

Ballston Spa

Educating Everyone Takes Everyone

C E N T R A L S C H O O L D I S T R I C T

Malta Avenue Elementary, Milton Terrace Elementary, Gordon Creek Elementary, Wood Road Elementary

Date: _____

Dear Parent(s)/Guardian(s) of _____

Grade: K 1 2 3 4 5

Our district is committed to ensuring the success of all students. This letter is to inform you that your child qualifies for **Academic Intervention Services** (AIS) for the 2015-2016 school year. These services are designed to help students achieve the state learning standards.

Your child qualifies for these services based upon the following:

English Language Arts

- ___ Harcourt English Language Arts Program Assessments
- ___ New York State Testing
- ___ District Assessments
- ___ Received services at previous school

Math

- ___ *Go Math* Assessments
- ___ New York State Testing
- ___ District Assessment
- ___ Received services at previous school

Your child will receive the following support service(s):

ELA

- ___ **Monitored Services:** Periodic communication between the classroom teacher and the academic interventionist to review student progress.
- ___ **Tier II:** Meet regularly with your child to provide small group support and instruction 2-5 times per week for 20-40 minutes.
- ___ **Tier III:** Individualized reading program. Intensive individualized small group instruction 3-5 times per week for 30-40 minutes.

Your child's academic interventionist(s) will be: _____

Math

- ___ **Monitored Services:** Periodic communication between the classroom teacher and academic interventionist to review student progress.
- ___ Small group instruction to review skills learned minimally 2 times per week either in a push-in or pull-out service.

Your child's academic interventionist will be: _____

Instruction will be focused on developing specific skills that will meet your child's individual needs so he/she will be successful Common Core State standards.

This form includes a Parent-School Compact mandated by New York State, to be signed by both the child's academic interventionist and their parent(s). The agreement simply states that both parties will work toward the benefit and advancement of the student. Please sign the form and return it to your child's classroom teacher as soon as possible.

Sincerely,

Building Principal

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Support Services:

Grade: K 1 2 3 4 5

ELA ____: Monitored Small Group

Math ____: Monitored Small Group

Parent - School Compact

The school and parents working together to provide for the successful education of the children agrees to the following:

| The School agrees: | The Parent/Guardian agrees: |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| To conduct annual meetings for the Title I parents to inform them of the Title I program. | To use the information programs offered through the school. |
| To provide parents with information about school programs. | To support the school program. |
| To provide parents with testing information regarding student performance. | To monitor my child's performance at school (attendance, homework, participation). |
| To provide quality instruction. | To share the responsibility for my child's achievement. |
| To communicate with parents through parent/teacher conferences. | To communicate with the teachers regarding my child's educational needs. |

The school agrees:

The Parent(s)/Guardian(s) agrees:

Date: _____

Date: _____

Student Name: _____

Academic Interventionist(s): _____

Parent/Guardian Signature: _____

Please sign and return to your child's academic interventionist. Thank you.

Cc: Student File