Attachment B

# School Letterhead Schoolwide Program

|  |  |  |
| --- | --- | --- |
| Date: |  |  |

Dear Parent/Guardian:

|  |  |
| --- | --- |
|  (name of school) | has been authorized by  |
| the California Department of Education to operate a Title I Schoolwide Program. As a result, the school receives resources from the state and federal governments that enable us to upgrade the entire educational program in order to help all students meet the challenging state standards.A comprehensive needs assessment and an analysis of the student achievement data were conducted to develop a *Single Plan for Student Achievement*. This was completed through the collaborative efforts of staff and parents. The schoolwide program includes strategies to raise the academic achievement of all students. |

The following services are available from the school’s Title I site-based resources to assist your child (examples are listed below):

|  |  |
| --- | --- |
| * paraprofessionals
* teacher coaching
* additional support staff (nurse, etc.)
* computers
* tutoring
 |  |

|  |  |  |
| --- | --- | --- |
| Please attend the annual Title I meeting to be held on | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | to learn more  |
| about the school’s programs. |
|  | Location: |  |  |
|  |  |  |
|  | Time: |  |  |

|  |
| --- |
| If you are unable to attend the annual Title I meeting or if there are questions or concerns regarding your child’s participation in the program, please contact the school’s office at |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

 Sincerely,

|  |
| --- |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Principal