

## **VENTURA COUNTY BOARD OF EDUCATION**

**EXHIBIT NO. 0520.2**

**CLASSIFICATION:   Philosophy, Goals, Objectives  
                                  and Comprehensive Plans**

**SUBJECT:   Title I Program Improvement Schools**

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The following exhibits are used when a district school is identified for program improvement, corrective action or restructuring after failing to make "adequate yearly progress" for two or more consecutive school years. The No Child Left Behind Act of 2001 (20 USC 6316) requires that parents/guardians be promptly notified when a school has been so identified and be offered the option to transfer to another public school. This exhibit reflects requirements for the content of the notification contained in 34 CFR 200.44 and U.S. Department of Education draft non-regulatory guidance (Public School Choice, 2002).

**PARENTAL NOTIFICATION:**  
**OPTION TO TRANSFER OUT OF PROGRAM IMPROVEMENT SCHOOL**

Dear Parent/Guardian:

The \_\_\_\_\_ School is a Title I school receiving funds through the federal No Child Left Behind (NCLB) Act of 2001. The NCLB requires schools to be assessed each year to determine if they are making adequate yearly progress toward meeting the state's student academic achievement standards. For the past [number] years, the \_\_\_\_\_ School has not met the criteria adopted by the State Board of Education and so has been identified as needing [program improvement/corrective action/restructuring].

Federal law requires that all parents/guardians of students in this school be offered an opportunity to transfer their children to another district school or charter school. Such transfers would take effect on [date].

The following schools are available to accept transfers:

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Information about the performance and quality of each available school is enclosed, including information on academic achievement.

Other district schools may not appear on this list because either (1) the school is ineligible to accept transfers in accordance with 20 USC 6316 and 34 CFR 200.44, or (2) the Superintendent has determined that all transfer requests can be accomplished among the above schools.

If you decide you want to transfer your child, please submit your top [number] choices of schools on the enclosed form by [date] to the [district office or the principal at your child's school]. It cannot be guaranteed that your first choice will be available, but your preferences will be considered.

If you choose to transfer your child, the district will [provide transportation for your child to the new school] [reimburse your costs of transporting your child by private or public transportation] during the time your child's current school is designated as needing [program improvement/corrective action/restructuring].

If you decide to leave your child in his/her current school, please be assured that the school will be developing an improvement plan and undergoing a number of steps to improve the school's performance.

**PARENT/GUARDIAN TRANSFER REQUEST**  
**BASED ON SCHOOL'S PROGRAM IMPROVEMENT STATUS**

Instructions: To request a transfer for your child out of a school that has been identified for [program improvement, corrective action or restructuring], please complete the following form and return it by [return date] to [the district office or to the principal at your child's school]. You will be notified by [date] regarding your child's school assignment for the next school year and your options if you decide to decline the school assignment at that time.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

School Child Currently Attends: \_\_\_\_\_

Please write numbers in the boxes below to rank your top [number] choices of available schools:

[ ] \_\_\_\_\_ [school name] \_\_\_\_\_

[ ] \_\_\_\_\_ [school name] \_\_\_\_\_

[ ] \_\_\_\_\_ [school name] \_\_\_\_\_

If you have any questions, please contact the [district office or principal] at [phone number].

**PARENTAL NOTIFICATION:**  
**SUPPLEMENTAL EDUCATIONAL SERVICES**

Dear Parent/Guardian:

The \_\_\_\_\_ School is subject to the accountability requirements of the federal No Child Left Behind Act of 2001 for schools receiving Title I funds that fail to make "adequate yearly progress," as defined by the State Board of Education, toward meeting the state's student academic achievement standards. In accordance with those requirements, eligible students in the \_\_\_\_\_ School may receive supplemental educational services (such as tutoring and other supplemental academic enrichment services outside the regular school day) by a provider with a demonstrated record of effectiveness. The district has determined that your child is eligible based on family income.

You are entitled to select supplementary educational services for your child from a list of service providers approved by the State Board of Education. Approved providers that are within the district, are reasonably available in neighboring local educational agencies or are available through technology are listed below. A brief description of the services, qualifications and demonstrated effectiveness of each such provider is enclosed.

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Please submit your top [number] choices of service providers on the enclosed form by [date] to [the district office or the principal at your child's school]. It cannot be guaranteed that your first choice will be available. If funding is insufficient to serve all eligible students, or if a particular service provider is unable to serve all students who select that provider, priority will be given to the lowest achieving eligible students in the district.

If you wish assistance in choosing a provider or have any questions about this program, contact [ name ] at [ phone number ].

**PARENT/GUARDIAN SELECTION OF  
SUPPLEMENTAL EDUCATIONAL SERVICES**

Instructions: To select supplemental educational services for your child, please complete the following form and mail, fax or deliver it to the principal of your child's school or to the district office by [date].

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please write numbers in the boxes below to indicate your top [number] choices of service providers:

|           |                                  |
|-----------|----------------------------------|
| [ ] _____ | [name of service provider] _____ |
| [ ] _____ | [name of service provider] _____ |
| [ ] _____ | [name of service provider] _____ |
| [ ] _____ | [name of service provider] _____ |
| [ ] _____ | [name of service provider] _____ |

Once a service provider has been determined for your child, the district will enter into a formal contract with the provider in accordance with law.

If you have any questions, please contact [name] at [phone number].