

# RICHARD M. TEITELMAN SCHOOL

687 ROUTE 9 - CAPE MAY, NEW JERSEY 08204  
TELEPHONE: (609) 884-3475 FAX: (609) 884-4311



Eugene F. Sole  
*Principal*

Gregory M. Lasher  
*Acting Principal*

December 9, 2010

Dear Parent,

Please review the information below. This is our second open enrollment period for Supplemental Education Services for your child.

Because your child receives free or reduced lunch additional tutoring and academic help services are available. These services are provided through Federal Title I NCLB funds as a result of the Teitelman School being identified "in need of improvement". One subgroup population of our students did not make sufficient progress in Mathematics for two consecutive years.

I have attached an application and encourage you to take advantage of these services that are free of charge to you. Please review the enclosed list of Supplemental Service Providers on the reverse side of the SES application. Please complete and return the enclosed application to me no later than December 22, 2010. At this time transportation services are not available. A complete list of service providers is also located at: <http://www.nj.gov/education/title1/program/ss/providers/apprv-1011/>. Hard copies are also available in the main office.

If you have any questions or if there is anything I can do to help you complete the application and support your child's academic progress please contact me at 609 884-3475 x214.

Sincerely,

Greg Lasher  
Acting Principal

*It is our mission to create a diverse learning environment in which all are motivated to find their purpose, to see their worth, to realize their full potential in this community of caring, and to race toward excellence.*

## Supplemental Educational Services Provider Selection Form

|                          |                   |                |
|--------------------------|-------------------|----------------|
| <b>Name of Student:</b>  |                   |                |
| <b>School:</b>           |                   |                |
| <b>Date of Birth:</b>    | <b>Grade:</b>     |                |
| <b>Address:</b>          |                   |                |
| <b>City, State, Zip:</b> |                   |                |
| <b>Home Phone #:</b>     | <b>Evening #:</b> | <b>Cell #:</b> |

**Directions:** Please complete Section A if your child **WILL** participate in the supplemental educational services program and Section B if your child **WILL NOT** participate in the supplemental educational services program. If your child **WILL** participate, please select three providers you feel will best serve the needs of your child. Rank them in order of preference. Efforts will be made to accommodate your first choice, but space constraints or other factors may restrict us from offering that option. In that case, we will enroll your child with your second or third choice respectively.

Check the boxes that apply:

### SECTION A:

- My son/daughter **WILL** participate in the Supplemental Educational Services program.
- I am selecting the following state-approved provider from the approved list provided to me.

|                      |  |
|----------------------|--|
| <b>First Choice</b>  |  |
| <b>Second Choice</b> |  |
| <b>Third Choice</b>  |  |

- I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my child.
- I understand that the provider will regularly inform me and the student's teacher(s) of the student's progress.
- I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.
- I understand that academic achievement records for my child will be released to the SES provider so that they may create an Individualized Learning Plan for my child, based on his/her academic needs.

### SECTION B:

- My son/daughter **WILL NOT** participate this academic year in the supplemental educational services program.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name of parent/guardian)