

Request for Supplemental Educational Services for Eligible Students and Parent Release Form

Mitchell County Schools 2011-2012

Eligible Schools


Bowman Middle School

Parent Release of Information

I understand that by submitting this application, I am requesting that my child participate in Supplemental Educational Services. I authorize Mitchell County Schools to share information regarding my child's academic record; grade level; Individualized Education Plan (IEP) and Section 504 Plan (if applicable); and parent/guardian's name, address, and phone number with the provider that my child is assigned, as appropriate. This information is for educational purposes only. I understand that this Provider has agreed to maintain the confidentiality of my child's educational records and directory information.

I have read and understand the roles and responsibilities for the school district, provider, student and parent.

I give permission for my child to stay after school for tutoring on the designated days.

 Parent/guardian signature _____ Date: _____

PURPOSE OF SUPPLEMENTAL EDUCATIONAL SERVICES

Supplemental Educational Services are being offered to this student to increase his/her academic achievement. These services may include academic assistance such as tutoring, remediation and other educational interventions, consistent with North Carolina's curriculum standards.

WE MAY NOT BE ABLE TO ENROLL EVERY CHILD

Only students who are currently receiving free or reduced price lunch and attend an eligible Title I school may participate. If demand for services exceeds available funds, we will rank order and serve students based on greatest academic need. You may contact your child's school about applying for free or reduced price lunch.

APPLICATION DEADLINE

To enroll your child and choose a provider, you must complete this form and return it to the Title I Office (72 Ledger School Road, Bakersville, N.C. 28705), Bowman Middle School Office, or FAX to the Title I Office (828-766-2221) as soon as services are requested. A separate form must be filled out for each child. If we do not receive a form from you, your child will not be able to participate

SES PROVIDERS

There is no guarantee that each provider will tutor in each school, so please make several choices from the list of state-approved providers present at the meeting or materials are available at meeting and write them below in order of your preference. If you would like help in deciding which provider best meets the needs of your child or whether or not your child is eligible for services, please call your school principal or the Title I Office, (828-766-3370 or 828-766-2243).

TRANSPORTATION

Parents are responsible for transportation.

NOTICE DATE

You will be notified in writing by mail by the district to the address provided on this application whether your child qualifies for services and will be enrolled in the Supplemental Educational Services program. You will also receive notification that will inform you of provider's name, starting date, session length in minutes, number of weekly sessions, total number of sessions and location by the provider.

QUESTIONS

If you have questions about the SES program, please call the Title I office at (828-766-2243)

RESPONSIBILITIES/ASSURANCES

Assurances agreed to by Provider

The provider agrees to the following:

- No disclosure will be made to the public or to a third party of the identity of any student receiving services without the written permission of the student's parents.
- Supplemental Educational Services will be provided consistent with the North Carolina Standard Course of Study.
- Parents and appropriate school personnel will be kept informed of student's progress on a regular basis. Parents and school personnel will receive written progress reports every 3 weeks.
- Actively involve parents in setting achievement goals for their child and to invite parents to participate in conferences to discuss student progress on a regular basis.
- Develop a Learning Plan Agreement which will contain a statement of goals and a timetable for achieving these goals in conjunction with the District and with the student's parent(s). Provider shall make no changes in any student's Statement of Goals or timetable without the written consent of District and the student's parent(s).
- Provider will notify parent(s) and appropriate school personnel if a child is absent for a scheduled session.
- Meet all applicable federal, state, and local health, safety, and civil rights laws.

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- Ensure that all instruction and content are secular, neutral, and nonideological.
- Provider will be responsible for the management of student behavior.
- Supervision will be maintained until an authorized person(s) arrives to pick up the student(s).
- A plan of action in the event a tutor is absent.
- Tutor children only from the approved district list.
- All Learning Plan Agreements and necessary paper work must be completed properly and submitted to the School District before tutoring may begin.

Responsibility of the School District

- Develop, in consultation with parents (and the provider chosen by the parents), a statement of specific achievement goals for the student, how the student's progress will be measured, and a timetable for improving achievement that, in the case of a student with disabilities, is consistent with the student's individualized education program under section 614(d) of the Individuals with Disabilities Education Act.
- Enter into a contract with the provider that is in accordance with the laws of No Child Left Behind.
- If requested, assist parents in choosing a provider from the list of approved providers maintained by the State.
- Apply fair and equitable procedures for serving students if the number of spaces at approved providers is not sufficient to serve all students.
- Not disclose to the public the identity of any student who is eligible for, or receiving, supplemental educational services under this subsection without the written permission of the parents of the student.
- Notify parents about the availability of Supplemental Educational Services.

