

RICHARD M. TEITELMAN SCHOOL



687 ROUTE 9 - CAPE MAY, NEW JERSEY 08204
TELEPHONE: (609) 884-3475 FAX: (609) 884-4311

Gregory M. Lasher
Principal

Erik K. Simonsen
Vice Principal

September 6, 2011

Dear Parent,

Because your child receives free or reduced lunch additional tutoring and academic help services are available. These services are provided through Federal Title I NCLB funds as a result of the Teitelman School being identified as "in need of improvement". Our school is presently in a Year Two Hold due to our significant progress in all subgroups.

I have attached an application and encourage you to take advantage of these services that are free of charge to you. Please review the website link below for a list of Supplemental Service Providers. In the past our students have used local tutoring services such as Dean's Learning Center & Club Z! Tutoring Services. Please complete and return the enclosed application to me as soon as possible. Applications will be accepted on a first come, first served basis. This enrollment period ends November 30th, 2011. During this first enrollment period transportation services are not available. However, there are several local service providers. <http://www.nj.gov/education/title1/program/ss/providers/apprv-1011/>. Hard copies are also available in the main office.

Finally, SES providers will be available at our Back to School Night on Wednesday, September 21st. Following our Title I meeting for parents at 6:30 PM, there will be a provider's fair held in our cafeteria. You can visit with them which may help you finalize your decision.

If you have any questions or if there is anything I can do to help support your child's academic progress please contact me at 609 884 3475 x212.

Sincerely

Erik K. Simonsen
Assistant Principal

Supplemental Educational Services Provider Selection Form

Name of Student:		
School:		
Date of Birth:	Grade:	
Address:		
City, State, Zip:		
Home Phone #:	Evening #:	Cell #:

Directions: Please complete Section A if your child **WILL** participate in the supplemental educational services program and Section B if your child **WILL NOT** participate in the supplemental educational services program. If your child **WILL** participate, please select three providers you feel will best serve the needs of your child. Rank them in order of preference. Efforts will be made to accommodate your first choice, but space constraints or other factors may restrict us from offering that option. In that case, we will enroll your child with your second or third choice respectively.

Check the boxes that apply:

SECTION A:

- My son/daughter **WILL** participate in the Supplemental Educational Services program.
- I am selecting the following state-approved provider from the approved list provided to me.

First Choice	
Second Choice	
Third Choice	

- I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my child.
- I understand that the provider will regularly inform me and the student's teacher(s) of the student's progress.
- I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.
- I understand that academic achievement records for my child will be released to the SES provider so that they may create an Individualized Learning Plan for my child, based on his/her academic needs.

SECTION B:

- My son/daughter **WILL NOT** participate this academic year in the supplemental educational services program.

(Signature of parent/guardian)

(Date)

(Printed name of parent/guardian)