



ACADEMIC SUPPORT REFERRAL FORM: Grades 1-3

617-427-1545, x17
617-541-0550 – Fax
dlewis@metcoinc.org

PLEASE PRINT CLEARLY

DATE _____

STUDENT'S NAME _____ GRADE _____ D.O.B. _____

METCO COMMUNITY _____ IEP? YES / NO

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

CONTACT INFORMATION

HOME PHONE _____

WORK PHONE _____

CELL _____

EMAIL _____

ACADEMIC SUPPORT

(Please select the content area(s) in which your child needs support)

_____ MATH

_____ READING

_____ WRITING

SELECT UP TO THREE (3) DAYS/ STUDENTS IN GRADES 1-3 ARE SCHEDULED FROM 4-6PM

_____ MONDAY

_____ TUESDAY

_____ WEDNESDAY

_____ THURSDAY

NOTE TO PARENTS/GUARDIANS

We are excited that your son/daughter will be enrolled in the after school academic support program. Please inform the METCO Director and the bus driver which days that he/she will be dropped off at METCO Inc. Students should come with a snack and come prepared to learn and participate. Any student who is absent 10 or more days will be dropped from our enrollment list. Your child will be receiving academic support in a small multi-age group in reading, writing & math.

If your child receives special education services, we are unable to provide academic support based on the specific goals in the individualized education plan (IEP). We offer academic support based on the grade level standards/expectations outlined in the common core in reading, writing, and math.