
SUPPLEMENTAL EDUCATIONAL SERVICES - PROVIDER SELECTION FORM (2011-2012)

Please return to Jo Poole Board of Education, Rainsville, Al on or before the deadline, October 3,2011

Student's Name _____ (Please Print) **School** _____
Grade _____

Please check: _____ 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, please list a first and second choice.

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

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

By signing, I understand that if funds are insufficient to cover the free tutoring for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.

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 not disclose to the public the identity of my child without my permission.

I understand that the school system will share with the provider educational data that is necessary for tutoring. This includes, but is not limited to test scores, information from individual educational plans and teacher recommendations.

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)