Hi __________________________.  

Date: __________________________

The Specialist Team met to review your student, ________________________________

We need:

○ Provide additional documentation/complete teacher request for assistance form fully
○ Contact parent and complete parent-teacher CICO contact form to _________________. 
  Your student can begin CICO once this is complete and confirmed.

We will:

○ Continue to monitor the student’s progress.
○ Schedule an individual student planning/student study team/BSP/IEP review. We would like to have the meeting completed no later than ____________________________.
○ Conduct a speech/language and/or occupational therapy informal screening to determine if further evaluation is necessary.
○ Enroll in CICO program. Student will begin CICO on _________________.
○ Share resources with parent.
○ ________________ Will come talk to you about your concerns.
○ Other: ________________________________________________________________

If you need help sooner, please contact me.

Thank you,

______________________________