English

Title I Schoolwide Planning Meeting: Invitation to Participate

Havre Public Schools

Title I Schoolwide Planning Meeting: Invitation to Participate

School: Havre Public Schools Date: 08/01/2025 (mm/dd/yyyy)

Dear Parent or Guardian:

Our school is eligible for the Title I Schoolwide Program. You are invited to a meeting to discuss the development or review and revision of our Title I Schoolwide plan. Title I eligibility is based on the number of students in our school from low-income families. In a Title I Schoolwide School, school staff members work with input from parents and the community to develop a Schoolwide plan. The purpose of this plan is to improve our entire educational program.

Title I Schoolwide plans are based on a comprehensive needs assessment and must include a description of the strategies that the school will be using to address school needs. This includes a description of how these strategies will:

- provide opportunities for all children to meet the challenging State academic standards;
- use methods and instructional strategies that 1) strengthen the academic program in the school, 2) increase the amount and quality of learning time, and 3) help provide an expanded and more advanced curriculum; and
- address the needs of all children in the school with a focus on the needs of children at risk of failing.

Please join us to provide your comments and ideas to help our district develop a strong and effective plan for improvement.

Meeting Date: _____ (mm/dd/yyyy)

Time: _____

Meeting Location:

Please let us know if you can attend the meeting by completing the "Parent Participation Form". Please have your child return this form to his or her teacher. Please call your child's school or the school district office at _____ *(phone)* if you have any questions or concerns.

We look forward to working with you so that all students can succeed in school.

Sincerely,

Cheryl Russell	Title Cooridnator
Name	Title
406-395-8550	russellc@blueponyk12.com
Phone	Email Address

© 2017 TransACT Communications, LLC.

English

Parent Participation Form

Havre Public Schools

Parent Participation Form

Meeting Date: _____ *(mm/dd/yyyy)*

Time: _____

Meeting Location:

- ❑ The district can provide childcare for this meeting.
- ❑ The district can provide transportation for this meeting.
- ❑ An agenda for the meeting is attached.

Please return this completed form to your child's teacher by this date _____ *(date)*.

Parent or Guardian: Please complete the section below and return the <u>entire</u> form to your child's teacher.

Name of Student: _____ Date: _____ (mm/dd/yyyy)

Name of Parent: _____ School: _____

Please mark all boxes that apply to you:

- ❑ I can attend the meeting.
- ❑ I can attend the meeting, but I have transportation difficulties. If the district can provide transportation (see above if district can or cannot provide transportation), I am requesting transportation assistance.
- ❑ I can attend the meeting, but I have childcare responsibilities. If the district can provide childcare (see above if district can or cannot provide childcare), I am requesting child care assistance.
- ❑ I cannot attend the meeting.

Please provide the following information:

Phone: _____

Address: _____

Number of children needing childcare during the meeting: _____

Thank you for making sure your child succeeds in school.

<u>Please indicate if you need the following assistance while attending the meeting:</u>

- ❑ Oral Interpretation: Language: _____
- ❑ Interpreter: Sign language
- ❑ Other: _____

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

© 2017 TransACT Communications, LLC.
2659613