

PINELLAS COUNTY SCHOOLS
EDUCATIONAL ALTERNATIVE SERVICES
PARENT NOTIFICATION OF CONTINUED ELIGIBILITY

Date _____ Parent or Guardian of _____ ,

As you know, your son or daughter is currently enrolled in _____. This is a voluntary program which has been designed to help your student experience improved school attendance and academic achievement in order to become more successful in school.

Your son or daughter continues to be eligible for this program for the _____ school year for the following reasons:

- _____ has been previously retained or is currently recommended for retention in grade. (academic achievement)
- _____ has a 2.0 GPA or less or is currently failing two or more subjects - needs additional learning support. (academic achievement)
- _____ has performed below ability level on recent standardized or individualized testing - needs additional support for pupil progression. (academic achievement)
- _____ has absences in excess of 8 a semester or 15 for the year - needs additional help with school attendance.
- _____ stressful family situation as documented by school personnel
- _____ participation is needed to maintain academic progress as documented by school personnel

We would like to remind you that as your student continues enrollment in this program, you have the right to review the placement of your student in this program and the right to request an evaluation of your student for an exceptional student program if you think he/she would qualify.

If you have questions regarding the continued enrollment of your student in this Educational Alternative Services program, **please call me or your student's counselor, team leader or teacher at _____ within ten days.** Please **sign and return white copy.** Thank you for your continued support and communication regarding your student's progress.

Sincerely,

Principal or Designee

EAS Designee

Parent Signature

Date

* * * * *

White - Program File

Yellow - Parent

Pink - Retained