

TEMPLATE TO BE PLACED ON SCHOOL OR DISTRICT LETTERHEAD

NAME School District

NAME High School

Address

City, AR XXXXX

Date

Dear Parent/Guardian:

In accordance with §6-15-2012, Arkansas high schools must determine if high school students are meeting college and career readiness standards and offer a college transition course to better prepare those who do not demonstrate college and career readiness skills. ***NAME*** High School has determined, based upon the ***NAME*** assessment, that your student did not meet the College and Career Ready benchmarks as determined by the Department of Higher Education; therefore, your child is eligible for one or both of the transition course/s being offered during the **2015-2016** school year. These math and literacy transition courses were designed to help students be better prepared to attend college or career training after high school.

Please return this form to your student's high school counselor by ***DATE***.

Sincerely,

SCHOOL REPRESENTATIVE

NAME High School

Contact Information

After reviewing your student's test scores, our school staff recommends that your son or daughter take the ____ mathematics course and/or the ____ literacy course. This will be of no cost to you, your son or daughter.

Please check one of the boxes below:

Please allow my son or daughter to participate in the literacy/mathematics course(s).

I would not like for my son or daughter to participate in the literacy/mathematics course(s).

Parent/Guardian Signature