

Date: _____

Dear Parent/ Guardian of _____,

Benjamin Logan Elementary is very fortunate to have the Title I **Pouching** program which offers an easy way for your child to read nightly. _____ was selected for this program because he/she is not quite succeeding as an independent reader. Nightly practice will help your child gain the confidence needed to read first grade material easily. This program is targeted for students who need a boost but not the everyday routine of an intervention group. He/she will start bring a book home every day to read to you or another responsible adult. This is homework~ it isn't hard, but very important.

_____ will go to Mrs. Naragon's reading room and choose books from the tubs of books appropriate for his/her level. It's easy! Take 10-15 minutes and have your child read the book(s) to you. Sign the student record sheet that is kept inside the pouch and return the book in the pouch the NEXT day.

The book being sent home has probably never been read before. Please look through the pictures first and discuss any names or unusual words you may notice. As your child reads, encourage him to at least say the beginning sound of a word he does not know, or suggest a clue that may be in the picture or in the meaning of the story. Help as much as needed but try not to rob him/her of the opportunity to try to read. I will monitor your child's reading periodically to assess progress.

Please complete the contract attached to this letter and return it with your child to school as soon as possible so that your child can begin receiving this extra reading help. Please read the student responsibilities to your child and help him/ her sign the contract.

I look forward to working with you and your child. I know that by working together we will make your child more successful. Please fill out both sides of this contract and return as soon as possible. If you have any questions, please contact me at the school (937)-592-4838 Ext 4020.

Your partner in education,
Paula Naragon
Reading Intervention Teacher

_____ I **AGREE** to the extra help provided by Mrs. Naragon~ Title I teacher

_____ I **DO NOT** wish my child to receive extra help from Mrs. Naragon~
Title I teacher.

Parent Signature _____ Date _____