

## *Supplemental Educational Services Provider Selection Form*

|                          |                   |                |
|--------------------------|-------------------|----------------|
| <b>Name of Student:</b>  |                   |                |
| <b>School:</b>           |                   |                |
| <b>Date of Birth:</b>    | <b>Grade:</b>     |                |
| <b>Address:</b>          |                   |                |
| <b>City, State, Zip:</b> |                   |                |
| <b>Home Phone #:</b>     | <b>Evening #:</b> | <b>Cell #:</b> |

**Directions:** Please complete Section A if your child **WILL** participate in the supplemental educational services program and Section B if your child **WILL NOT** participate in the supplemental educational services program. If your child **WILL** participate, please select **three** providers you feel will best serve the needs of your child. Rank them in order of preference. Efforts will be made to accommodate your first choice, but space constraints or other factors may restrict us from offering that option. In that case, we will enroll your child with your second or third choice respectively.

Check the boxes that apply:

**SECTION A:**

- My son/daughter **WILL** participate in the Supplemental Educational Services program.
- I am selecting the following state-approved provider from the approved list provided to me.

|                      |  |
|----------------------|--|
| <b>First Choice</b>  |  |
| <b>Second Choice</b> |  |
| <b>Third Choice</b>  |  |

- I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my child.
- I understand that the provider will regularly inform me and the student's teacher(s) of the student's progress.
- I understand that if funds are insufficient to cover the supplemental educational services 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 academic achievement records for my child will be released to the SES provider so that they may create an Individualized Learning Plan for my child, based on his/her academic needs.

**SECTION B:**

- My son/daughter **WILL NOT** participate this academic year in the supplemental educational services program.



\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name of parent/guardian)