



Division of Nonpublic Schools 21st Century Partners in Learning
65 Court Street – Room 922B – Brooklyn, NY 11201
(718) 935-4970 Fax: (718) 935-4985

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

Dear Parents/Guardians:

Your daughter, , has been referred by the principal, the Classroom teacher, and/or the Title I Instructional Program teacher for individual and/or group counseling services through the New York City Title I Student Support Services 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 licensed school counselors or licensed social workers provided by Catapult Learning, the Title I Third-Party Provider contracted by the BNPS to deliver Title I supplemental services at your school. The goal of these support services is to help your daughter develop the skills and strategies necessary to succeed in school.

During our counseling sessions the student support service provider will address various social/emotional or behavioral concerns that may be impeding your daughter’s achievements in school. Areas of focus may include developing good work habits and organizational skills, building self-esteem, controlling impulsive behaviors, and/or teaching test-taking strategies.

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 program.

Sincerely,

Title I Student Support Services

PARENT/GUARDIAN APPROVAL: I have read this letter and agree that my daughter may participate in the Title I Student Support Services program.

School: St. Joseph High School Student’s Name: \_\_

Title I Third Party Provider: Catapult Learning Student’s Grade: \_\_

[ ] I agree that my daughter may participate in the Title I Student Support Services for 2016-2017

[ ] My daughter may not participate in the Title I program for the 2016-2017 school year.

Parent’s/Guardian’s Signature \_\_\_\_\_ Date: \_\_