

SUPPLEMENTAL EDUCATIONAL SERVICES PROGRAM REQUIREMENTS

MASFPS Indexed Organizer Second Edition (May 2005)

Title I, Part A: Supplemental Educational Services District Law No Child Left Behind Act of 2001, Title I, Part A, Section 1116e

Purpose: The purpose of supplemental educational services (SES) is to provide extended day/year tutoring and remediation for low-income students in the Title I building failing to make Adequate Yearly Progress (AYP) for three consecutive years.

Completed	SES Program Requirements	Notes
	Read the law.	Refer to Section 1116 of the law.
	Read the Guidance.	Refer to www.ed.gov .
	Determine set-aside allocation.	Refer to Section 1116(b)(10) of the law. Refer to Michigan Department of Education (MDE) worksheet.
	Consider becoming an SES provider.	<i>Optional</i> Refer to application available on www.michigan.gov/mde .
	Notify all parents of school improvement status.	Refer to sample letter.
	Develop contract for district and SES provider.	Have district attorney review. Refer to sample contract.
	Determine per student allocation for services.	Divide Census Poverty number into total district allocation to determine per pupil allocation for services. Refer to www.michigan.gov/mde . Refer to sample worksheet.
	Determine eligible students based upon free/reduced lunch count.	Contact district Food Services department.
	Collect student achievement data and prioritize by lowest achieving students.	District shall determine which data and criteria to use (e.g., MEAP, running records, MAT8, ITBS, or other assessments).
	Send letter to state approved providers, including: <ul style="list-style-type: none"> • Letter of intent • Contract 	Refer to www.michigan.gov/mde . Refer to sample letter and contract.

Completed	SES Program Requirements	Notes
	Notify parents of low-income students of SES eligibility.	Refer to sample letter.
	Develop an Individual Supplementary Educational Services Agreement (ISESA) for each student.	ISESA should include goals, assessments, timelines, etc. Refer to sample ISESA.
	Determine if providers will be permitted to use district facilities and establish fees.	Some providers may request the use of school facility.
	Check availability of building/s if you choose to rent space.	Recommended use of buildings identified for school improvement. If you use your buildings, it is recommended that you have a local administrator/teacher on site during SES.
	Schedule SES provider fair.	<i>Optional</i> Invite parents, providers, principals and teachers.
	Schedule meetings with parent, teacher and provider.	Complete ISSA at this meeting.
	Collect monthly student progress reports.	Recommend developing a management system (i.e., notebook, files, etc.)
	Pay providers monthly.	Providers must submit a detailed invoice including number of hours of service for each student. Refer to sample invoice. Do not pay in advance of service.
	Evaluate programs. Survey all involved parties (i.e., parents, students, teachers, providers).	Refer to sample survey.

LETTER TO PARENTS FROM DISTRICT

<Date>

Dear Parent:

<**School District**> always strives to provide our students with a positive educational experience. Our district receives funding from many sources, one of which is Title I, Part A. Title I, Part A is a grant issued by the federal government.

As a requirement for receiving funds under this program, each school in <**District**> must demonstrate academic success through the annual MEAP tests. The guidelines developed by the Michigan Department of Education indicate that we did not make “adequate yearly progress”. This means we need to strengthen achievement in the areas of reading and mathematics.

As a result, some students will be provided the opportunity to receive **free tutoring services**. This letter is to inform you that your student has been identified to participate in this program.

Attached to this letter are the names of the providers that have been approved by the State of Michigan to provide tutoring services before or after school (Attachment A). You, as the parent, have the responsibility for selecting the provider. The district will pay for up to \$<**per student allocation**> of tutoring for this school year. Please carefully review the list of eligible providers and the descriptions of their services and costs. Also enclosed is a list of questions (Attachment B) that might help you to make your decision.

The Parent Request for supplemental educational services form (Attachment C) must be received by <date> in order for your student to receive free tutoring services.

If the district receives more applications than there is space available, students will be selected based on academic need. Students who demonstrate the greatest academic need will be offered services first. If your student is not selected to receive tutoring services, you will be notified by mail.

If your student is selected to receive services, we will send a confirmation letter to you, the provider you selected, and your child’s school. In addition, you will be required to meet with your child’s teacher and the provider prior to beginning services. An Individual Supplemental Educational Services Agreement will be signed at this meeting. This agreement identifies the services, cost, and location where the services will occur; how your child’s progress will be measured and reported to you and the school; a timeline for improving achievement; the procedure for terminating services with a provider; and the responsibility for maintaining confidentiality requirements. A copy of this form is enclosed.

