



Kalispell Public Schools

233 1st Ave. East - Kalispell, Montana 59901

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SUPERINTENDENT	ASST. SUPERINTENDENT	HUMAN RESOURCES	FEDERAL PROJECTS
Darlene Schottle Ed.D. Phone (406)751-3434	Dan Zorn Ed.D. Phone (406)751-3434	Karen Glasser Phone (406)751-3444	Chris Bilant Phone (406)751-3408

August 29, 2013

Dear Parent or Guardian:

During the 2012-13 school year, Kalispell Middle School was one of seven schools in the Kalispell Public Schools district to received federal Title I funding under the *No Child Left Behind Act of 2001*. All schools receiving Title I funds must show that students are improving in their test scores on statewide assessments; this is referred to as Adequate Yearly Progress, or AYP. If a school does not make AYP for two consecutive years, parents must be notified. In addition, the district must make available additional help (known as Supplemental Educational Services, or SES) for eligible students upon parent request.

Your child may be eligible for supplemental services. These services will be provided before or after school at no cost to you. Participation in an SES program is kept confidential. If you are interested in having your student receive this additional help, please complete the form below and return to Heidi Rogers in the KMS Guidance Office. At that time you will be given a list of organizations approved by the Office of Public Instruction to provide this service.

All decisions regarding participation in SES, including the selection of the provider you wish to use, must be completed September 30, 2013. We encourage you to contact us as soon as possible if you have questions regarding this notice or your child's eligibility to participate. You may call me at 751-3434.

Thank you,

Dan Zorn, Ed.D.
Assistant Superintendent

If you wish your student to participate in Supplemental Educational Services, please complete this form and return to Heidi Rogers in the KMS Guidance Office by September 30, 2013. At that time you may pick up a list of OPI-approved SES providers and an SES Provider Selection Form.

Student Name

Parent/ Guardian Name

Address

Phone

Email