

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS

834 Leonardville Road, 2nd Floor
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 Fax: (732) 291-2364
 vanglahnc@middletownk12.org

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

Mrs. Lucinda Van Glahn
 Supervisor K-8 Language Arts

Title 1 Fall Before/After School Learning Academy – ELA 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 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 used for exiting criteria. In English Language Arts, these measures include the DRA2; On-Demand writing samples; classroom/grade level assessments; and indicators on the district's standards-based report card. Additionally, overall classroom performance and teacher 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:

Measure	Month/Year	Score/Level	Goal/Exit Criteria
DRA2			
On-Demand writing samples			
Grade Level/Classroom Assessments: _____ _____			
Standards-based Report Card Indicators: _____ _____			

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) _____, extension _____. Please complete the attached portion of this letter, and return it to your child's teacher by _____.

Sincerely,

 Academic After/Before School Tutoring Teacher

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: _____

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Title 1 Fall Before/After School Learning Academy – 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 Quarterlies; The Number Knowledge Test (TNKT); classroom/grade level assessments; and indicators on the district's standards-based report card. Additionally, overall classroom performance and teacher 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:

Measure	Month/Year	Score/Level	Goal/Exit Criteria
Math Quarterlies			
TNKT			
Grade Level/Classroom Assessments: _____ _____			
Standards-based Report Card Indicators: _____ _____			

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 teacher by _____.

Sincerely,

 Academic After/Before School Tutoring Teacher

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: _____
 Parent/Guardian Signature: _____

Grade: _____
 Date: _____