



Title I Reading Intervention Program Permission to Serve

To the Parent(s) or Guardian(s) of _____ Date _____

Based on your student's recent EasyCBM or MAP assessment scores, individually administered assessments, and classroom performance, your child has qualified for reading intervention assistance. We are recommending that your child receive intervention from the reading specialist to help develop early literacy skills necessary for a strong foundation in reading. The Westlake reading program emphasizes research based instruction. The reading specialist plans closely with classroom teachers to review, reinforce, and supplement the Common Core State Standards in reading. Your child is being taught by a Highly Qualified Teacher as defined by the state of Ohio. If you would like to request information regarding the professional qualifications of your child's reading specialist, please contact Amanda Musselman, Associate Superintendent, at 440-250-1269 or musselmana@wlake.org.

Throughout the school year, there will be opportunities to discuss your child's progress and to learn how you can support him/her at home. Quarterly progress reports, parent/teacher conferences, and on-going parent/teacher communication are vital elements of the program.

We look forward to working with your child and you this year. If you have any questions, concerns, or comments, please contact me. Please sign and return the form below as quickly as possible to confirm your agreement for reading intervention service.

Sincerely,
Amanda Musselman
Associate Superintendent of Instruction

I give permission for my child, _____, to participate in the Title I Reading Intervention Program.

Parent or Guardian Name (Please print) _____

Signature of Parent or Guardian _____ Date _____

Phone Number _____ Email _____