



EGG HARBOR CITY PUBLIC SCHOOLS
Jaclyn Willisroft, 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

Dear Parent/Guardian,

The Egg Harbor City Public School District is committed to supporting the academic needs of its students. We are required to identify students who need additional academic support in English Language Arts and/or Math, as well as offer a Title 1 Basic Skills Program.

Based on the qualifying factors checked below, it was determined that your child is eligible to receive services in the following area(s): Language Arts _____ Math _____

Qualifier	Entrance Data
	Teacher Recommendation/Teacher Rating Scales
	Parent Recommendations/Questionnaires
	State Assessments
	Local Assessments
	Benchmark Assessments
	End-Of-Course Assessments
	Grades
	Other

The academic support your child will receive is based on his/her needs. Services will be delivered weekly and performance reviews will be conducted quarterly to determine student progress and continued eligibility. The classroom and basic skills instructor will keep you informed of your child’s progress.

Exit criteria for removal from the Title I program will be dependent on teacher recommendation, as well as your child meeting all goals/objectives as stated on the students IPP (Individual Program Plan), which will be forward to you upon your consent for participation.

Also, to demonstrate our commitment to your child’s education, please review the attached school parental involvement policy and School/Parent/Student Compact. Please sign and return the section below along with the enclosed School/Parent/Student Compact to your child’s homeroom teacher. The homeroom teacher will forward this information to my office.

If you have any questions please contact me at the above referenced number.

Sincerely,

Jaclyn Willisroft
 Director of Special Projects

-----Please return the section below-----

_____ I **DO** wish for my child to receive Title I BSI services.

_____ I **DO NOT** wish for my child to receive Title I BSI services.

Student’s Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Name (Signature) _____

