



n A. Kresse, Ph.D. PRINCIPAL

Alicia E. Barinas ASSISTANT PRINCIPAL

Tandy J. Hamilton ASSISTANT PRINCIPAL

Angela R. Hannah ASSISTANT PRINCIPAL

Date:

To the Parent(s) Of:

Your child has been referred to the Student Support Team (SST) as a student who may benefit from some additional support in school. The Student Support Team in your child's building may provide additional support in the form of a daily check in/check out program or a group held once per cycle to address issues such as organizational skills, ability to focus, work completion and/or peer interactions. These services would be provided with the intention of improving your child's school experience and dealing with any school related needs, whether social or academic. These services are not meant to replace any counseling services or support that they may be receiving outside the school setting.

If you DO NOT agree with your child receiving additional support from the SST, please sign the release form, found on the reverse side of this page, declining services and return to the Student Support Team. Please be aware that these services are available on an ongoing basis, so if you choose to decline at this time they would be available in the future. You can contact us at 816-4230 x1107 with questions or concerns.

Sincerely,

*The Student Support Team
City Honors School
716-816-4230 x1130*

w w w . c i t y h o n o r s . o r g

186 EAST NORTH STREET BUFFALO, NEW YORK 14204

TEL 716.816.4230

FAX 716.888.7145





City Honors School

AT FOSDICK-MASTEN PARK

n A. Kresse, Ph.D. PRINCIPAL

Alicia E. Barinas ASSISTANT PRINCIPAL

Tandy J. Hamilton ASSISTANT PRINCIPAL

Angela R. Hannah ASSISTANT PRINCIPAL

Parent Information for Student Support Team Intervention

I am the parent/legal guardian of _____ . At this time, I decline the above described services for my child.

_____ I DO NOT give consent for intervention with my child by the Student Support Team in his/her school.

Parent signature

Date

