

APPENDIX D – SAMPLE CONFIRMATION OF ELIGIBILITY LETTER

North Dakota Department of Public Instruction

[School Letterhead]

NOTIFICATION OF SUPPLEMENTAL SERVICES—Notifying parents of whose children are selected as eligible for supplemental services

[Date]

Dear Parents,

We have received your request for supplemental educational services for your child [enter child's name].

At this time, we have received more requests for supplemental services than our school has funds to provide. In order to fairly distribute the funds available to our students for supplemental services, the school has identified fair and equitable criteria to determine which students are most in need of the supplemental services.

The purpose of this letter is to inform you that, based on the fair and equitable criteria identified by the school district, your child is Eligible Not eligible to receive supplemental services at this time.

If your student has been identified as eligible, enclosed you will find detailed information on each of the providers approved for the state of North Dakota [*download information from the ND Supplemental Services website at http://www.dpi.state.nd.us/title1/targeted/general/ses/ses_provider.shtm*]. It is especially important to review the type of services the provider offers, the qualifications of the provider, and the provider's success rate in working with other children.

Please review the information carefully and select the provider you feel would be most beneficial for your child. We will do what we can to help you receive services from the provider that you select.

We would like to begin providing services as quickly as possible. Please return the information below by [enter date].

Sincerely,
[District Title I Authorized Representative or Coordinator]

Please detach and return this section to the school by _____

- I wish to enroll my child in the supplemental services provided by _____
- I have decided not to enroll my child in supplemental services at this time.
- I would like the school to help me choose a provider for my child.

Signature of Parent		Date
Address	City	State/Zip
Telephone	E-mail	