

Sample Used by Elementary Schools

# Your School's Name

*School Slogan*

Street Address  
Princeton, New Jersey 08540

Telephone: 609-806-42--  
Fax: 609-806-42--

September --, 2010

To the Parent(s) of Student's Name  
Street Address  
Princeton, NJ 08540

Dear Mr./Ms. Last Name or Parents of Student's Name,

Each school year, educators in NJ schools must evaluate every child's performance in reading, writing, and mathematics to determine which pupils may require additional help. In Princeton, we use multiple measures, to identify students for additional help through our Accelerated Intervention Services (AIS) Program. Students are selected based on multiple assessments in Language Arts (reading and writing) and Mathematics skills.

Based on these measures, we've determined that your child, **first name**, would likely benefit from further instruction in the area(s) we've checked below:

Language Arts  
(Reading & Writing)

Mathematics

We've made plans for your child to participate in our Accelerated Intervention Services (AIS) Program. Instruction is designed according to the individual needs of each student through cooperative efforts of the classroom teacher and the AIS teacher. We will develop an *Individual Student Acceleration Plan (ISAP)* which will enumerate goals and strategies to address your child's needs and identify how we'll assess what your youngster has learned. Your child's progress will be reviewed on an ongoing basis. This information will be shared with you during scheduled parent-teacher conferences in November and March or you may request a conference with your child's AIS teacher at any time.

To begin the year, we invite you to attend a meeting about the AIS Program at Back-to-School Night on **day**, September -- from time in Room ---. We hope you will be able to join us for an informal conversation before the Back-to-School Night program begins. (Or insert your school's schedule for the AIS Program on Back-to-School Night).

Also, please feel free to telephone me at 806-42-- if you have any questions or concerns or if you would like to share information with me about your child. If you do not contact us or return the enclosed form, your child will automatically participate in the recommended AIS instruction.

My colleagues and I look forward to working with your child and with you this school year.

Yours truly,

Teacher's Name  
AIS Instructor

## **Accelerated Intervention Services (AIS) Program**

### AIS Parent Response Form 2010-2011

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

***PLEASE RETURN THIS FORM WITHIN 5 DAYS TO YOUR CHILD'S  
CLASSROOM TEACHER OR AIS TEACHER.***

I understand that my child is eligible for AIS services for the 2010-2011 school year.

\_\_\_\_\_ I choose AIS services.

\_\_\_\_\_ I decline AIS services.

\_\_\_\_\_ I would like to participate in the Parent Advisory Council for the AIS Program.

\_\_\_\_\_ I do not wish to participate in the Parent Advisory Council for the AIS Program.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian

<b><i>School</i></b>	<b><i>AIS Teachers</i></b>	<b><i>Telephone</i></b>
Community Park School	Ms. Pam Gentile Ms. Donna Goodwin Ms. Kathy Murtaugh	609-806-4230
Johnson Park School	Ms. Maureen Augustin Ms. Carla Vandervort	609-806-4240
Littlebrook School	Mr. Cindy Schweppenheiser Ms. Jessica Saide Ms. Janet Woods	609-806-4250
Riverside School	Ms. Tina DeLillo Ms. Adele Hagadorn Ms. Janet Woods	609-806-4260