

SCHOOL BOARD OF CLAY COUNTY
TITLE I SUPPLEMENTAL EDUCATIONAL SERVICES
2006/2007

PARENT/DISTRICT/PROVIDER Agreement

Student Name _____ Student Grade _____

School _____ Grade _____

Select the SES Provider (tutor) very carefully. The Provider you choose will serve your child for the 2006-2007 school year.

The District may terminate this agreement at any time by providing written notice to the Provider as described in the School Board of Clay County Supplemental Educational Services Contract; or if the parent or guardian withdraws his/her child from receiving Supplemental Educational Services. The PROVIDER shall not unilaterally terminate any PARENT/DISTRICT PROVIDER Agreement. The PROVIDER shall obtain written authorization from the DISTRICT before terminating the aforementioned Contracts and/or Agreements.

This Agreement terminates automatically upon payment of the total amount for Supplemental Educational Services (SES) or as of the close of business on the specified ending date of service. The District assumes no liability related to the provision of services by the Provider beyond reimbursement to the Provider for services as identified in this Agreement.

This is the ONLY Agreement parents must sign if they agree to have their child receive Supplemental Educational Services (tutoring). *No parent is obligated to sign an additional or separate Contract/Agreement in order for his/her child to receive tutoring.* Should the parent sign a separate Contract/Agreement with the Provider, in no event shall additional charges obligate the District financially in excess of the State/Federal reimbursement amount.

Parent Signature

SES Provider Signature

District Representative Signature

Date

Date

Date

SCHOOL BOARD OF CLAY COUNTY
TITLE I SUPPLEMENTAL EDUCATIONAL SERVICES (SES)

INDIVIDUAL ACHIEVEMENT PLAN (IAP)

Student _____ Grade _____
 School _____ Home Phone _____
 Address _____ Work Phone _____
 SES Provider _____ SES Provider Phone _____
 SES Instructor _____ SES Instructor Phone _____

PARENT AGREES TO:
Participate in the development of the SES Individual Achievement Plan (IAP).
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 Individual Achievement Plan
Complete a satisfaction survey before terminating or withdrawing his/her child.
Ensure that his/her child attends the program regularly. If he/she is absent more than five (5) times, the child may be dropped from the SES program (tutoring).
NOTE: Transportation to and from the Provider is the responsibility of the parent/guardian unless other arrangements have been agreed upon as follows:
Release my child's test scores and other academic assessment documents to the SES Provider in order to develop a Individual Achievement Plan. Parent Signature: _____ Date _____
SES PROVIDER AGREES TO:
Participate in the development of the SES Individual Achievement Plan.
Provide services in accordance with all applicable civil rights and State and Federal Laws 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: <i>(select One)</i> _____ 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: _____ <small>Not to exceed the last day of the academic school year in which services were initiated.</small> Limit number of students per session to _____ (maximum). Meeting Time: from _____ to _____ Location of sessions _____ Room # _____
Submit the District's invoice form to the School Board of Clay County Title I Office, 23 South Green Street, Green Cove Springs, Florida 32043 on the 1st of each month or until services have been terminated for the year.
SCHOOL BOARD OF CLAY COUNTY AGREES TO:
Participate in the development of the SES Individual Achievement Plan.
Make payments to the Provider within 45 days of the submitted invoice. Invoices must be submitted by the 1 st of each month. The total payment per child per year will not exceed the \$984.73

**SCHOOL BOARD OF CLAY COUNTY
TITLE I SUPPLEMENTAL EDUCATIONAL SERVICES (SES)**

INDIVIDUAL ACHIEVEMENT PLAN

Student _____

School _____ Grade _____

If applicable, Supplemental Educational Services must be consistent with a student's individualized education program under Section 614 of the Individuals with Disabilities Education Act (IDEA) or student's 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:

***** Attach the Student's Pre-Assessment to this Plan. *****

Timetable:

Implement the following timetable for improving the student's achievement as recorded in this Supplemental Educational Services Individual Achievement Plan.