

Picayune School District
SUPPLEMENTAL EDUCATIONAL SERVICES
PROVIDER SELECTION FORM (20__ - __)

Please return to _____ on or before the deadline, _____

Student's Name _____

(Please Print)

School _____ Grade _____

Check all boxes that apply:

My son/daughter **WILL** participate in the 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 funds are insufficient to cover the 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 the 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 LEA will share with the provider educational data that is necessary for tutoring.

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)