Title 1 Before/After School Learning Academy – M.S. ELA
Welcome Letter

Dear [Name],

Our school provides supplemental Title I - Academic Support services for students who demonstrate a need for academic support in the area of English Language Arts. Students who qualify for support through the Academic Support program benefit from a curriculum and instructional program that is designed to reinforce foundational skills in English Language Arts (ELA), all of which are necessary to be successful in school and achieve college and career readiness. Supplemental Title I Academic Support is provided for eligible students through a NCLB highly qualified certified teacher, who will provide additional support during before/after school instruction.

Multiple measures are reviewed to determine whether students may need additional support through an Academic Support Instructional Program as well as for exiting criteria. In English Language Arts, these measures include the PARCC; published writing samples; classroom/grade level assessments; and grades on the district’s report card. Additionally, overall classroom performance and teacher/parent recommendations are used to indicate whether students may qualify for an Academic Support program. This letter is to inform you that your child qualifies for enrollment in our Academic Support Instructional Program at [School Name]. In addition to teacher recommendation, this determination was based on the following measures:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Month/Year</th>
<th>Score/Level</th>
<th>Goal/Exit Criteria</th>
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<tbody>
<tr>
<td>PARCC</td>
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<td>Published writing samples</td>
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<td>Grade Level/Classroom Assessments:</td>
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<tr>
<td>Report Card Grades:</td>
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Through Academic Support Instruction, your child will be eligible to receive supplemental instruction in English Language Arts before/after the school day. You, as the parent or guardian, have the right to decline these services being offered to your child. In doing so, it must be understood that your child’s academic progress towards the goal listed above, may be limited.

During the program, parent communication of participating students will be provided in order to discuss all matters concerning your child’s progress as well as any adjustments that may be necessary in your child’s instruction. Your involvement in your child’s education is always most welcome. We look forward to working with your child. If you have questions concerning our program, or wish to discuss the identification process used in determining your child’s eligibility, please contact me at (732) [phone number] extension [extension]. Please complete the attached portion of this letter, and return it to your child’s guidance counselor by [Due Date].

Sincerely,

[Signature]

Guidance Department

Please sign and return this portion of this letter to your child’s teacher.

☐ I have received a copy of this letter, and understand that my child will be receiving supplemental After/Before tutoring support from an NCLB highly qualified certified teacher during his/her English Language Arts session.

☐ I have questions, and would like to speak to the Academic After/Before School Tutoring teacher regarding the program.

Child’s name: ___________________________  Grade: ____________
Parent/Guardian Signature: ___________________________  Date: ____________
MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS
834 Leonardville Road, 2nd Floor
Leonardo, NJ 07737
(732) 671-3850 Ext. 1042
Fax: (732) 291-2364
vanglahn@middletownk12.org

William O. George III, Ed.D.
Superintendent of Schools

Mrs. Lucinda Van Glahe
Supervisor K-8 Language Arts

Title 1 Before/After School Learning Academy – M.S. Math
Welcome Letter

Dear

Our school provides supplemental Title I - Academic Support services for students who demonstrate a need for academic support in the area of Mathematics. Students who qualify for support through the Academic Support program benefit from a curriculum and instructional program that is designed to reinforce foundational skills in Mathematics, all of which are necessary to be successful in school and achieve college and career readiness. Supplemental Title I Academic Support is provided for eligible students through a NCLB highly qualified certified teacher, who will provide additional support during before/after school instruction.

Multiple measures are reviewed to determine whether students may need additional support through an Academic Support Instructional Program as well as used for exiting criteria. In Mathematics, these measures include the Math Quarterly; PARCC scores; classroom/grade level assessments; and grades on the district’s Middle School report card. Additionally, overall classroom performance and teacher/parent recommendations are used to indicate whether students may qualify for an Academic Support program. This letter is to inform you that your child qualifies for enrollment in our Academic Support Instructional Program at __________. In addition to teacher recommendation, this determination was based on the following measures:

<table>
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<th>Score/Level</th>
<th>Goal/Exit Criteria</th>
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<tbody>
<tr>
<td>Math Quarterly</td>
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<td>PARCC</td>
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<tr>
<td>Report Card Grades:</td>
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</tbody>
</table>

Through Academic Support Instruction, your child will be eligible to receive supplemental instruction in Mathematics before/after the school day. You, as the parent or guardian, have the right to decline these services being offered to your child. In doing so, it must be understood that your child’s academic progress towards the goal listed above, may be limited.

During the program, parent communication of participating students will be provided, in order to discuss all matters concerning your child’s progress as well as any adjustments that may be necessary in your child’s instruction. Your involvement in your child’s education is always most welcome. We look forward to working with your child. If you have questions concerning our program, or wish to discuss the identification process used in determining your child’s eligibility, please contact me at (732) __________, extension __________. Please complete the attached portion of this letter, and return it to your child’s guidance counselor by __________.

Sincerely,

Guidance Department

Please sign and return this portion of this letter to your child’s teacher:

☐ I have received a copy of this letter, and understand that my child will be receiving supplemental in-class support from an NCLB highly qualified certified teacher during his/her Mathematics session.

☐ I have questions, and would like to speak to the Academic Support teacher regarding the program.

Child’s name: ____________________________  Grade: __________
Parent/Guardian Signature: ________________________  Date: __________