Students must regularly attend to continue to receive service. Students are required to sign-in daily.

If you have any questions about a particular program, please call that provider directly at the number provided. For other questions, please contact <**Name, phone, email**>.

Sincerely,

<**Contact Information**>

SUPPLEMENTAL EDUCATIONAL SERVICES PARENT QUESTIONNAIRE

1. In what content areas are you prepared and qualified to provide support services to my child?
2. What do you currently use to monitor and assess my child's progress?
3. How do your assessment measures reflect state content standards?
4. What evidence can you show me that demonstrates the effectiveness of your program?
5. How will my child's progress be reported to the school and to me?
6. How are instructors selected?
7. How many other students and teachers will be in a tutoring group with my child?
8. What programs, materials, and instructional strategies will you use to teach my child?
9. How frequently will my student receive your service?
10. What do you currently include as a "guarantee" of your effectiveness as a provider?
11. What are the options/ramifications if my student fails to attend or participate in your services?
How will attendance be monitored and reported?

Optional Questions for Parents of Children with Special Needs

1. English is not my child's primary language. How will you support his/her needs?
2. How will your learning plan be connected to my child's Individual Education Plan (IEP)?

PARENT REQUEST FOR SUPPLEMENTAL EDUCATIONAL SERVICES

<DISTRICT>

Student Name
School Name

1st Choice for Supplemental Educational Services Provider:

2nd Choice for Supplemental Educational Services Provider:

3rd Choice for Supplemental Educational Services Provider:

I understand that:

- My student must regularly attend the program. If he/she is consistently absent, my student will be dropped from the program.
- The district is only obligated to pay approximately \$<XXX.00> for the services I have selected.
- Supplemental educational services will terminate on <date> or until my student has utilized the dollar amount allocated for his/her tutorial support, whichever comes first.
- Any transportation costs to and from the SES provider’s location are the responsibility of the parent.
- I must attend a meeting with a representative of the agency/provider and the school’s representative to establish goals for my student.

▼ Parent Signature	▼ Date

**This form must be returned by <date> to:
<Contact Person>
<Title>
<Address, Phone, Email, Fax>**

DETERMINING THE SUPPLEMENTAL EDUCATIONAL SERVICES ALLOCATION

MASFPS Indexed Organizer Second Edition (May 2005)

Title I, Worksheet B

Instructions: The purpose of supplemental educational services is to provide extended day/year tutoring and remediation for low-income students in the Title I building failing to make Adequate Yearly Progress (AYP) for three consecutive years.

1. Total Title I, Part A Grant Allocation:

Enter the total amount of money your district received for its Title I, Part A allocation before any set asides have been deducted.

\$ _____

2. Census Poverty Data:

Determine the number of children aged 5 through 17 from families below the poverty level living in your district based on the most recent census estimates received from the Michigan Department of Education.

\$ _____

3. Divide line 1 by line 2.

This is your per student SES allocation (what NCLB requires you to spend on SES for each student, unless that cost is less).

\$ _____

LETTER TO PROVIDERS FROM DISTRICT

<Date>

<Contact Information>

Dear Supplemental Educational Services Provider:

Beginning in September, <School District> will provide the opportunity for parents to select and receive up to \$<Per Student Allocation> of supplemental educational services for eligible students attending <List Schools>. These schools are identified for improvement under the No Child Left Behind Act of 2001 for failure to make adequate yearly progress. Each school also serves a significant number of high poverty students.

It is our understanding that you have been approved by the Michigan Department of Education to provide supplemental educational services in this region. In order to be eligible to provide services within our district, you must complete the attached forms and return them to our district office on or before <date>. Submission of The Letter of Intent for Supplemental Educational Services Providers (**Attachment A**) and the Master Contract (**Attachment B**) are the initial requirements necessary to be placed on our district list for distribution to parents.

We look forward to <developing/continuing> a positive working relationship with you that will benefit the students of <School District>. If you have any questions, please contact <Name/me> at <phone> or <email>.

