THE SCHOOL DISTRICT OF PHILADELPHIA ABC ELEMENTARY SCHOOL

400 N. BROAD STREET, PHILADELPHIA, PA 19130

John Doe, Principal	Telephone: 215-400 – 4180 Fax: 215-400 - 4181
Student's Name:	Grade:
Teacher:	Date:
RtII Parer	nt Notice
Dear Parent/Guardian:	
As part of the school-wide Response to Instruct constantly monitor academic performance, atternation allows us to identify the students who may areas and put the necessary support in place be	endance and behavior of all our students. y need additional support in any of these
I would like you to know that the examination child,	
(please identify the area of need and particular skills which	will be addressed in the RtII process).
To address this need your child will be getting t	the following additional support:
(describe what programs and services the student will be rece	eiving, for what period of time and how often).
Here are some of the things that you/your child he/she is making at school:	
If you have questions or need additional inform telephone:, e-ma	
You can also use the RtII parent contact form a comments and concerns and send them back to allows you to request a call or a meeting. We phours of receiving it.	o school with your child. The form also
Sincerely,	
Mary Jones, Intervention Coordinator (or other Title)

Translated versions of this document are available at: www.philasd.org/translation (search word "wyzxRTII")

RtII Parent Contact Form

If you have any questions or concerns about your child's RtII plan please return this form to school

Parent's Name	Date:
Student's Name	Grade:
Teacher:	
☐ I am requesting a call-back	
Questions / comments:	
Day-time phone: Alter	rnative phone:
E-mail:	<u> </u>
Preferred method of contact:	
☐ Telephone call ☐ E-mail ☐ Written res	sponse sent home with the student
Preferred time of contact (for telephone calls of	nly): from to
If requesting a meeting, what time works best	for you? (Check all that apply.)
☐ Morning, before school starts ☐ During s	chool day Afternoon, after classes