

November 2023

Dear Parents and Guardians,

Your child has been selected to participate in the Lebanon Borough School's Academically Talented Program. After a review of your child's qualifications, it has been determined that he/she meets the criteria set forth for entrance.

Your child was identified after review of various criteria. A behavioral checklist was used which measures three areas: motivation, creativity and task commitment. They were also identified using the DIBELS assessment which measures letter sounds, and fluency as well as the mCLASS Atlas Text Reading Comprehension assessment. Additionally, we considered their beginning of the year Math and ELA assessments as well as last years' average with teacher recommendations. Lastly, in a typical year we would consider the New Jersey Student Learning Assessment scores for 4-6 graders. The scores from all those areas were then applied to a matrix to determine eligibility.

To learn more about the program, please view our policy on our website or contact Mrs. Lauren Baldoni. The attached parental consent form explains the responsibilities and expectations of the student's participation in the Academically Talented Program. In order for your child to participate in the pull-out portion of the program, both a parent and the student must sign and return the consent form to Mrs. Lawn, Academically Talented Teacher.

Sincerely,

Bruce Arcurio Ed.D.

**PARENTAL AND STUDENT CONSENT FORM
ACADEMICALLY TALENTED PROGRAM
LEBANON BOROUGH SCHOOL**

Students who have been selected and their parents or guardians who have given consent to participate in the AT Program must be in agreement with the following:

- Students are expected to maintain satisfactory achievements in the regular classroom IN ADDITION TO satisfactory performance in the AT Program.

- The AT Program for grades three through six is a self-contained program, though there may be times there is a lesson collaboration with classroom teachers. Mrs. Lawn will conduct an AT class weekly.

- **Attendance** is expected at each AT class session .

**Please complete the bottom of this form and return to:
Mrs. Baldoni
Academically Talented Teacher
Lebanon Borough School**

We have read and understand the conditions of the Academically Talented Program.
We **ACCEPT** the invitation to participate in the program for the 2023-2024 school year.

Students' Name: _____ Student's Signature:

_____ Parent/Guardian Signature:

We have read and understand the conditions of the Academically Talented Program.
We **DECLINE** the invitation to participate in the program.

Students' Name: _____ Student's Signature:

_____ Parent/Guardian Signature:
