PUBLIC SCHOOL DISTRICT

WASHINGTON ELEMENTARY SCHOOL

Where Children Come First

49 South Summit Street • Bergenfield, NJ 07621 • (201) 385-8771 Thomas J. Lawrence Principal

September 2023

Dear Parent/Guardian, Your child_		has been selected
to participate in the Washington Sc	hool Targeted Assistance Title I pro	ogram for the 2023-2024
school year. This is an intervention	program designed to meet student i	needs by providing
additional academic supports and re	esources. Such interventions include	e access to targeted
instruction through the BSI push-in	n and/or pull-out program as well	as other items that are
	ance into this program is determine	
	the following: Scoring below 30th	
	ssessments, reading 1-2 levels below	
report card grades, and teacher reco		· urpinu retter empeetuurem,
Language Arts Literacy		
Mathematics		
	ighout the year as needed. However	exit criteria includes but
	eting national norms on the STAR R	
	nents in ELA/Math, reading at grade	
card grades and teacher recommend		rever expectation, report
cara grades and teacher recomment	aution.	
Additionally we ask that you pleas	e take time to view our School-Pare	ent Compact, which
• • •	chool, parent, and the students invo	* '
•	each year, and your input is a critic	
	ss. We will be meeting on the eveni	
	in the multipurpose room to discuss	<u> </u>
	Assistance program, and we hope to	
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Please complete this form in regard	to participation in the Title I progra	am and return to the
1	than Wednesday, September 21, 2	-
washington school office no later	man Wednesday, September 21, 2	1025.
Ves. I have read and i	inderstand the School-Parent compa	act and would like my
child	inderstand the School Larent compa	et and would like my
	to have access to the additio	nal academic supports and
Print Child's First and Last Name		11
participate in the Title I Targeted A	ssistance Program for the 2023-202	4 school year.
 :	nild to have access to the additional	* *
participate in the Title I Targeted A	Assistance Program for the 2023-202	4 school year.
Drivet Name of Domont/Consultan	Cianatana of Donant/Cara 1	
Print Name of Parent/Guardian	Signature of Parent/Guardian	Date