Help your child succeed in school! Request for Free SES Tutoring

No Child Left Behind Supplemental Educational Services (SES) Program

Instructions to Parents/Guardians:

- Complete all the information and return this form to the main office at your child's school.
- Please PRINT the following information. Providers will use this information to contact you for tutoring services.
- Complete and submit a separate form for each student. Submit only one form per student. If multiple forms are received, the district will process the first form received.

District Name:						
Campus Name:						
Student Name: (First, Middle, Last)						
Student ID: (Optional) Gr		Grade:	Student Date of Birth: (Month, Day, Year)			
Home Address:						
City, Texas ZIP:						
 Tutorials for Attendance tutoring. I agree for the provide All student learning 	my child's TAKS an r selected below. Th g plans are required to	when the required child misses to do other school his includes loo be based on	ired per-pupil a hree (3) or mon l records relate w-income statu TAKS objectiv	amount of money have sessions, he/she red to student achieve as. We by the state. Ch	•	
I will actively participate in the process to help the school and tutoring provider to develop my child's student learning plan and can be reached at the telephone number and/or e-mail address below.						
List up to three tutoring providers, from the list provided by your school, that you would like to provide the free tutoring services to your student and select the subject area requested for the tutoring. The district will try to provide your first choice, but if that is not possible it will go down the list to the next provider listed.						
First Choice:						
G 1 GL 1	Subject Area Reque	sted:mat	th reading	science ESI	special education	
Second Choice:	Provider Name: Subject Area Reque	sted: mat	th reading	science ESI	special education	
Third Choice:	Provider Name:		an <u>landing</u>		special education	
	Subject Area Reque	sted: mat	th reading	science ESI	special education	
Parent Signature	•	Print Na			Date Signed	
Telephone	Telephone e-mail, if available					
No, I do not want my student to receive free SES tutoring. Complete the Campus Name and Student Name above and sign.						
Parent Signature		Print Na	me		Date Signed	

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Who is eligible for the free Supplemental Educational Services (SES) tutoring?

Student Eligibility: All students from low-income families are eligible to request free SES tutoring if they attend a Title I, Part A campus that has not met Adequate Yearly Progress (AYP) standards for three or more consecutive years.

Definition of SES: Free tutoring under the Supplemental Educational Services (SES) program is a great opportunity to help your student in school at no cost to you. This free tutoring helps your student to help improve his/her academic achievement (TAKS scores). The tutoring must be provided outside of the regular school day and be high-quality, research-based, and specifically designed to improve student academic achievement.

How to choose a SES Tutor:

- 1. Review the approved tutors on the list provide by the school district.
- 2. If you wish, attend any provider fairs or other information sessions offered by the school district.
- 3. If you wish, ask the school district for help in choosing a tutor.
- 4. Complete the form on the other side of this sheet and turn it in to the school your student attends by the deadline.

The complete list of state-approved SES providers (tutors) is also available at www.esc13.net/ses/.

Parent Notification: Parents must be notified of the availability of SES tutoring annually at the beginning of the school year and must be allowed a minimum of 60 calendar days to select a provider. Once a parent has submitted a request for a provider, services for the student must begin within 30 calendar days.

Additional information on SES and approved SES providers is available on the School Improvement Resource Center (SIRC) web site at http://www.esc13.net/ses/.

DISTRICT USE ONLY					
Date Request Received:	Date Assigned to Provider:	Dates of contact with parent by staff.			
Eligible Yes No	Provider Assigned:	Date: By:			
Reviewed by:	Date SLP Received:	Date: By:			
Date form entered into EZSES:	Date SLP Approved:	Date: By:			
Entered by:	Tutoring Start Date:	Date Tutoring Completed:			