

LAP

Date _____

Dear Parent(s)/Guardian(s) of _____

This letter is to inform you of a state-funded program called LAP which stands for Learning Assistance Program.

Students qualifying for the program are selected based on state test (MSP) results and teacher input. Staff will work closely with parents to develop an Accelerated Learning Plan (ALP) for each qualified student. These plans determine the services the students will receive. Accelerated Learning Plans are shared at the Partnership Conferences. Your participation at the conferences is essential to your child's academic success.

Your child will be receiving help in _____.

If you have any questions about the LAP Program please call (your school name). Your child's classroom teacher or principal will be happy to answer any questions.

We look forward to working with you and your child.

Principal

Classroom Teacher

LAP Teacher

Telephone Number

PLEASE SIGN AND RETURN THIS LETTER TO THE SCHOOL

_____ YES, I would like my child to receive help from the LAP Program.

OR

_____ NO, I would not like my child to receive help from the LAP Program.

Signature _____ Date _____