Responsibilities of the Parents/Guardians

Parents are expected to be active participants in the supplemental educational services program with their child.

- Communicate with the provider about any special needs of the student.
- Assure that the student will be present for services.
- Participate in at least one meeting with the provider.
- Review progress reports.
- Participate in the development of the academic goals and timeline with the provider and the School District.

Responsibilities of the Student

To be successful, students need to be responsible for their learning. The student agrees to:

- Help set academic achievement goals;
- Attend tutoring sessions;
- Complete assignments;
- Receive feedback on assignments;
- Ask questions and communicate with the provider; and
- Share information with parents.
- Adhere to the rules of the *school's* code of conduct

Termination Provisions

This agreement may be terminated for the following reasons:

- The student misses more than 3 sessions without an excuse as determined by the school district.
- The provider fails to comply with the above assurances.
- The provider fails to meet the terms and conditions set forth in this contract.
- The parent has the option to change or terminate services, if they are not satisfied

All parties have the right to file a complaint or grievance by following the School District's policy. Please contact your child's school or Title I Office for additional information.

Provider Names

Providers and/or their information will be available at the provider fair and on our website (www.mcsnc.org), or you may contact Bowman Middle School for more information. (766-3370)

Directions:

1. Complete all of the information below. See the attached list of state approved providers.
2. Sign the form.
3. Send the completed and signed form to **(Bowman Middle School/Mitchell County)** in one of the following ways:
 - a. Fax to **(828)688-6002** as soon as form is completed.
 - b. Mail to **(410 South Mitchell Ave. Bakersville, N.C. 28705)** as soon as form is completed
 - c. Return to your student's school office as soon as form is completed.

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For the 2011-2012 school year, I am requesting that my child receive Supplemental Educational Services (free tutoring) from: *Please write Provider's name*

1st choice: _____ 2nd choice: _____

3rd choice: _____

Student Last Name Student First Name Month _____ Date _____ Year _____
Student Date of Birth Student ID number

Address (Include Apt. # or Lot #) City State Zip

Phone Number Current School Grade Teacher

Does this student have brothers or sisters that attend the same school? Yes No
If yes, please list their name(s) and grade(s).

1. _____ 2. _____ 3. _____
Student's name and grade Student's name and grade Student's name and grade

Do you plan to enroll these children in the free tutoring program? Yes No
You must fill out a separate form for each child you enroll.

Parent/Guardian 1

Relationship: Please Circle: Mother Father Legal Guardian

First Name _____ Last Name _____

Email Address _____

Home Phone _____ Work Phone _____ Mobile/Cell Phone _____

Emergency Contact Name and Number _____

Address if different from student's _____

Emergency Contact Information (to be completed by parent or guardian)

IMPORTANT! The well-being of your child is very important. The following information about your child will help us in the event of an emergency. Circle and comment if needed on any serious condition(s) your child has:

- Asthma/breathing problem Yes No _____
- Heart condition Yes No _____
- Allergies (food, plant, medication, animal — please specify) Yes No _____
- Other allergies (list) _____
- Seizures Yes No _____
- Diabetes Yes No _____
- Other concerns Yes No _____
- Dietary needs/concerns Yes No _____
- Other diseases (list) _____

Does your child need any special assistance or accommodations due to his/her health problems? Yes No

If yes please describe. _____

If any of the above are checked, is an emergency plan necessary? Yes No

- My child wears glasses or contact lenses. Yes No
- My child has a diagnosed hearing impairment. Yes No
- My child wears a hearing aid. Yes No _____
- My child requires a prescription drug to be administered during the period of tutoring. Yes No

If yes, a prescription authorization must be on file with the provider. The provider must keep medication in a secure location and keep a log of when medication is dispensed (day, time, person giving out medication).

Physician's name _____

Physician's Phone Number _____

For Office Use Only

Student ID #: _____ Date received: _____

Eligible for SES _____ yes _____ no
Provider Notified _____ Parent notified _____ School notified _____

Request for Provider 1 has been: _____ Approved _____ Disapproved

Request for Provider 2 has been: _____ Approved _____ Disapproved

School Improvement Specialist _____ Date _____

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