

Cherry Hill Public Schools
Thomas Paine Elementary School
Title 1 – Parent Permission for Placement
(TARGETED ASSISTANCE SCHOOL)

Dear parent/guardian of:

Your child has been selected to receive additional educational services through our Title I program. The purpose of a Title 1 program is to improve the educational opportunities of the students being served by providing additional instruction to help them achieve success in the regular educational program. Selection of students into the Title 1 program is based on the following general criteria:

1. Student performance on state assessment
2. Student performance on district and classroom assessments
3. Teacher recommendation

Upon reviewing your child's records (district assessments, MAPS progress, cumulative folder, running records, DAZE, Dibbles etc...) and visiting with your child's classroom teachers, the result indicate that extra instruction would be beneficial. This extra instruction may be provided before school, after school, in the classroom and at home. The goal of our Title I programs is to assist your child in developing and expanding the reading, language arts, and math skills taught in the classroom. Please note, these services are provided in addition to the regular instruction your child is receiving in the classroom.

We will be hosting an informational parent meeting to discuss our programs and instructional supports we have put in place this year. **This meeting will take place on Tuesday, October 13th at 6: 30 pm in the media center.**

Placement of a child into Title I services is always done with parent knowledge and consent. Please sign below and check no if you do not want your child to receive Title I services. If you have any special instructions for the Title I teacher(s), please check yes below and provide us with that information. If we do not receive this form back from you, your child will receive Title 1 services. We will be available to answer any questions after the presentation. At this meeting, we hope to introduce you to the specifics of the Title I program as well as display student's work.

_____ **No, I do not want my child to receive Title I services.**

_____ **Yes, I would like my child to receive Title I services.**

Student Name: _____ Grade: _____

Parent/Guardian: _____ Signature Date: _____

Special Instructions: (please write below):

Title I Contact Information

School Title I Coordinator: **Dr. Kirk M. Rickansrud**

Telephone: **856-755-1491**

Web Information: **Title I information is located on the Principal's E-board**

http://www2.eboard.com/eboard/servlet/BoardServlet?ACTION=BOARD_SHOW&SITE_NAME=cherryhill&BOARD_NAME=rickansrud&SESSION_ID=macvot1133run98591

Attached to this official documentation is our Learning Compact. Please review the document and provide signatures under the student and parent/guardian boxes. I have signed the document as the Principal. When your child returns the form, their classroom teacher will sign off on the compact and file it as a reminder of our united commitment to our young people.