

_____ **County Schools**
Early Intervention Program
Program Notification Form (Placement)

Date: __/__/__

Parent Name: _____

Student Name: _____

Classroom Teacher: _____

Grade: _____

Dear Parent:

The _____ County School System believes that educators should have high expectations for all children and that it is our responsibility to help students achieve the academic goals of performing at or above grade level in all subject areas. Children come to school at different stages of development and do not all learn at the same rate or with the same methods of teaching. Because of their differences, most children learn best when they are in small groups and have access to materials and activities which are adjusted to their pace and style of learning.

Your child has been selected to receive additional assistance in reading and/or math through the Early Intervention Program (EIP). In this program a certified teacher works in collaboration with the regular classroom teacher to provide supplementary instruction based on the needs of each student. An information meeting to discuss this opportunity for additional instruction has been scheduled for all parents of EIP students on _____. If you have any questions, please call one of the Early Intervention Program Specialists below.

Early Intervention Specialist
Phone: _____ Extension: _____

School

Please sign and return this for our records:

Signature

Date

_____ **County Schools**
Early Intervention Program
Program Notification Form (Exit)

Date: __/__/__

Parent Name: _____

Student Name: _____

Classroom Teacher: _____

Grade: _____

In accordance with state law, the _____ Schools provides an Early Intervention Program (EIP) for students who are having difficulty in reading and/or math. The purpose of the program is to assist identified students in developing the reading and math skills necessary to be successful at their grade level.

Earlier in the school year, you received information that your child met the criteria to participate in the program. We are delighted to say that your child has shown tremendous improvement and at this time qualifies to exit the program. Students are eligible for exiting the program when they show proof of work that is equal to that of their grade level peers. However, if further difficulties in reading/ math should occur in the future, the school may again recommend additional assistance through the Early Intervention Program.

I, _____, Parent / Guardian of _____, understand that my child has met the criteria to exit from the Early Intervention Program for the school year _____. If, in the future, additional assistance is necessary, the school may recommend assistance through the Early Intervention Program.

Parent / Guardian

Date

School Administrator

Date

Teacher

Date