

FREE TUTORING!
(SUPPLEMENTAL EDUCATIONAL SERVICES)
PROVIDER SELECTION FORM

Student's Name (printed): _____

School: _____ School Year: _____

Please read the information below and respond by checking the box that applies:

I would like my child/legal ward to participate in free tutoring.

○ I understand that I may not receive my first choice of SES Providers (because the provider's minimum number of students is not reached or the provider is no longer able to serve my child's school). Therefore, I am selecting my top three choices of state-approved providers from the SES Provider list that was sent to me.

My first choice is _____
(Name of State-approved provider)

My second choice is _____
(Name of State-approved provider)

My third choice is _____
(Name of State-approved provider)

○ I understand that the district will enter into an agreement with the provider, and will meet with me and the provider to set academic goals for my child.

○ I understand that the provider will regularly inform me and my child's teacher(s) of my child's progress.

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

○ I understand that I have the right to terminate services early if progress made is unsatisfactory or the provider does not fulfill requirements as outlined in the agreement.

○ I understand that my child's name, phone number, and academic information will be given to the selected provider.

I would not like my child/legal ward to participate this academic year in the Supplemental Educational Services free tutoring program.

(Signature of parent/guardian)

(Date)

(Printed name of parent/guardian)

(Daytime telephone number)

(Evening telephone number)