**ENTRY SLIP**

Dear Parent/Guardian,               Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is being provided with a reading/math intervention group with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  The group will meet for 30 minutes most school days, in a group of 6 or less students, to work on specific skills.  Your child has been chosen to receive extra support based on his/her performance on one or more of the following:

-Benchmark FAST Assessments

-Weekly FAST Progress Monitoring

-Classroom Assessment

-Teacher Recommendation

Your child will remain in this intervention group until he/she reaches proficiency (grade level expectations) and no longer needs extra support.

Together we can work as a team and make a difference!  Please feel free to contact your child’s classroom teacher or intervention teacher with any questions.

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Title I Teacher Academic Interventionist Title I Teacher

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