



School Year 2021-2022

Dear Parent:

You are receiving this letter and attached permission slip because your child is eligible for extra assistance in Reading and/or Math through the Title I program. This academic assistance is offered through the federally funded ESSA Title I program in conjunction with (Name of Company) , whose teachers work with your student's primary teacher(s) to assure that your child has the skills needed to succeed academically in the classroom. Eligibility for this program is based upon nationally normed test scores or report cards showing a need for improvement in math and/or reading. **There is no charge for these services.**

This additional ESSA **Instructional Support** will help your child in the following ways:

- Function at a higher level in the classroom in reading and math
- Maximize classroom learning in all subjects
- Improve test scores

Your child will be attending ESSA Title I small-group sessions with no more than 8 students twice a week for the subject(s) checked off on the permission form. The ESSA Title I instructor will be working closely with your child's classroom teacher so that the best possible supplemental program can be provided. We also need your support. The instructor will be in touch with you periodically to let you know what your child is working on in class and how you can help.

Please return the attached permission form to the Title I Instructor or school office indicating that you are aware of its content and agree to your child's participation in this educational opportunity.

***During a mandatory school closure period and/or remote E-learning, your child's Title I services may continue as an E-learning Program:**

Participation is subject to the following:

- School District shall work in collaboration with nonpublic private/parochial schools to ensure continuation of educational and related services determined meaningful eligible Title I students, in addition to holding required meetings.
- Students should participate in a comfortable, quiet and private location, to the extent possible.
- All parties must be notified prior to audio/video recording of the sessions.
- The School District cannot control or guarantee the confidentiality of sessions held on a remote (electronic) platform. District Non-Public Schools Vendor Form personnel can similarly not control who is listening or viewing the sessions in each household, whether individual or group. Parents/guardians should consider this when deciding whether to consent to their child's participation.
- Parents/Guardians may request that the sessions stop at any time by notifying the Service

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Provider in writing.

- The service provider will develop and send a date/time schedule for the service.
- Questions may be directed to Service Provider: Joanne Koestner and Kim Rosas

Feel free to contact us at (email contact) if you have any questions about the ESSA Title I program. We hope you will be pleased with our efforts to supplement classroom instruction to help your child.

Sincerely,

Joanne Koestner, Proximity Learning
Kim Rosas, Proximity Learning

Title I Instructors

Phone: 773-523-6161_____

Email: Joannekoestner@pjiischool.org K-5th grades
Krosas-title1@pjiischool.org 6-8th grades

Student Name:			Grade:		
You child has qualified for assistance in: <input type="checkbox"/> MATH <input type="checkbox"/> READING					
Your child will be receiving instruction as indicated below:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Reading					
Math					

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PLEASE RETURN THIS PART TO TITLE I INSTRUCTOR

**Chicago Public Schools Title I Program for Non-public School Students
FY _____ PARENTAL APPROVAL**

I have read this letter and agree that my child _____ may participate in the Title I program.

***In the event of a mandatory school closure and/or remote E-learning, Title I Instructional E-learning program may continue as a supplemental program.**

**I understand and would like my child to participate. _____
(Initial)**

Parent Information:

Name: _____

Phone: _____

Email: _____

Preference of communication:

___ Phone call

___ Text

___ Email

(Parent Signature)

(Date)

PLEASE NOTE THAT DURING THE PERIOD OF ANY "SHELTER-IN" ORDER ISSUED BY THE GOVERNOR, OR IF YOU ARE OTHERWISE UNABLE TO LEAVE YOUR HOME DURING THE SCHOOL CLOSURE PERIOD, YOU MAY TAKE A PICTURE OF THIS SIGNED FORM ON YOUR CELL PHONE AND EMAIL IT TO THE PROVIDER LISTED ABOVE.

ALTERNATIVELY, IF YOU ARE UNABLE TO PRINT THIS AGREEMENT TO SIGN AND SEND, YOU MAY E-MAIL THE ABOVE PROVIDER AND STATE:

"We are unable to print this Agreement to sign manually, so please treat this email as our Agreement in full."

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