

2016-2017 Middle (5-8) 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 *No Child Left Behind* (NCLB), 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 (5-8)	_____ Teacher Recommendation (5-8)
_____ 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 classroom instructor. The classroom teacher will keep you informed of their progress. You can access all grades through the parent portal available on our school's website.

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 NCLB can be found on our website at [www.vecenj.org](http://www.vecenj.org)

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

Sincerely,

Mr. Robert Baker  
Principal, Ventnor Middle School

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Services Provided

\_\_\_\_\_ English Language Arts/Reading

\_\_\_\_\_ Mathematics

_____ Support in classroom (Push in)	_____ Support in classroom (push in)
_____ Academic After school	_____ Academic After school

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 Middle School office.