Sincerely,

<Name>

<Title>

<Other Contact Information>

LETTER OF INTENT FOR SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS

<DISTRICT>

Provider	
Address	
Contact Person	
Phone Number	Fax Number
Email	

Give a brief description (a paragraph) that can be sent to parents identifying the types of services your company can provide to students:

List all cost(s) associated with your program:

Location of services:

Please fax or mail this form by *<date>* to:
<Contact>
<Title>
<Other Contact Information>

SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS SAMPLE CONTRACT

<DISTRICT>

CONTRACT

TITLE I – SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDERS

THIS CONTRACT (“Contract” or “Agreement”) is made and entered into on <Month> <##>, 200_, between the _____ (hereinafter referred to as “LEA” [Local Educational Agency] or “District”), a public school district operating under the laws of the State of Michigan, and _____ the Supplemental Educational Service Provider (hereinafter referred to as “PROVIDER”) for the purpose of providing certain supplemental educational services to eligible LEA students. “Eligible students” are those students identified by the District who meet specific requirements under Title I.

WHEREAS the federal No Child Left Behind Act, 20 USCA 6301 et seq (“the Act”), requires an LEA to provide certain supplemental educational services under circumstances described in the Act; and

WHEREAS the Act requires the State Education Agency (“SEA”) to establish criteria for Supplemental Educational Service Providers and approve individuals or entities from which providers may be chosen; and

WHEREAS the SEA in Michigan, the Michigan Department of Education (“the Department”) has established such criteria and approved Supplemental Educational Service Providers; and

WHEREAS PROVIDER is an approved Supplemental Educational Service Provider; and

WHEREAS PROVIDER is willing to provide such services to LEA’s eligible students under the terms of this Contract if selected;

NOW THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES CONTAINED HEREIN, it is agreed between the parties as follows:

1. Individual Supplemental Educational Services Agreements

An Individual Supplemental Educational Services Agreement (ISESA) shall be developed by LEA in consultation with parent and PROVIDER, for each eligible student whose parent elects to receive supplemental educational services from PROVIDER. Changes in any student’s ISESA may only be made with the written consent of LEA in consultation with parent. PROVIDER, LEA or parent may request a review of a student’s ISESA. PROVIDER shall provide, to be included in each student’s ISESA, information including but not necessarily limited to, a statement of specific achievement goals for each student, a description of how the student’s progress will be measured, a timetable for improving achievement that—in the case of a student with disabilities—is consistent with the student’s Individual Education Program under section 614(d) of the Individuals with Disabilities Education Act, and a description of how the student’s parents and the student’s teacher(s) will be regularly informed of the student’s progress.

PROVIDER shall not unilaterally terminate any ISESA. PROVIDER shall obtain written authorization from LEA before terminating any ISESA.

Parent shall not be charged for any services rendered under the ISESA unless such services and charges are clearly identified in writing and agreed upon in advance in writing, signed by the parent. In no event shall such changes obligate the LEA financially, nor shall the LEA incur any obligation or expense in excess of the state/federal reimbursement amount set forth in this contract. Services paid for by the LEA are limited to the amount of the District's Title I per pupil allocation or the actual cost of the supplemental educational services, whichever is less.

The form of ISESA to be used under this Agreement is attached hereto as Attachment A.

2. Parent Defined

For the purpose of this Contract, a parent is the natural or adoptive parent, legal guardian, or a surrogate parent appointed by LEA.

3. No Disclosure of Identity

PROVIDER assures that the identity of any student eligible for, or receiving, supplemental educational services will not be disclosed to the public without the written permission of the parent.

4. Student Records

PROVIDER shall keep all student records in a secure location, preventing access by unauthorized individuals. PROVIDER will maintain an access log delineating date, time, agency, and identity of any individual accessing student records who is not in the direct employ of the PROVIDER. PROVIDER agrees to provide access to and copies of student records to LEA and/or the parents of LEA's student. PROVIDER shall not forward to any other person other than parent or LEA any student record without the written consent of the parent or LEA. Upon completion or termination of the ISESA or termination of this Contract, PROVIDER shall immediately turn over to LEA all student records for LEA's eligible students to whom PROVIDER has provided services under this Contract.

5. Access by LEA

PROVIDER shall notify LEA of the location and/or any change in location at which it is providing services to LEA's eligible students. It shall allow access to its facilities for periodic monitoring of each student's instructional program by LEA and shall be invited to participate in the review of each student's progress by LEA. LEA representatives shall have access to observe each student at work, observe the instructional setting, interview PROVIDER, and review each student's progress.

