

\_\_\_\_\_ **County Schools**  
**Early Intervention Program**  
**Program Notification Form (Placement)**

Date: \_\_/\_\_/\_\_

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

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

Dear Parent:

The \_\_\_\_\_ County School System believes that educators should have high expectations for all children and that it is our responsibility to help students achieve the academic goals of performing at or above grade level in all subject areas. Children come to school at different stages of development and do not all learn at the same rate or with the same methods of teaching. Because of their differences, most children learn best when they are in small groups and have access to materials and activities which are adjusted to their pace and style of learning.

Your child has been selected to receive additional assistance in reading and/or math through the Early Intervention Program (EIP). In this program a certified teacher works in collaboration with the regular classroom teacher to provide supplementary instruction based on the needs of each student. An information meeting to discuss this opportunity for additional instruction has been scheduled for all parents of EIP students on \_\_\_\_\_. If you have any questions, please call one of the Early Intervention Program Specialists below.

\_\_\_\_\_  
Early Intervention Specialist  
Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

\_\_\_\_\_  
School

Please sign and return this for our records:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**County Schools**  
**Early Intervention Program**  
**Program Notification Form (Exit)**

Date: \_\_/\_\_/\_\_

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

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

In accordance with state law, the \_\_\_\_\_ Schools provides an Early Intervention Program (EIP) for students who are having difficulty in reading and/or math. The purpose of the program is to assist identified students in developing the reading and math skills necessary to be successful at their grade level.

Earlier in the school year, you received information that your child met the criteria to participate in the program. We are delighted to say that your child has shown tremendous improvement and at this time qualifies to exit the program. Students are eligible for exiting the program when they show proof of work that is equal to that of their grade level peers. However, if further difficulties in reading/ math should occur in the future, the school may again recommend additional assistance through the Early Intervention Program.

I, \_\_\_\_\_, Parent / Guardian of \_\_\_\_\_, understand that my child has met the criteria to exit from the Early Intervention Program for the school year \_\_\_\_\_. If, in the future, additional assistance is necessary, the school may recommend assistance through the Early Intervention Program.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date