Participation in Title I Literacy For the 2023-2024 School Year

K	e: (Student's Full Name)	
		Date:
D	ear,	
	After reviewing the information obtained on assessments during the last school year, we feel hat would benefit from:	
(III		e I Literacy program for this school year
		onitored by Title I Literacy program for this school year
	oon as possible. If you have any que	he appropriate place and return it to the Title I teacher as stions about the program, please do not hesitate to call
TI	k you for your assistance in providing the most appropriate program for your child.	
		Sincerely yours,
		Title I Teacher
lame:	:	Date:
	Yes - I give permission forstated above.	to continue in the Title I Literacy program as
		Parent/Guardian Signature
	No - I refuse to give permission for program as stated above.	to continue in the Title I Literacy
		Parent/Guardian Signature
		Rev.: 08/2023

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