

Supplemental Educational Services (SES) PROVIDER SELECTION FORM (2011-2012)

PLEASE PRINT

Please return to _____ on or before the deadline, _____

Student's Name _____

School _____ Grade _____

Check all boxes that apply:

My son/daughter **WILL** participate in the free tutoring sessions called the supplemental educational services program as it is described in the *No Child Left Behind Act of 2001*.

(From the provided state-approved list, name a first and second choice.)

I select _____ (first choice).
(State-approved provider's name)

I select _____ (second choice).
(State-approved provider's name)

By signing, I understand that if there are not enough funds to cover the free tutoring for all of the students who choose to participate, low income, low-achieving students will be given first priority.

I understand that the school district will enter into an agreement with the provider and that I will be notified of the time to meet with school personnel and provider to set achievement goals for my child.

I understand that the provider will regularly inform my child's teacher and me of his/her progress.

I understand that I need to notify the school if my child stops attending the tutoring sessions.

(Signature of Parent/Guardian)

(Date)

(Printed name of Parent/Guardian)

(Daytime Telephone Number)

(Evening Telephone Number)