



Division of Nonpublic Schools 21st Century Partners in Learning

65 Court Street – Room 922B – Brooklyn, NY

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**NCLB TITLE I SERVICES FOR NONPUBLIC SCHOOL
STUDENTS NCLB TITLE I ENHANCED STUDENT
MATHEMATICS PROGRAM
2016 - 2017**

Dear Parents/Guardians:

Your daughter, _____, has been selected to participate in the New

York City Department of Education Bureau of Nonpublic School Reimbursable Services (BNPS), **Title I Enhanced Student Mathematics** Program. The Title I program is a federal program that provides supplemental educational services, so that all students have a fair, equal, and significant opportunity to obtain a high -quality education. Title I eligible students will receive services from staff provided by **Catapult Learning**, the Title I Third Party Provider contracted by the BNPS to deliver Title I supplemental instruction at your daughter’s school. Participation in this program for the entire school year will help your daughter improve proficiencies in the subject area and meet the challenging goals of the school curriculum.

Your daughter will attend Title I classes **2** times a week for approximately 45 to 60 minutes. During this class, your daughter will be working on mathematics activities that will develop strategies and skills necessary in the development of mathematical knowledge and understanding mathematical concepts, as well as the application of the mathematics in the solution of problems. Your daughter will have a wonderful opportunity to work in a small group, using a variety of resources to help her achieve more success in the general classroom. In some cases, your child’s instruction may include work on a computer.

Early in the school year, a parent orientation meeting will be offered to further explain the Title I program. You will be invited to attend parent workshops where you will be able to actively participate in hands-on activities to assist you with supporting your daughter at home. Additionally, your daughter will bring home materials related to the work in the Title I mathematics classroom. Working together we will support your daughter’s learning at home and help her reach higher standards of achievement in school.

Please complete and sign the agreement slip below and have your daughter return it to the school office to confirm your knowledge of its content and to indicate whether your daughter may participate in this educational opportunity.

Sincerely,

Title I Third-Party Provider Staff

PARENT/GUARDIAN APPROVAL: I have read this letter.

School: **St. Joseph High School** Student’s Name: __

Title I Third Party Provider: **Catapult** Student’s Grade: __

I agree that my daughter may participate in the Title I Enhanced Student Mathematics Program for 2016-2017.

My daughter may not participate in the Title I Enhanced Student Mathematics Program for 2016-2017.

Parent's/Guardian's Signature _____ Date: __