6. Fingerprints

PROVIDER shall conduct a criminal background check of its employees and, upon receipt of those checks, certify to the LEA that no employee of PROVIDER working with students of the school district has been convicted of a violent or serious felony as defined by statutes. PROVIDER shall supply LEA with a list of names of those employees who are cleared to work with students of the LEA. A fingerprint certification form will be submitted with monthly invoices and attendance registers. PROVIDER assures that all staff providing instruction to qualified children meet the state requirements for criminal history check and the state requirements for information regarding previous unprofessional conduct (MCLA 380. 1230, MCLA 380.1230a, MCLA 380.1230b).

7. Independent Contractor Status

This Agreement is by and between two independent agents and is not intended to and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association. PROVIDER understands and agrees that it shall be responsible for providing its own salaries, payroll taxes, withholding, insurance, workers compensation coverage and all other benefits of any kind, as required by law for its own employees, and assumes the full responsibility for the acts and/or omissions of his/her employees or agents as they relate to the services to be provided under this agreement.

8. Conflict of Interest

PROVIDER shall furnish LEA with a valid copy of its most recently adopted corporate or partnership agreements or bylaws, or other information satisfactory to LEA so that LEA may determine the identities of decision-making individuals of PROVIDER. Further, PROVIDER shall timely update said information as changes in such governance occur. PROVIDER shall avoid any actual or potential conflict of interest on behalf of itself or its employees providing services hereunder, including, but not limited, to employment with LEA.

9. Accident/Incident Report

PROVIDER agrees to submit a written accident report to LEA immediately, and in all cases within no more than twenty-four (24) hours of an accident or incident when a pupil has suffered an injury, injured another individual, or has been involved in an activity requiring notification of law enforcement or emergency personnel.

10. Discrimination

PROVIDER shall not discriminate on the basis of race, color, religion, gender, national origin or ethnicity, age, disability, height, weight, marital status or any other factor prohibited by law, in employment or operation of its programs.

11. Child Abuse Reporting

PROVIDER assures LEA that all staff members, including volunteers, are familiar with and agree to adhere to child abuse, child neglect and/or missing children reporting obligations and procedures under Michigan law, including but not limited to MCLA 722.621 et seq. PROVIDER agrees to provide annual training to all its employees regarding mandated reporting of child abuse and missing children. PROVIDER agrees that all staff members will abide by such laws in a timely manner.

PROVIDER shall submit immediately by facsimile and mail, within twenty-four (24) hours an accident or incident report to LEA when it becomes aware of circumstances including, but not limited to, allegations of molestation, child abuse or missing children under PROVIDER's supervision. PROVIDER understands and agrees that provision of such accident or incident report is not a substitute for PROVIDER's own compliance with laws relating to child abuse, child neglect and/or missing children.

12. Supplies, Equipment and Facilities

PROVIDER shall be solely responsible for the provision of all appropriate supplies, equipment, and facilities for a pupil as required in his/her ISESA. If PROVIDER desires to use District facilities, it must make a separate application for use of facilities through the District's Use of Facilities procedures.

13. Inspection and Audit

PROVIDER shall provide access to records or reports, or other material relating to the Contract, upon request by LEA. Financial records related to the Contract shall be maintained by PROVIDER for five (5) years and shall be available to LEA or its designee for audit.

14. Indemnification

PROVIDER shall defend, hold harmless, and indemnify LEA and its governing board, officers, agents, and employees from and against all liabilities and claims for damage for death, sickness, or injury to any person(s) or damage to any property, including, without limitation, all consequential damages and expenses (including attorney fees), from any cause whatsoever arising from or connected with its service hereunder, resulting from the negligence or intentional acts of PROVIDER, its agents or employees. It is understood and agreed that such indemnity shall survive the termination of this agreement.

15. Insurance

During the entire term of this agreement and any extension or modification thereof, PROVIDER shall keep in effect a policy or policies of liability insurance, including coverage of owned and non-owned vehicles used in relation to the performance of service(s) by PROVIDER, of at least _____ for each person and _____ for all accidents or occurrences for all damages arising out of death, bodily injury, sickness or disease from any one accident or occurrence, and _____ for all damages and liability arising out of injury to or destruction of property for each accident or occurrence. Not later than the effective date of this Agreement, PROVIDER shall provide LEA with evidence of insurance satisfactory to LEA, naming LEA as additional certificate holder, including a provision for a twenty (20) calendar day written notice to LEA before cancellation or material change, evidencing the above-specified coverage. The PROVIDER shall at its own cost and expense, procure and maintain such insurance as may be required under the Worker's Compensation Law of Michigan, if applicable. LEA reserves the right to revise the requirements of this provision at any time.

