

TITLE I

Fall 2021

Dear K-5 Parents,

When school begins, per teacher request, I will be screening some of our students for possible literacy services. So that I may have permission to screen your student, please check and sign below. If your child is screened and found to be eligible, you will receive a letter from me.

Giving permission does not necessarily mean that your child will be screened. If you have any questions, you may reach me at (815) 225-7141, Ext. 351

Thank you,
Mrs. Wroble, Title I Reading Teacher

Student _____

Classroom Teacher _____

___ Yes, you have permission to screen my child.

___ No, you do not have permission to screen my child.

Print Parent/Guardian _____

Signature _____

Date _____