

## Request for SST Implementation

CASA NAME

CASA of \_\_\_\_\_ County

Address

Address

City, State Zip Code

DATE

SST COORDINATOR

SCHOOL

STREET

CITY, STATE ZIP

Re: CHILD, DOB MM/DD/YYYY

Dear COORDINATOR:

I have been assigned as the Court Appointed Special Advocate (CASA) for CHILD, DOB MM/DD/YYYY (see attached court appointment order).

I would like to arrange a meeting to discuss the implementation of a Student Support Team plan to meet CHILD'S needs. Given HIS/HER history, additional support and ongoing monitoring is requested to ensure that CHILD is making adequate social, emotional, academic, and behavioral progress.

I appreciate your consideration and look forward to hearing from you with a proposed meeting date and time.

Sincerely,

CASA NAME

Cc: CASA Advocacy Coordinator  
DFCS Case Manager