



BOYNE FALLS PUBLIC SCHOOL

HOME OF THE LOGGERS

Cynthia Pineda, Superintendent • Amanda Loper, K-12 Principal

Date _____

To the Family of _____,

Dear Parent/Guardian,

The purpose of this letter is to inform you that, based on our beginning-of-the-year assessments, we have determined that your child qualifies to receive **Title I support**.

The Title I Program is designed to provide students with an extra boost in the areas where they need additional support. This support may be provided in one or more of the following ways:

- One-on-one or small-group instruction with a trained paraprofessional or math interventionist
- Classroom support focused on specific skills identified by your child's classroom teacher
- Additional practice and instruction designed to strengthen areas of need and build confidence

Title I services are funded through federal Title I funds and allow us to provide targeted instruction to help students develop the skills they need to meet grade-level expectations. We will use ongoing assessments and classroom data throughout the school year to monitor your child's progress and adjust instruction as needed.

You're Invited! Title I Family Math & Reading Night October 14 | 5:30–7:00 p.m.

We invite you to join us for our **Title I Family Math & Reading Night!** This is a wonderful opportunity to meet our math and literacy specialists, learn more about the Title I program, and gain practical, helpful information about ways you can support your child at home. We hope you'll join us for this informative and engaging evening!

If you give consent for your child to participate in Title I services, please sign below and return the form to your child's classroom teacher.

We look forward to partnering with you to provide the support your child needs to grow, learn, and succeed!

Respectfully,

Brooke Fenske
Student Success Advisor
231-549-2211 EXT 30002

Student name: _____

Grade: _____

Title Qualifying Area (circle which applies):

Language Arts

Math

- ☐ I authorize Title I Services for my child.
- ☐ I do not authorize Title I Services for my child.

Parent Signature _____

Date _____