

RICHARD E. BYRD MIDDLE SCHOOL

PARENT NOTIFICATION  
TIIP Intervention

To the parent/guardian of: \_\_\_\_\_  
(Student's Name) (Date)

\_\_\_\_\_  
(Date of Birth) (Grade) (Homeroom Teacher)

This letter is to inform you that currently your son/daughter is at risk of not meeting grade-level standards. Your son/daughter is not academically proficient as identified on the most recent academic data. To provide additional academic support, we have scheduled your son/daughter to attend Byrd's TIIP Academic Intervention in the following subject area:

- English Language Arts       Mathematics       Science       Social Science

Program Dates:  
Session 1 **Feb 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, Mar 2<sup>nd</sup>**  
Session 2 **Mar 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup>**  
Session 3 **Apr 27<sup>th</sup>, May 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup>**

Days & Times: **Saturdays 8:00 – 11:00 am**      Location: **A4 Building**

**Please complete the information below and return this form to your child's teacher.** Daily attendance is critical for your child's success and we look forward to your son/daughter participating in this program.

Sincerely

Dr. Wiltz  
Principal

January 29, 2019

-----tear-off-----

**Return to Mrs. Germic in A4101 or to the Main Office**

Parent/Guardian Statement:

I have received and understand the above information regarding the TIIP Intervention Program offered to students. I understand that my son/daughter is being provided this program because he/she is at risk of not meeting grade-level standards.

- Yes, I give permission for my child to attend.       No, I do not give permission for my child to attend.

\_\_\_\_\_  
Student Name (Print)      Grade      Date

\_\_\_\_\_  
Parent/ Guardian Signature      Parent/Guardian Contact Number

Office Use Only:    ELA \_\_\_\_    Math \_\_\_\_    Science \_\_\_\_    History \_\_\_\_