



Early Intervention Program
Program Notification Form (Exit)

Date: __/__/__

Parent Name: _____

Student Name: _____

Classroom Teacher: _____ Grade: _____

Dear Parent:

In accordance with state law, Richmond County Schools provides an Early Intervention Program (EIP) for students who are having difficulty in reading and/or math. The purpose of the program is to assist identified students in developing the reading and math skills necessary to be successful at their grade level. Earlier in the school year, you received information that your child met the criteria to participate in the program.

We are delighted to say that your child has shown tremendous improvement and at this time qualifies to exit the program. Students are eligible for exiting the program when they show proof of work that is “on or above grade level”. However, if further difficulties in reading/ math should occur in the future, the school may again recommend additional assistance through the Early Intervention Program.

I, _____, Parent / Guardian of _____, understand that my child has met the criteria to **exit** from the Early Intervention Program for the school year _____. If, in the future, additional assistance is necessary, the school may recommend assistance through the Early Intervention Program.

Parent/Guardian Signature: _____

Signature Date: _____