

**Alki Middle School**  
**Non-Participation Letter**  
**Academic Support Elective**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Recent assessments have determined that your child qualifies to receive additional academic supports this year. Our goal is to accelerate your child's academic progress and to assist him/her in meeting state and district expectations. As a result, your child has been enrolled in our Academic Support Elective class. In this class, they will be provided lessons and support that supplement the regular classroom instruction, especially in math and reading.

You have communicated you would prefer your child have the opportunity to enroll in a second elective class, and opt out of the Academic Support Elective class where they will receive targeted services. Your signature indicates that you do not want your child to participate in the Academic Support Elective.

The classroom teachers will continue to keep you informed of your child's progress toward grade level standards. If you change your mind and would like your child to participate in the Academic Support Elective class at a later date, please contact the school office so we can look at scheduling options.

Please feel free to contact us at any time if you have further questions.

\_\_\_\_\_  
Parent or Guardian Signature