

EGG HARBOR CITY PUBLIC SCHOOLS Jaclyn Williscroft, Director of Special Projects

730 Havana Avenue ● Egg Harbor City, New Jersey 08215 (609) 965-1034 x 136 Fax (609) 804-0642

Title 1 Basic Skills Instruction Program

| , — | Date: |
|---------------------------------|--|
| Dear Parent/ | Guardian, |
| eligibility in | reviews are conducted quarterly to determine student progress and continued the basic skills instruction (BSI) program. Exit criteria for removal from Title I dependent on the following: |
| Qualifier | Exit Data |
| - Vanistina | Teacher Recommendation/Teacher Rating Scales |
| | Parent Recommendations/Questionnaires |
| | State Assessments |
| | Local Assessments |
| | Benchmark Assessments |
| | End-Of-Course Assessments |
| | Grades Other Student met Individual Program Plan Cools |
| | Other – Student met Individual Program Plan Goals |
| | basic skills instructor, has determined that all of the goals/objectives as per the IPF net. Therefore, your child meets the criteria to exit the program in the following |
| | Language Arts Math |
| resume. We | ware that monitoring will continue and you will be notified if services need to are asking that you complete the bottom section of this page indicating whether you not agree with the discontinuation of services for your child. |
| If you have a | any questions please contact me at the above referenced number. |
| Sincerely, | |
| Jaclyn Williso Director of S | croft, special Projects |
| | Please return the section below |
| | I DO wish for my child to be discharged from Title I BSI Services |
| | I DO NOT wish for my child to be discharged from Title I BSI Services |
| Student's Na | me (Please Print) |
| Parent/Guard | lian Name (Please Print) |
| Parent/Guard | dian Name (Signature) |