

FREE TUTORING!
(SUPPLEMENTAL EDUCATIONAL SERVICES)
PROVIDER SELECTION FORM

Please read the information below and respond by checking the box that applies. Please return form by Oct. 10

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

- I am selecting the state-approved provider from the list provided to me.

First Choice _____
(Name of State-approved provider)

Second Choice _____
(Name of State-approved provider)

Third Choice _____
(Name of State-approved provider)

- I understand that the district will enter into an agreement with the provider, and will either meet with the provider and me to set academic goals for my child, or closely examine the goals set by the provider and me.
- 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 contact information (as detailed below), my child's name, phone number, IEP (as applicable) and academic information will be given to the selected provider.
- I understand that the provider will regularly inform my child's teacher(s) as well as myself of my child's progress.

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

Student's Name (printed): _____ Student's Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

(Signature of parent/guardian)

(Date)

(Printed name of parent/guardian)

(Parent/Guardian's email address)

(Street Address)

(City, State Zip Code)

(Home telephone number)

(Alternate telephone number)