

School Name
Address

Date

To the Sponsor of

(School Name) will be providing a lab class in (insert support class - reading, Algebra I, etc.) this school year. Research has shown that lab classes are an extremely effective way to enhance student achievement. The lab class is in addition to the regular classroom instruction and will allow your son/daughter the extra time and help needed to succeed. Lab classes will be scheduled within the existing school day, and students will receive elective credit for the class.

(School Name) is committed to helping all students achieve. Students are enrolled in the lab classes by a review of their Terra Nova Standardized Test scores and their past academic performance in (insert reading, math, etc.). Please discuss the important benefits of this support class with your son/daughter.

The DoDEA vision is, "Communities investing in success for ALL students." I believe that lab classes will help to ensure this vision. If you would like more information on the lab class call our counselor, (insert counselor's name and phone number). Please complete the information below and return it to the counselor's office by (insert date).

Principal's Signature Block

_____ Enroll my son/daughter in (insert name of lab class) lab class.

_____ I do not want my son/daughter enrolled in the class. (Please provide us feedback explaining your decision.)

Signature of Student

Signature of Sponsor

Date