



## EAST RUTHERFORD PUBLIC SCHOOLS

Department of Student Services

250 Grove Street

EAST RUTHERFORD, NEW JERSEY 07073

Phone: 201-623-8150 ♦ Fax: 201-438-4157

### Criteria for students in grades 5 – 8 (Language Arts and Math)

By law, a school district must “establish entrance and exit criteria based on multiple, objective, and uniform criteria such as assessment results, teacher recommendations, and parent recommendations.” The purpose of this document is to lay out the criteria used by the East Rutherford School District to determine student eligibility for Title 1 services.

*Students must meet at least 3 of the criteria listed below to be eligible for Title 1 Services.*

Assessment	Qualifying Criteria
Previous Year End of School Year Average	Final yearly average 77% and below
NJSLA Scores	Levels 1, 2 &: Did not yet meet expectations; Partially met expectations and or Cusp students
IXL Baseline Assessment Data	Score 50% and below
Freckle Baseline Assessment Data	Score 50% and below
Teacher Recommendation	Teacher recommendation form; approval of building principal and Director of student services
Parent Recommendation	Parent recommendation form; approval of building principal, and Director of student services



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## Title I Middle School Student Information Worksheet

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ ID# \_\_\_\_\_

Ethnicity:  American Indian  Asian  Pacific Islander  Hispanic  Black (Not Hispanic)  White (Not Hispanic)  
 Two or more Races

Special Group:  IEP  504  ESL  Homeless  Migrant Student

### Title 1 Information

(Only enter data for areas in which student will receive Title 1 Services)

	Entry Date	Exit Date
Language Arts		
Mathematics		

Criteria for Admission:	Language Arts	Math
NJSLA Score		
Previous Year Final Year Average		
IXL Baseline Assessment Score		
Freckle Baseline Assessment Score		
Teacher Recommendation		
Parent Recommendation		

Student meets \_\_\_\_\_ out of \_\_\_\_\_ criteria in Language Arts.

Student meets \_\_\_\_\_ out of \_\_\_\_\_ criteria in Mathematics.

Student is eligible for Title 1 services in (check one):

Language Arts       Mathematics       BOTH Language Arts and Mathematics



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## Title 1 Program Individual Student Improvement Plan (Middle School)

### GENERAL DATA

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Instructors: \_\_\_\_\_

Areas of Title 1 Instruction:  Language Arts  Mathematics

Parent Communication:  Letter  Other: \_\_\_\_\_

### Entrance Criteria

Criteria for Admission:	Language Arts	Math
NJSLA Score		
Previous Year Final Year Average		
IXL Baseline Assessment Score		
Freckle Baseline Assessment Score		
Teacher Recommendation		
Parent Recommendation		

### Exit Criteria

#### Spring Assessment Scores

Name of Assessment	Score

#### Weekly Student Services

Instruction	Times Per Week	Totals Hours and Minutes
Language Arts		
Math		



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## Title I Teacher Referral Form Middle School

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Subject Area: \_\_\_\_\_ Current Grade Average: \_\_\_\_\_

Teacher Recommendation: \_\_\_\_\_

Previous Year Final Averages: \_\_\_\_\_

IXL Pre-Assessment Score: \_\_\_\_\_

Freckle Pre-Assessment Scores: \_\_\_\_\_

Reading Level: \_\_\_\_\_

Describe all other prior intervention activities and reason for recommendation: (i.e., modified education plan; before/after school help; peer tutoring; involve remedial teacher; etc.)

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\_\_\_\_\_  
Classroom Teacher

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

### Office Use Only

\_\_\_\_\_ Continue Prior Intervention (Re-evaluate by: \_\_\_\_\_)

\_\_\_\_\_ Recommended for After School Program



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## TITLE I PARENT RECOMMENDATION ENTRANCE FORM

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

The above student has been identified as eligible to participate in the Title I/Remedial Program checked below based on his/her performance on a standardized test, district's test, or informal assessment. Teacher and parent input is also an important part of the identification process. Please take a moment to reflect on the student named above along with the instructional plan described below and complete the following information.

### Student Eligible for Title I/Remedial Instruction in:

\_\_\_\_\_ Language Arts Literacy

Criteria met: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Mathematics

Criteria met: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Instructional Plan:

Language Arts Literacy

Days of Instructional per Week: \_\_\_\_\_ Minutes per Week: \_\_\_\_\_

Mathematics

Days of Instructional per Week: \_\_\_\_\_ Minutes per Week: \_\_\_\_\_

### Parent Recommendation:

Taking into account my child's test score data, overall achievement level and proposed instructional plan I feel that he/she would benefit from Title I/Remedial Instruction. If no, please explain.

Yes

No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# EAST RUTHERFORD PUBLIC SCHOOLS

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250 Grove Street

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Date \_\_\_\_\_

Parents/Guardian:

Your child, \_\_\_\_\_, was selected to participate in the East Rutherford School District's Title 1 After School Academic Intervention Program/s identified below. During the After School Academic Intervention Program, your child will receive supplemental instructions in the subject(s) noted below.

Students were selected for the Title 1 program based upon multiple assessments including teacher recommendations. Please take the time to complete the form indicating whether or not you want to have your child participate. Students can return this form to their homeroom teacher.

\_\_\_\_\_  
*Director of Student Services*

\_\_\_\_\_  
*Principal*

\_\_\_\_\_  
*Title I Instructor*

-----  
Your child will receive Title 1/Remedial instruction in the following subject areas:

Language Arts: \_\_\_\_\_

Mathematics: \_\_\_\_\_  
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I **ACCEPT** the Title I services proposed for my child and gives permission for participation.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

I **DO NOT ACCEPT** the Title I services proposed for my child and **DOES NOT** give permission for participation.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_



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## Title I Program Parental Release Form

**I understand** that my child's performance indicates that he or she is in need of supportive services in the area of Title I/Remedial Education.

**I also understand** that it is the concern and obligation of the East Rutherford Public School District to provide the needed supplemental help where such individualized attention would improve my child's performance. Such services are equal to the services of private facilities and will be provided at no cost to me.

**I further understand** that participation in a remedial setting is recommended by school personnel for my child.

**I also further understand** that the NJ State Department of Education states: "*Parents do not have the right to remove students from assessed Title I/Remedial Education Programs because the obligation to have assessed students in Remedial Education Programs is the same as the obligation to have children enrolled in school.*"

Knowing and understanding all of the above, it is still my desire NOT to have my child participate in the Remedial Education Program.

_____	_____	_____
<i>Student's Name</i>	<i>School</i>	<i>Grade</i>
_____	_____	
<i>Parent/Guardian Signature</i>	<i>Date</i>	

cc: Supervisor of Student Services (*Original Copy*)  
Superintendent of Schools  
Building Principal  
Title I/Remedial Instructor and Classroom Instructor

