



TITLE I DUVAL COUNTY PUBLIC SCHOOLS 2018-2019

Your child's school is trying to qualify for extra services for their students. Please help by following the directions below to complete this form and return it to the school. All information is kept confidential and is only used to determine funding for the entire school, not individual students.

Income Determination Form For Private Schools

Your family's home address: _____ zip code _____

Name of Private School: **Cornerstone Christian School**

Grade levels of all children living in your household and attending **this** school between Kindergarten-12th grade:

Using the chart below locate your family size (total number of people in your family, not just children) and the minimum income earned each month. Then answer the three questions below:

1. **Is your monthly income equal to or less than the amount listed below in the "Income earned month" column?**

Yes No (Please circle yes or no and please circle family size below).

Family size	Income earned each month*
1	\$1,872
2	\$2,538
3	\$3,204
4	\$3,870
5	\$4,536
6	\$5,202
7	\$5,868
8	\$6,534
For each additional family member, add \$666	

*Federal Register/Vol. 83, No. 89/Tuesday, May 8 2018; Income Eligibility Guidelines, U.S. Department of Agriculture, (Effective from July 1, 2018 to June 30, 2019).

2. **Does your family qualify for food stamps?**

_____ **Yes** _____ **No**

3. **Are you receiving Temporary Assistance to Needy Families (TANF)?
(Formerly Aid to Families with Dependent Children or Public Assistance)**

_____ **Yes** _____ **No**

Please return this form to your child's school. Thank you for your assistance.



**Educational Services Program
TITLE 1 – PARENT CONSENT**

Date: _____

School District: Duval County

School Year: 2019-2020

Student's Name: _____

School: Cornerstone Christian School

Date of Birth: _____

Principal: Ms. Donna Stables

Student's Grade: _____

Teacher: _____

Reason for Referral: Reading _____ Math _____

To Parents:

Your child is eligible to receive Title I services in the area(s) checked above from the sending school district. These services will be provided by a Third Party Contractor and will be paid for by the sending school district using Federal Title I funds.

In order to assess your child's needs, an evaluation will be provided. This may include a review of standardized test scores, informal testing and interviews with school personnel to assure your child receives the appropriate educational program. Student progress reports will be made available to you and your child's teachers during the school year.

At the end of the year, your child may be tested again on a standardized test to assess his/her progress. This test may be administered to your child even if he/she is no longer receiving services via the Third Party Contractor at the time of testing.

Before these services can begin, we must have your consent. This may be given by signing in the space below.

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE TITLE I INSTRUCTIONAL SERVICES

Signature of Parent or Guardian

Date

Please Print Name: Parent or Guardian

Email

Address: _____
Number Street

City

State

Zip Code

Home Phone: _____

Work Phone: _____

I DO NOT GIVE MY PERMISSION FOR MY CHILD TO RECEIVE TITLE I INSTRUCTIONAL SERVICES

Signature of Parent or Guardian

Date

Duval County Public Schools-Title I Non-Public Schools Program

Referral for School Year 2019-2020

PLEASE PRINT!

Private School: **Cornerstone Christian School**

Classroom Teacher: _____

Student LEGAL Name: _____

Parent Phone Number: _____

Grade in **2019-2020** school year: _____

Gender (circle one): Male / Female

Date of Birth: _____

Ethnicity: Hispanic _____ Non-Hispanic _____

Race: (Must circle one or more): American Indian Asian Black Pacific Islander White

Student Address: _____

City: _____

Zip: _____

Public School Attendance Area: _____

Please check the subject areas being requested for grades K-12:

____ Reading & Math

____ Reading only

____ Math only

Language Skills

- ____ Reads poorly
- ____ Does not recognize high frequency words
- ____ Seldom self-corrects
- ____ Cannot sustain reading behaviors alone
- ____ Does not use meaning of story to predict
- ____ Does not recognize phonemic blends

Math Skills

- ____ Does not know basic math facts
- ____ Has difficulty with number relationships
- ____ Difficulty naming geometric shapes
- ____ Does not understand fractional values
- ____ Cannot count by 2's, 5's and 10's to 100
- ____ Cannot tell time on a standard clock

Academic Skills

- ____ Has difficulty following simple directions
- ____ Has poor reasoning abilities
- ____ Cannot work independently
- ____ Has poor retention skills
- ____ Little or no listening comprehension skills
- ____ Does not recognize patterns
- ____ Cannot identify operation for word problems

Current Student Record Data. Check all that apply:

- ____ Repeating current grade
- ____ Non-retained but over age
- ____ Unsatisfactory progress report card
- ____ Difficulty maintaining grade level progress

Math grades 9-12

1. Standardized test name AND score expressed in percentile or grade equivalence: _____

2. Must complete one additional criteria:

- ____ Below grade level—indicate grade level _____
- ____ Report grade D or F only

Teacher observations explain: _____

Other: _____

Reading grades 9-12

1. Standardized test name AND score expressed in percentile or grade equivalence: _____

2. Must complete one additional criteria:

- ____ Below grade level—indicate grade level _____
- ____ Report grade D or F only

Teacher observations explain: _____

Other: _____

For office use only: DCPS Student ID #: _____

Reading: Yes / No / NA

Attendance area: _____

Entered by: _____

Math: Yes / No / NA

Title I decision: Yes / No

Date: _____