

September 9, 2011

Dear Parent(s),

Your child, **Student's Name, grade 1**, will participate this school year in the Title I /Basic Skills Instruction Program for the following subject areas:

 ✓ **Reading/Writing**

 ✓ **Mathematics**

In this program, your child will be given individual/small group, in-class support in Basic Skills twice weekly.

We are designing a program to meet your child's needs and look forward to discussing with you the Individual Student Improvement Plan (ISIP).

Please feel free to call me from 9:00 a.m. to 3:00 p.m., Monday through Friday, at 201-440-2782 if you would like to set up an appointment and /or to discuss your child's Individual Student Improvement Plan (ISIP). An ISIP will help the basic skills teacher work with your child to improve understanding of Basic Skills.

Sincerely,

Lora Coban
Title I/Basic Skills Program Coordinator
Title I / Basic Skills Teacher

PLEASE SIGN AND RETURN

I understand that my child **Student's Name, grade 1**, will participate in the Title I/ Basic Skills Instruction Program.

PARENT'S/GUARDIAN'S SIGNATURE: _____

DATE: _____