



NEW MILFORD PUBLIC SCHOOL DISTRICT

ADMINISTRATIVE OFFICES

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MICHAEL A. POLIZZI

Superintendent of Schools

mpolizzi@newmilfordschools.org

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Dear Parents/Guardians:

New Milford Public Schools are dedicated to providing all students with the educational foundations necessary to succeed in school and in life. To ensure your child's success, we have set high standards that are reflected in what is taught in our classrooms. The State and Federal governments, through the *No Child Left Behind Act* (NCLB), evaluate a school's effectiveness by way of Adequate Yearly Progress (AYP) in language arts literacy and mathematics in each of our schools.

As you may recall from my recent letter, when a school does not meet AYP in any subgroup for two years, it is classified as a SINI school. David E. Owens was classified as SINI *last year*. But since it met the standards set forth by NCLB *this year*, it is considered a "hold" school for one year. Under No Child Left Behind (NCLB) grant provisions, this new designation still requires us to earmark 20% of our Title I allotment to provide Supplemental Educational Services (SES) for eligible students. Your child/children, currently in grades 6-8, can receive **free tutoring** in the areas of math, reading, and language arts, because your family meets the income eligibility requirements under the law.

You can choose the **free** Supplemental Educational Services (SES) provider that is best for your child. These programs have been approved by the State Department of Education and will provide your child with tutoring. A **complete list** of approved SES providers can be found at:

<http://education.state.nj.us/ses/2011/>

Some *local providers* of Supplemental Educational Services include:

A+ Tutoring Services

Sarah Yasin

1104 Johnson Court

New Milford, NJ 07646

201-836-2676

info@aplustutoringusa.com

Kumon North America

Matthew Lupsha

300 Frank W. Burr Boulevard, Suite 6

Teaneck, NJ 07666

201-928-0444 ext 369

educate@kumon.com or www.kumon.com

Sylvan Learning Center of Teaneck

Anthony DiGiacomo

1086 Teaneck Road, Suite 4-G

Teaneck, NJ 07666

201-837-0049

sylvanteaneck@verizon.net or www.sylvanlearning.com

When deciding which tutoring program is best for your child, you may want to ask these questions:

- When and where will the tutoring take place (at school, home, a community center)?
- How often and for how many hours in total will your child be tutored?
- What programs, by grade levels and subject areas, are available for your child?
- What type of instruction will the tutor use (small group, one-on-one, or the computer)?
- What are the tutors' qualifications?
- Can the tutor help if your child has disabilities or is learning English?
- How will the program assess your child's progress?

Please understand that we do not endorse nor recommend any one particular service provider. All SES providers are approved for and monitored by the State of New Jersey, and paid for with federal Title I funding awarded to the New Milford School District. You may contract with any approved SES provider on the State approved list. Feel free to call the providers directly for questions about what services they offer. Or you may call Danielle Shanley, Director of Curriculum and Instruction, at 201-261-2952, ext. 1118, if you have any questions.

If you would like to select a tutor now, you can fill out the enclosed provider selection form and return it in the self-addressed, stamped envelope provided:

Danielle M. Shanley, Director of Curriculum and Instruction
New Milford Board of Education
145 Madison Avenue
New Milford, NJ 07646

Applications are due as soon as possible, but will be accepted on a rolling basis.

If you choose to participate, you will receive a letter from New Milford School District telling you when the free tutoring will start.

If you do not want your child to participate, you must still return the form in the self-addressed, stamped envelope. School districts need to maintain records of all parents who refuse services. ***If you refuse services now, you may always change your mind and take advantage of services later.***

We want to continue serving your child, and we'll use all the resources available to us to help our students achieve. We will continue to communicate with you throughout the year regarding the school improvement efforts underway and hope you will join us in supporting our students and teachers as we work toward reaching our goals for next year.

Sincerely,

Michael A. Polizzi
Superintendent

c: Board of Education
Raymond Dorso
Danielle Shanley
Whitney Perro
Russel Petrocelli

Supplemental Educational Services Provider Selection Form

Name of Student:		
School: David E. Owens Middle School		
Date of Birth:	Circle Grade: 6 7 8 <i>(students in other grades are NOT eligible)</i>	
Address:		
City, State, Zip:		
Home Phone #:	Evening #:	Cell #:

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.

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.

First Choice	
Second Choice	
Third Choice	

- ❖ I understand that the district will enter into an agreement with the provider, and I will be notified to meet with the provider to set goals for my child.
- ❖ I understand that the provider will regularly inform me and the district 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 partial proficiency on the NJASK in math or language arts.
- ❖ 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 in the free supplemental educational services program this year.

1. Please indicate **Section A or B** above.
 2. **Please return** in the self-addressed, stamped envelope provided.

 (Signature of parent/guardian)

 (Printed name of parent/guardian)

 (Date)

