

To the parents of ................................... [student’s name]

Class …...............................

**Subject:** Call for the student’s family about the preparation of a Personalized Learning Plan (Italian PDP)

Dear parents,

The undersigned teacher, Mr / Mrs ................................. , as class coordinator and tutor of the student, requires your availability for a meeting at school, in order to talk to you about the preparation of the Personalized Learning Plan, as required by the current regulations concerning students with specific learning disorders (Italian DSA).

The suggested date for the meeting is as follows: ..............................................

For a confirmation of your participation, or a variation request in case you are unable to participate, please contact the school by phone on the following numbers: .....................................

School Premises in Asola: 0376/710423

School Premises in Gazoldo: 0376/657168.

Otherwise, you can contact the teacher at the following email address: …......................................

Awaiting your reply, we remain Yours sincerely.

Asola / Gazoldo, ...................

 Mr / Mrs ............................................