

*Sample Letter for Schools in School Improvement, Year 2*

**Date (Must be a minimum of 14 calendar days prior to the start of school)**

Dear Parent:

Under the federal No Child Left Behind (NCLB) Act of 2001, the Arkansas Department of Education (ADE) is required to identify all schools in need of improvement if the school does not make adequate yearly progress (AYP) for two consecutive years. The ADE has notified our administration that **(insert school name)** will be subject to **(insert SI Year and status)** requirements for failure to meet the state target for the percent of students proficient/advanced, during the **(insert school year)**, in **(literacy/and/or mathematics)** for the **(insert the population (s))**. Following, is information showing the expected AYP Target for the **(insert school year)** and the schools performance for the combined population and each subpopulation in the building.

**(State AYP Target: \_\_\_\_\_)**

**(List Percent Proficient/Advanced for Combined Population and each Sub pop for which the school was accountable for. Bold the population (s) that was below the target)**

Compared to other **(elementary/middle/high)** schools in the district, **(insert school name)** has a lesser percentage of **(insert the population (s) identified above)** students doing well in **(literacy/mathematics)**. If you would like more information regarding your child's school and how it compares to all schools in the state, please contact **(insert name)** at **(insert phone number)** or visit the Arkansas Department of Education's website at <http://arkansased.org/>.

Our school district is committed to providing additional support to your child's school and we are taking the following steps to address the problem of low achievement:

**(Include examples of additional support the LEA will be providing)**

In addition, **(insert school name)** has taken measures to implement the following programs during the upcoming school year that are designed to make a positive difference in the teaching and learning that occurs therein. **(Include examples of new programs that will be implemented during the upcoming school year)**

You are very important to your child's education. We invite you to become more involved in your child's school and partner with the school in helping address the academic issues that caused it to be identified for improvement. Following are ways in which you can become involved:

**(Include ways to become involved)**

Based on the AYP status of this school, your child is eligible to transfer to another public school in the district, that is not in need of improvement, and the district will provide transportation to that school.

*Please be aware that if the demand for choice exceeds funds available priority will be given to the lowest achieving students from low-income families. You may request a transfer to one of the following schools:*

***(If Choice is not an option insert the reason (s) i.e. you are a charter school; there are no other schools (with comparable grade configurations) in your district; and/or all the other schools are in “School Improvement”)***

If you would like your child to transfer to another school, please complete the attached transfer request and submit to **(insert info.)**.

If you have any questions concerning this letter or need additional information, or assistance, please contact **(insert contact information)**

In addition, any school identified for improvement (Year 2 +) is required to offer Supplemental Educational Services (SES) to eligible students from low-income families. These services are available to students **(during) (after)** the regular school day with educational providers (Title One funded schools) **(approved by the State Board of Education)** OR (Non Title One funded schools) **(selected by the district)**. (Title One funded schools) If the number of eligible students who apply for SES exceeds the financial resources available the lowest achieving students from low-income families will receive first priority.

If you are interested in SES please review the attached list of providers, willing to serve the students enrolled in this school, and return the attached SES application form to the district by **(insert date)**. If you need assistance in making a provider selection please contact **(name of person)** at **(phone number)**

Sincerely,

**(Superintendent of Schools)**