16. Monthly Invoices and Payment for Services

PROVIDER shall be paid for services as provided in Attachment B hereto, which is incorporated herein as though set forth in its entirety. PROVIDER shall submit to LEA monthly invoices itemized by name/address of student, service provided and actual number of hours for which services were provided, and amount owed. Such invoices shall be submitted within thirty (30) days of the rendering of services. LEA shall process payments to PROVIDER within forty-five (45) days of submission of such invoices. Such monthly invoices shall be accompanied by a report on each student's progress, together with an attendance report, initialed as accurate by parent, for each student. Further, the fingerprint certification required by Paragraph 6 above shall accompany each invoice.

17. Records of Attendance

PROVIDER shall maintain daily records of student service provided, including the name/address of student, the name of PROVIDER's employee who rendered the service, and the amount of time of such service. In addition to providing the attendance report described in Paragraph 16 above, PROVIDER shall permit access to and/or provide a copy of such records to LEA upon request.

18. Right to Withhold Payment

LEA may withhold payment to PROVIDER, when in the opinion of the LEA:

- a. PROVIDER's performance, in whole or in part, either has not been carried out or is insufficiently documented.
- b. PROVIDER has neglected, failed, or refused to furnish information or to cooperate with the inspection, review, or audit of its program, work, or records.
- c. PROVIDER has breached any provision of this Agreement or its attachments.
- d. PROVIDER has failed to submit the invoice in a timely manner.

If LEA determines to withhold payment, it shall provide a written notice and explanation of its reason for doing so to PROVIDER, which shall have fourteen (14) calendar days from the date of receipt of said notice to correct such deficiency.

19. Modifications and Amendments

This Contract may be modified or amended only by a written document signed by authorized representatives of PROVIDER and LEA. No change in this Contract or in the ISESA shall result in a LEA financial obligation to PROVIDER in excess of the amount set forth in Attachment B to this Contract.

20. Disputes

PROVIDER and LEA agree that all claims which arise out of or relate to this Agreement between them shall be settled by arbitration in **<County>**, Michigan, administered by and under the Rules of the American Arbitration Association. Such arbitration is intended to be the sole and exclusive remedy and forum for all such claims, and the decision and award of the arbitrator is intended to be final and binding between the parties as to all claims which were or could have been raised at any step in the arbitration procedure. The decision and award of the arbitrator is also intended to be enforceable in any court of competent jurisdiction. In accordance with MCLA 600.5001 et seq and MCR 3.602, upon issuance of the arbitrator's decision and award, judgment in any court of competent jurisdiction shall be rendered on the award and entered so as to enforce its provisions. The selected arbitrator shall be empowered to set a hearing, hear testimony and examine evidence the parties may present. The arbitrator shall have no authority to add to, detract from, change, amend or modify the terms of this Agreement. The arbitrator's fees and expenses shall be shared equally by the PROVIDER and the LEA; each party shall be responsible for its own costs and fees.

21. Termination

This Agreement terminates at 5 p.m. on _____ unless terminated sooner as provided in this Paragraph:

- a. This Agreement may be terminated by LEA or PROVIDER at any time. It shall be terminated by LEA if PROVIDER is unable to meet the specific student academic achievement goals and timetables for improving student academic achievement, as identified in students' ISESAs.

PROVIDER's exercise of its right to terminate this Contract shall not alleviate its responsibilities to complete any existing ISESAs. To terminate this Contract, either party shall give twenty (20) calendar days written notice as provided herein prior to the date of the termination. Upon termination without default of PROVIDER, LEA shall pay for all unpaid services satisfactorily performed to date of termination.

- b. In consideration of this payment, PROVIDER waives all rights to any further payment or damage. Upon termination, PROVIDER shall turn over to LEA all student records in its possession generated as a result of services rendered under this Contract, possessed by PROVIDER or under its control at the time of termination, as well as any student records or other documents provided to PROVIDER by the LEA in the course of this Contract.
- c. An Individual Supplemental Educational Services Agreement may be terminated by PROVIDER only upon consent of the LEA. An ISESA shall terminate if the student ceases to be enrolled in the District. Upon termination under this paragraph, final payment from LEA will be calculated on a straight pro-rata basis by multiplying the percentage of the completed services, as determined by LEA, by the total agreed-upon contract amount, then subtracting any previous payments made on the ISESA by LEA.

22. Compliance with Laws

During the term of this agreement, PROVIDER shall comply with all applicable federal, state and local statutes, laws, ordinances, rules and regulations relating to the provision of supplemental educational services, including securing and maintaining in force such permits and licenses as are required by law in connection with the furnishing of services pursuant to this Contract.

