

Title I

This year's program
will be provided for
the children at St.
Philip's School.

Title I Teacher

Patti Lempola

Bemidji
Area Schools

Title I Program

Title I
A Home/School
Partnership

**St. Philip's
School**

**702 Beltrami Ave. NW
Bemidji, MN 56601**

218.444.4938

Title I

Your child has been recommended for extra help in reading and/or mathematics. The program which can provide his extra help is called Title. The Title program has a history of success in Bemidji Area Schools. Many students who experienced difficulties in reading and/or mathematics were given that “extra boost” as a result of receiving Title I services and thus, were able to achieve more success in the classroom.

What is Title I?

Title I is a federally funded program that serves millions of children. Nearly every school district participates. Title I also serves children in parochial and private schools. Children who participate in the Title I program do so because they are in need of extra academic support in order to be successful.

Who is eligible for Title I?

The Title I staff at each school screens all first grade students at the beginning of the school year. This brief screening involves beginning math and reading skills. If the child scores below a certain level on the screening, he/she will qualify for services. Teacher judgment is considered, additionally.

What kind of help will my child receive?

At each school a licensed teacher supervises the Title I program. The Title I teacher provides supplemental help to the children. Students are taught the same curriculum as the other children, however, a variety of teaching techniques, materials and methods are used to supplement the classroom instruction. A student may receive extra help in reading and/or mathematics.

When will my child begin to receive help?

Most students enter the Title I program in the fall. However, some students may not have difficulties until winter or early spring. These students may enter the program later in the school year. If your child has qualified for the Title I program, you will receive a permission form. Before your child can receive services, you will need to sign the form and return it to school. Services will begin as soon as the form is returned. No child will receive Title I services without parental consent.

Does this mean my child will always need help?

The goal of the Title I program is to increase the child's rate of progress so he/she is able to perform independently at grade level. When a decision to discontinue a child's service is made, the child is placed on “monitor” status. Although the child no longer receives extra help, a close watch on the child's progress and success is maintained. If a child begins to experience difficulty again, he/she may reenter the program. Some children may need only one-half year of service; others may receive extra help indefinitely. When a child is able to function independently in the classroom and experience success, he/she is no longer in need of Title I services.

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How can I, as a parent, help?

Parental involvement in the Title I program is essential. You will be expected to sign a parent-student-teacher partnership pledge. This pledge is an agreement between the teacher, student and parent to work together in order to improve teaching and learning. This agreement will be signed in the fall and reviewed on a regular basis with you and your child to guarantee that everyone is doing everything possible to ensure a successful school experience.

Notes and homework may be sent home with your child. For example, some schools have developed take-home books and activities for parents and children to share together in order to promote reading.

The Title I staff will also be involved in the regular conferences in the fall and spring, however, we encourage parents and teachers to keep in close communication at all times and to work together in providing help for the child.

The Title I program also stresses reading for enjoyment. You can help by reading books with your child and making sure all books are returned in a timely fashion.

Please be involved in your child's education. Amazing results can occur when parents and teachers work as a team. Feel free to call the school to check on your child's progress. We will be happy to answer any questions or address any concerns you have regarding your child and Title I.

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Parents and Teachers

Forming Partnerships for Education

To the Family of: _____

During the first two weeks of school, students in our district were screened by the Title I staff in the areas of reading and mathematics. Based on the results of this screening and consultation with your child's teacher, a decision was made to recommend your child for extra help through the Title I program in the area(s) of:

Reading _____

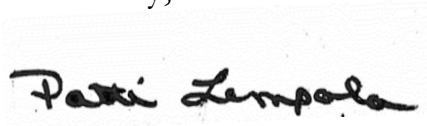
Mathematics _____

Enclosed is a brochure explaining the Title I program. Also included is a permission letter which must be filled out and returned to school before we can begin working with your child.

If you have any questions, feel free to contact the Title I teacher or your child's classroom teacher. If you are unable to reach us, please leave a message. We are happy to call you back.

We look forward to working with you and your child to guarantee a successful school year.

Sincerely,

A handwritten signature in black ink that reads "Patti Lempola". The signature is written in a cursive style and is positioned above the printed name "Title I Staff".

Title I Staff

BEMIDJI AREA SCHOOLS

BEMIDJI, MINNESOTA

TITLE I

PERMISSION TO RECEIVE SERVICES

MONTH/DAY/YEAR ____/____/____

CHILD'S FULL NAME _____

SCHOOL _____ GRADE _____

This form allows your child to begin receiving supplemental help in: Reading____ Mathematics____
through the Title I program. Please sign and return this form to the school.

1. Please check the statement that describes your decision regarding the provision of Title I services to your child.

_____ I want my child to receive supplemental services.

_____ I do not want my child to receive supplemental services.

This consent is in effect for one calendar year from the date shown below.

2. Please fill out the following information.

Your address:

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____

Child's Date of Birth ____/____/____

Signed _____

Date ____/____/____

**PLEASE RETURN THIS
TO YOUR CHILD'S
CLASSROOM TEACHER
AS SOON AS POSSIBLE.**