



HOOVER ELEMENTARY SCHOOL

Where Children Come First

273 Murray Hill Terrace • Bergenfield, NJ 07621 • (201) 385-8582

William H. Fleming
Principal

September 2020

Dear Parent/Guardian,

Your child _____ has been selected to participate in the Hoover School Targeted Assistance Title I program for the 2019-2020 school year. This is an intervention program designed to meet student needs by providing additional academic support and resources. Such interventions include access to the BSI push-in and/or pull-out program as well as other items that are integrated into the school day. Entrance into this program is determined by evaluating multiple criteria, including but not limited to the following: Scoring below 30th percentile on STAR Reading and/or Math, reading 1-2 levels below alpha letter expectation, report card grades, and teacher recommendation.

_____ Language Arts Literacy

_____ Mathematics

Students will receive services throughout the year as needed. However, exit criteria includes, but is not limited to the following: Meeting national norms on the STAR Reading or Math or earning a 750 on NJSLA assessments in ELA/Math, reading at grade level expectation, report card grades and teacher recommendation. Additionally, we ask that you please take time to view our School-Parent Compact, which outlines the responsibilities of the school, parent, and the students involved in the Title I program. This document is revised each year, and your input is a critical component to your child’s academic growth and success. We will be meeting on the evening of TBD in the gym to discuss this document and other components of the Title I Targeted Assistance program, and we hope to see you there.

++++
Please complete this form in regard to participation in the Title I program, and return to the Hoover School Office no later than Wednesday, September 18, 2020.

_____ Yes, I have read and understand the School-Parent compact and would like my child _____ to have access to the additional academic supports (Print Child’s First and Last Name) and participate in the Title I Targeted Assistance Program for the 2020-2021 school year.

_____ No, I do not wish for my child to have access to the additional academic support and participate in the Title I Targeted Assistance Program for the 2020-2021 school year.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date