

## Initial Kindergarten Permission to Enroll in Title I Literacy

Re: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent/Guardian,

\_\_\_\_\_ is being recommended for the supplemental Kindergarten Title I Literacy program. Kindergarteners who are selected for this program are “at-risk” in the area of reading and writing. Working in small groups, children will receive \_\_\_\_\_ minutes a week of supplemental literacy instruction by the Title I Kindergarten teacher. These sessions will be filled with a variety of literacy activities that will build on all they are learning in their classroom.

Assessments used in the selection were the DIAL-4 and the Letter Identification Screening done at the beginning of this school year. If you have any questions about the program, please call me at \_\_\_\_\_.

As we are not able to provide services until written permission is received, please sign the bottom of this letter letting us know if you would like or not like your child to participate in the program and return it to back to the school as soon as possible.

Thank you for your assistance.

Sincerely,

Title I Kindergarten Teacher

Enclosure: Title I Parent’s Guide

Student: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name (Printed):

I give permission for \_\_\_\_\_ to participate in the Title I Literacy program.

\_\_\_\_\_  
Parent/Guardian Signature / Date

I refuse permission for \_\_\_\_\_ to participate in the Title I Literacy program.

\_\_\_\_\_  
Parent/Guardian Signature / Date