

## **Title I Math Trimester Report**

**Student** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Title I Teacher:** \_\_\_\_\_

**Classroom Teacher** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your child is receiving support in math in a small group setting. Our basic areas of instruction are:**

- **Operations and Algebraic Thinking**
- **Number and Operations**
- **Measurement and Data**
- **Geometry**

**Comments:**

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*Title I Math Teacher*

**Attendance:** \_\_\_\_\_

**cc: Classroom Teacher**