



EAST ALLEGHENY SCHOOL DISTRICT

1150 Jacks Run Road, North Versailles, PA 15137

Email: bdemidio@eawildcats.net
Tele: (412) 824-8012 Ext. 1855
Fax:(412) 824-1062

Betsy D’Emidio
Assistant Superintendent
Head Principal
Federal Programs Coordinator

TITLE I PROGRAM for Reading and/or Math 2019-2020

Dear Parent/Guardian:

Your child is eligible this year to receive supplemental services through the Title I Program. This program receives funding from the federal government to provide extra instruction for those students who qualify in reading and/or math. The Title I program is in addition to the instruction that your child is receiving in his or her regular classroom. It features a small student-to-teacher ratio and individualized instruction based on your child’s specific academic needs. **This is not a Special Education Program or a tutoring program, but one designed for students who need a little extra help in Reading, Math, or both during the regular school day.**

If your child has previously participated in the Title I Program and continues to qualify for services, service will continue unless we receive a written notification of refusal. If your child has **not** been in a Title I Program previously, the school must receive your written permission before services can begin.

Please complete the form below to indicate if you want your child to participate or not to participate in the Title I Reading and/or Title I Math Program. **Please return the form to your homeroom teacher by Friday, September 21, 2019.**

Questions about the program can be answered at Logan Elementary School. Parents can call 412-824-6053 and ask to speak to **Mrs. Turkowski for Reading grades K – 3rd, Ms. Montgomery for Math grades K – 3rd, Ms. Grzyb for Math grades 4 - 6th**, or by calling Dr. Betsy D’Emidio, Federal Programs Coordinator at 412-824-8012 extension 1855.

.....
Please complete and return this portion of the page to your child’s school. Please check the space next to the line indicating whether or not you would like your child to receive Title I services in Reading and/or Math. **If the form is not returned, and your child continues to qualify for Title services, we will assume your consent.**

EAST ALLEGHENY TITLE I READING/TITLE I MATH PROGRAM

Student’s name: _____ *Room:* _____

School: _____

_____ I, the parent or legal guardian, **DO GIVE PERMISSION** for my child to participate in the Title I Reading and/or Title I Math Program which occurs during the regular school day.

_____ I, the parent or legal guardian, **DO NOT GIVE PERMISSION** for my child to participate in the Title I Reading and/or Title I Math Program which occurs during the regular school day.

I would like to be contacted about Title I events via Email. ___ Yes ___ No

Email (please print): _____ *Phone Number:* _____

Date: _____ *Signature:* _____