Attachment B

# School Letterhead Schoolwide Program

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

Dear Parent/Guardian:

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| --- | --- |
| (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,

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Principal