



WASHINGTON ELEMENTARY SCHOOL

Where Children Come First

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

Thomas J. Lawrence
Principal

September 2024

Dear Parent/Guardian,

Your child _____ has been selected to participate in the Washington School Targeted Assistance Title I program for the 2024-2025 school year. This is an intervention program designed to meet student needs by providing additional academic support and resources. Such interventions include access to 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 grade level expectations on iReady 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 iReady Reading or Math or earning a 750 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 September 26th 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 Washington School Office no later than Wednesday, September 18, 2024.

_____ Yes, I have read and understand the School-Parent compact and would like my child _____ to have access to the additional academic supports (Print Child’s First and Last Name) and participate in the Title I Targeted Assistance Program for the 2024-2025 school year.

_____ No, I do not wish for my child to have access to the additional academic support 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