



HOOVER ELEMENTARY SCHOOL

Where Children Come First

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

William H. Fleming
Principal

September 2023

Dear Parent/Guardian,

Your child _____ has been selected to participate in the Hoover School Targeted Assistance Title I program for the 2023-2024 school year. This is an intervention program designed to meet student needs by providing additional academic supports and resources. Such interventions include access to targeted instruction 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 district- selected standardized benchmark assessments, 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 proficient status 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 **Wednesday, September 28, 2023 at 5:45 P.M.** in the gym 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 Hoover School Office no later than **Wednesday, September 28, 2023.**

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

_____ to have access to the additional academic supports and

Print Child’s First and Last Name

participate in the Title I Targeted Assistance Program for the 2023-2024 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 2023-2024 school year.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date