CLAYSBURG-KIMMEL ELEMENTARY SCHOOL



240 CK Elementary Drive Claysburg, PA 16625

Phone: 814-239-5144 Fax: 814-239-8994

Dear Parent or Guardian,

STUDENT NAME:

Team. The Intervention Team a to identify and implement appr behaviorally or socially/ emotion Your child was referred child is having difficulty	t Claysburg-Kimmel Elementary is opriate interventions for students anally and help them develop age-ato the team by We believe to the team by We believe to not the team by to the elementary school on the student to participate in this programment to participate in this programment data and implement student terventions offered by team are states.	This person has reported that your hat your child could benefit from this letter, you will find a permission ool, as soon as possible. am, you are giving the Intervention at-specific interventions for your eparate from special education or provide special education services
contact one of the faculty mem will be contacted shortly to par also encourage you to take the	bers listed below. Once this permi ticipate in a planning meeting rega	formation, please do not hesitate to ission form is received by the team, you arding intervention services. We would form, as your input is a valuable part natter!
Sincerely,		
Matthew Hall Elementary Principal mhall@cksdbulldogs.com	Matthew Bilchak Intervention Team Member mbilchak@cksdbulldogs.com	Denelle Diehl Intervention Team Member ddiehl@cksdbulldogs.com
 I DO give consent for my child to participate in the Intervention Program at Claysburg-Kimmel Elementary School (for the remainder of the 2018-2019 school year AND for the 2019-2020 school year). I DO NOT give consent for my child to participate in the Intervention Program at Claysburg-Kimmel Elementary School. 		
Relationship to Student	·	