

ROY W. BROWN MIDDLE SCHOOL

130 SOUTH WASHINGTON AVE
BERGENFIELD, NEW JERSEY 07621
201-385-8847

Free Tutoring for Your Child!

Dear Parent/Guardian,

Help your child succeed in school – sign up for free tutoring! This is a great opportunity to help your child without any cost to you. As a result of the federal *No Child Left Behind Act* (January 2002) and because Roy W. Brown Middle School has been designated a *School in Need of Improvement* (SINI) for the second year in a row, your child, based on family income, is eligible to receive academic tutoring to help him or her do better in school and on the state assessment (NJASK) in May.

You can choose a free tutoring program that best meets your child's needs from the list of approved tutoring programs in your area. These programs, which have been approved by the state department of education, will provide your child with tutoring that is coordinated with what is being taught in school and may improve your child's academic skills. Research from the federal government has shown that students who participated in this free tutoring program made significant gains in student achievement. I have provided a list of approved tutoring programs in the area, however, a complete list of the providers can be found at www.nj.gov/education/title1/program/ss/providers/apprv-1011/index.html. The list of tutoring programs gives you a description of each program, the qualifications of the tutors, and information about each program's effectiveness. It also indicates the programs that serve students with disabilities and/or limited English proficiency.

When deciding which tutoring program is best for your child, you may want to ask these questions:

- When and where will the tutoring take place (at school, home, a community center)?
- How often and for how many hours in total will your child be tutored?
- What programs, by grade levels and subject areas, are available for your child?
- What type of instruction will the tutor use (small group, one-on-one, or the computer)?
- What are the tutors' qualifications?
- Can the tutor help if your child has a disability or is learning English?
- Is transportation available to and from the location where the tutoring will take place?

Please contact me via email at swright@bergenfield.org or via telephone at 201-385-8847, extension 2301, if you have any questions about this tutoring program. Otherwise, kindly select a tutor now by completing the enclosed provider selection form and having your child return it to the main office no later than Friday, October 28, 2011. Once you submit your application, you will receive a letter telling you when the free tutoring will start. Of course, you also have the option to decline the aforementioned services.

Yours in education,

Shana L. Wright
Principal

Enclosures: Approved Provider List
Provider Selection Form

Supplemental Educational Services Provider Selection Form

Name of Student:		
School:		
Date of Birth:	Grade:	
Address:		
City, State, Zip:		
Home Phone #:	Evening #:	Cell #:

Directions: Please complete Section A if your child **WILL** participate in the supplemental educational services program and Section B if your child **WILL NOT** participate in the supplemental educational services program. If your child **WILL** participate, please select three providers you feel will best serve the needs of your child. Rank them in order of preference. Efforts will be made to accommodate your first choice, but space constraints or other factors may restrict us from offering that option. In that case, we will enroll your child with your second or third choice respectively.

Check the boxes that apply:

SECTION A:

- My son/daughter **WILL** participate in the Supplemental Educational Services program.
- I am selecting the following state-approved provider from the approved list provided to me.

First Choice	
Second Choice	
Third Choice	

- I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my child.
- I understand that the provider will regularly inform me and the student's teacher(s) of the student's progress.
- I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.
- I understand that academic achievement records for my child will be released to the SES provider so that they may create an Individualized Learning Plan for my child, based on his/her academic needs.

SECTION B:

- My son/daughter **WILL NOT** participate this academic year in the supplemental educational services program.

(Printed name of parent/guardian)

(Signature of parent/guardian)

(Date)