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:

<table>
<thead>
<tr>
<th>AREA</th>
<th>HIS/HER TEACHER WILL BE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mathematics</td>
<td>Kristen Frank/Maureen Gibboni</td>
</tr>
</tbody>
</table>

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 ________________

________________________________________                     ____________________

Parent/Guardian Signature                     Date

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