

2017-2018 Elementary (K-4) Title 1 Parent Letter

Date:

RE:

Dear Parent/Guardian(s):

The Ventnor Educational Community Complex is committed to supporting the academic needs of its students. Under *Every Student Succeeds Act (ESSA)*, we are required to identify students who need additional academic support in language arts and/or mathematics.

Based on the criteria below, it was determined that your child is eligible to receive extra support in the area(s) indicated below.

_____ English Language Arts

_____ Mathematics

_____ Teacher Recommendation (K-4)	_____ Teacher Recommendation (K-4)
_____ Guided Reading Level ____	_____ Benchmark score
_____ Final Report Card Grade _____	_____ Final Report Card Grade _____

The academic support and program that your child receives will be specific to his/her needs. Your child's progress will be monitored regularly by the basic skills instructor as well as their regular classroom instructor. The classroom teacher will keep you informed of their progress.

In order to exit the Title 1 program, your child must meet the following criteria:

- Teacher recommendation, Benchmark scores, final report card grade

Also, to demonstrate our commitment to your child's education, please review the attached school involvement policy and Ventnor School's School/Parent/Student Compact. The district involvement policy and further information on ESSA can be found on our website at www.vecenj.org

We look forward to working in partnership with you to support your child's academic success.

Sincerely,

Mrs. Carmela Somershoe
Principal, Ventnor Elementary School

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Services Provided

_____ English Language Arts

_____ Mathematics

___ Support in classroom (push in)	___ Support in classroom (push in)
___ Additional ELA period (Double dip)*	___ Academic After school
___ Academic After school	

*Depending on your child's needs, provided during a portion of cycle classes 2-3 days a week for small group instruction.

Participation form/ parental consent

I understand and agree with my child's participation in the Basic Skills Program.

Child's Name _____ Grade _____

Homeroom Teacher _____

Parent/Guardian Signature _____ Date _____

Parent Contact Information:

Phone #: _____

Email: _____

** Please complete this form as well as attached School/Parent Compact and return to the Elementary office.