



# HOOVER ELEMENTARY SCHOOL

*Where Children Come First*

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

William H. Fleming  
*Principal*

September 2024

Dear Parent/Guardian,

Your child \_\_\_\_\_ has been selected to participate in the Hoover 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 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 district- selected standardized benchmark assessments 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 **Thursday, September 26, 2024 at 6:00 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 **Tuesday, September 24, 2024.**

\_\_\_\_\_ **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 2024-2025 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 2024-2025 school year.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date