



# Middle Township Elementary No. 1

215 Eldredge Road  
Cape May Court House, New Jersey 08210-2499  
Telephone: (609)463-1900 ext. 1204  
FAX (609)463-1901

Christian Paskalides  
Principal

Donald Robertson  
Assistant Principal

## TITLE I PARENT LETTER

September 2016

Dear Parent, Guardian, Caregiver,

As you may know, some of the services we provide to our students are additional support in the area of math where that need has been identified.

As a result of teacher recommendation and/or assessments, your child, \_\_\_\_\_, has been selected to participate in supplemental support in math.

In the area of math your child will receive support within the regular classroom from a Basic Skills Teacher, during the classes' scheduled math time.

Continuing assessments are made during, and at the end of, each marking period, at which time, a determination is made to either continue services, or to move successful children out of the program to make opportunities available for other youngsters who are in need of support.

The areas in which your child will participate are the following:

<u>AREA</u>	<u>HIS/HER TEACHER WILL BE</u>
Mathematics	<u>Jennifer Pfander</u>

If you have any questions concerning this matter, don't hesitate to call me at 463-1900. Thank you.

Sincerely,

Christian Paskalides  
Principal

**Please return to school tomorrow.**

Child's Name \_\_\_\_\_

BSI Teacher Jennifer Pfander

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*There is always one moment in childhood  
When the door opens and lets the future in.  
"An Equal Opportunity Employer"*



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## TITLE I PARENT LETTER

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Dear Parent, Guardian, Caregiver,

The Middle Township Public Schools are committed to supporting the academic needs of its students. Under *No Child Left Behind* (NCLB), we are required to identify students who need additional academic support in language arts literacy.

Based on the criteria, it was determined that your child is eligible to receive extra support in the area(s) indicated.

As a result of teacher recommendation and/or assessments, your child has been selected to participate in the supplemental reading/language arts support. This support is in addition to the regular classroom reading activities. Your child will continue to receive instruction in this area by his/her regular classroom teacher.

Continuing assessments are made during, and at the end of, each marking period, at which time, a determination is made to either continue services, or to move successful children out of the program to make opportunities available for other youngsters who are in need of support.

The areas in which your child will participate are the following:

AREA

HIS/HER TEACHER WILL BE

Basic Skills Reading/Lang.Arts

\_\_\_\_\_

If you have any questions concerning this matter, don't hesitate to call me at 463-1900. Thank you.

Sincerely,  
Christian Paskalides  
Principal

**Please return to school tomorrow.**

Child's Name \_\_\_\_\_

Teacher \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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