the school before the scheduled meeting. If you have questions or concerns, please do not hesitate to call me.

Sincerely,

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent Survey and Permission

Please fill out both sides and return by \_\_\_\_\_

**Student Name** \_\_\_\_\_ **ID Number** \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

We would like to do the following screenings to better assess the needs of your child:

- |                                 |                                  |                                      |                                   |
|---------------------------------|----------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> vision | <input type="checkbox"/> hearing | <input type="checkbox"/> speech      | <input type="checkbox"/> language |
| <input type="checkbox"/> motor  | <input type="checkbox"/> gifted  | <input type="checkbox"/> observation | <input type="checkbox"/> academic |

\_\_\_\_\_ I give my permission for additional screening if needed OR

\_\_\_\_\_ I do not give my permission for additional screening

\_\_\_\_\_ I will be able to attend the SAT meeting OR

\_\_\_\_\_ I will not be able to attend the SAT meeting

\_\_\_\_\_ I need an interpreter (Necesito un traductor)

(Signature) \_\_\_\_\_ (Relationship to student) \_\_\_\_\_

**Student Name** \_\_\_\_\_

1. What are your child's greatest strengths?
  
2. What are your child's interests?
  
3. In what area(s) do you see your child needing the most improvement?
  
4. What is your biggest concern to target in your child's education?
  
5. What interventions or support do you feel your child responds to best?
  
6. Does your child have difficulty completing homework?
  
7. Does your child receive special support outside of school? (tutoring, therapy)
  
8. Is there anything else that you want us to know about your child?
  
9. What is the best time of day for you to meet with school staff?
  
10. What is the best way to contact you? Phone\_\_\_\_\_ email\_\_\_\_\_ other \_\_\_\_\_

Survey completed by \_\_\_\_\_