



WASHINGTON ELEMENTARY SCHOOL

Where Children Come First

49 South Summit Street • Bergenfield, NJ 07621 • (201) 385-8771

Thomas J. Lawrence
Principal

September 2020

Dear Parent/Guardian,

Your child _____ has been selected to participate in the Washington School Targeted Assistance Title I program for the 2020-2021 school year. This is an intervention program designed to meet student needs by providing additional academic supports and resources. Such interventions include access to the computer-based programs of **Freckle Math** and **Study Island** and through 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 PARCC 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 **Thursday, September 21, 2020 at 6:30 P.M.** in the multipurpose room to discuss this document and other components of the Title I Targeted Assistance program, and we hope to see you there.

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Please complete this form in regard to participation in the Title I program, and return to the Washington School Office no later than **Wednesday, September 20, 2020.**

_____ **Yes**, I have read and understand the School-Parent compact and would like my child

_____ to have access to the additional academic supports 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 supports 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