23. Entire Agreement

This Contract and its attachments constitute the entire agreement between LEA and PROVIDER, and supersede any prior or contemporaneous understanding or agreement with respect to the services contemplated.

24. Governing Law

The terms and conditions of this agreement shall be governed by the laws of the state of Michigan.

25. Severability Clause

If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement shall be severable and remain in effect.

26. Notices

Notices required under this Contract shall be valid when mailed via first class postage or personally delivered to the parties' authorized representative, as indicated below.

27. Authorized Representative

The persons signing this Contract certify they are the authorized representatives of the respective parties, and are authorized to sign this document.

Provider: _____

District: _____

BY: _____

(Type/Print Name & Title)

BY: _____

(LEA Representative Name & Title)

Fed ID#: _____

DELIB:2427995.1\099999-90030

AGENDA FOR INDIVIDUAL SES AGREEMENT (ISESA) MEETING

- 1. Introductions**
- 2. Distribute ISESA**
- 3. Go over Parent/Provider disclosure (Must be initialed)**
- 4. Teachers and parent(s) are seated together**
- 5. Have provider give overview of services**
- 6. Have teacher give input on student's progress, areas of need**
- 7. Fill out ISESA**
 - Goals
 - Measuring progress
 - Timeline
 - Inform monthly (with payment invoice)
 - Procedure for notification: in writing
 - Services (days, times, type)
 - Attendance (two consecutive absences result in termination)
 - Termination of services
 - Method of payment: monthly (form is attached)
- 8. Signatures**
- 9. Review payment form (Must be initialed by parent)**

INDIVIDUAL SUPPLEMENTAL EDUCATIONAL SERVICES AGREEMENT (ISESA)

<DISTRICT>
<District Department/Office>

Student Name	
Student Number	Grade
School	Parent Selected Provider
Special Services Student Receives: <input type="checkbox"/> English Language Learner <input type="checkbox"/> Special Education	
Date of meeting: <input type="text"/> / <input type="text"/> (month/year)	

List Specific Achievement Goals:

Identify a Measurement of Progress for Each Goal:

What is the timeline for improving achievement? In the case of a student with disabilities, the timetable must be consistent with the student's Individual Education Program (IEP) pursuant to the Individuals with Disabilities Education Act.

How will parents and the student's teacher be regularly informed of student progress?

Subject Area: English Language Arts/Reading Math **Other:** _____

Numbers of days of service covered by this agreement: _____

Location of services: _____

Type of Service: Individual Small group (less than 6) **Other:** _____

Attendance

Students must attend supplemental educational services sessions on a regular basis. Absences in excess of **<days>** days will result in termination of services. The supplemental educational service provider is responsible for notifying the district and parent that services have been terminated.

Termination of Services

The parent, district representative, and supplemental educational services provider have a right to terminate services if the provider is unable to meet stated goals and timelines. Parents will notify the district in writing their request to terminate the services of a provider.

Method of Payment

Each supplemental educational services provider will submit a monthly calendar indicating the hours of services received by the student and signed off by the parent. This calendar will identify the hourly rate per student.

This student will receive up to \$_____ for the 20____ - 20____ school year for supplemental educational services. Any request for additional funds are outside the responsibility of the district and rests with the supplemental educational service provider and parent.

The provider will submit a request for payment, along with a student attendance record, and fingerprint certification form by the **<day>** of each month.

Parent and supplemental educational service provider agrees to an hourly payment rate of \$_____.

I agree that <District> may release the information in this document to the provider I have selected for my child.

▼ Parent Signature	▼ Date
▼ Printed Name	

I, a designated representative for the supplemental educational services provider, agree that the provider will not disclose to the public the identity of this student without written consent of the parent.

▼ Provider Signature	▼ Date
▼ Printed Name	

▼ District Signature	▼ Date
▼ Printed Name	

PARENT CONSENT FORM

Request for Release of Student Information to Supplemental Educational Services Providers

<DISTRICT>

<District> may be required to provide your child's academic information to the supplemental educational services provider you have selected. Please check the appropriate box below to indicate whether you wish to have your child's grades and/or schedule revealed to the supplemental educational services provider you have chosen.

- Please provide _____ with the academic information they request for my child.
- Do not disclose my child's academic information. Please contact me if you have any questions.

Student Name	ID Number
School Name	
Parent Name	Phone Number
Parent Signature	Date