

SCHOOL BOARD OF ESCAMBIA COUNTY, FLORIDA
Title I Supplemental Educational Services

STUDENT LEARNING PLAN

Student _____ Student ID Number _____

School _____ Grade _____

Address _____ Home Phone _____

SES Provider _____ SES Provider Phone _____

SES Address _____ City/State _____

SES Instructor _____ Zip Code _____

PARENT AGREES TO:
Participate in the development of the SES Academic Plan.
Participate and ensure that his/her child actively participates in the learning process.
Ensure that his/her child attends the scheduled sessions for the duration of the Student Learning Plan.
Complete a satisfaction survey before terminating or withdrawing my child.
Ensure that his/her child attends the program regularly. If he/she is absent more than five (5) times, my child may be dropped from the SES program (tutoring).
NOTE: Parent expressly acknowledges that transportation to and from the Provider is the responsibility of the parent/guardian unless other arrangements have been agreed upon as follows:
<p>I hereby agree to abide by the terms and conditions of this document. I further consent to the release of my child's test scores and other academic assessment documents to the SES Provider in order to develop a SES Academic Plan.</p> <p>Parent Signature _____</p> <p>Date _____</p>
SES PROVIDER AGREES TO:
Participate in the development of the SES academic plan.
Provide services in accordance with all applicable civil rights, State Laws, and established Board Policy for State-Approved SES Providers.
Not disclose to the public at any time the identity of the student receiving SES without prior written consent from the parent.
Report the student's progress to the parent and district representative regarding achievement of the goals: (select one) _____ after each session _____ weekly _____ monthly Other (identify)

Provide services to the student according to the following schedule:

Beginning date: _____ Ending date: _____ No. of sessions per week: _____

No. of sessions per month: _____ (Not to exceed the last day of the academic school year in which services were initiated.)

Limit number of students per session to _____ (maximum). Meeting Time: from _____ to _____

Location of sessions _____ Room # _____

I agree to abide by the terms and conditions of this document and to implement the academic plan developed collaboratively with the parent and district representative.

Provider Signature _____

Date _____

THE SCHOOL BOARD OF ESCAMBIA COUNTY, FLORIDA AGREES TO:

Participate in the development of the SES Academic Plan.

Comply with the District requirements as outlined in the District Provider contract.

ALL PARTIES ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

Parent shall have the right to terminate this agreement if Provider fails to meet the goals and the timetables specified in this document.

Any change to the plan of services detailed in this agreement can only be made with the written consent of the School District and in consultation with parent.

This agreement can only be terminated upon written authorization by the School Board or its representative.

Provider may not unilaterally alter or terminate this agreement.

Parent shall not be charged for any services rendered under this plan unless such services and charges are clearly identified in writing as additional services independent of this plan. The School Board shall not be considered a party to such an agreement. Such arrangements shall be completely separate and distinct from any agreement between the Provider and the School Board. In no event shall the agreed upon charges for additional services obligate the School Board financially, nor shall the School Board incur any obligations or expense in excess of the State/Federal reimbursement amount as specified in the governing contract between the School Board and the Provider.

I agree to support and assist in the delivery of tutoring services directly related to the needs of this student as outlined in the SES Academic Plan.

District Representative Signature _____
(Title I SES Office)

Date _____

SCHOOL BOARD OF ESCAMBIA COUNTY, FLORIDA

Title I Supplemental Educational Services Academic Plan

Student _____

Student ID Number _____

School _____

Grade _____

Supplemental Educational Services must be consistent with a student's individual education plan under the Individuals with Disabilities Education Act (IDEA), a Limited English Proficient Plan, or individualized services under section 504.

State Goals:

Provide services to the above named student to achieve the following goals that have been developed in consultation with the parent and district representative. The goals will be aligned with the Sunshine State Standards. Attach additional sheets if needed.

Measurement:

Identify the assessment instruments/tools and explain how these instruments/tools will measure student's progress toward achieving the goals stated above:

Timetable:

Implement the following timetable for improving the student's achievement as recorded in this Supplemental Education Services Academic Plan (SESAP).

Classroom Teacher Signature _____ Date _____
(Classroom teachers should not make changes. Please sign to show agreement with plan)

Parent Signature _____ Date _____

Provider Signature _____ Date _____

District Representative Signature _____ Date _____
(Title I SES Office)