

Parent Information about Supplemental Educational Services (Private tutoring)

What is it?

- Free tutoring for children who meet certain income limits under NCLB and attend a school that is in its second year or later of “school improvement.”

When will it start?

- Within four weeks of signing a contract with the chosen provider.

What students are eligible to receive Supplemental Educational Services?

- All students in the identified school who have been approved for free/reduced price meals are eligible to receive extra help (tutoring) from a state approved provider in addition to the Extended School Services (ESS) already provided by the school.

Will all the students who are eligible to receive services actually receive services?

- Yes, unless the requests for services exceeds the amount of Title 1 money available to pay for the services. If this is the case, then the students with the greatest need of extra help in Reading and Math will receive services first.

What do parents need to know?

- Parents need to understand that if their children transfer to another school, they cannot receive Title 1 funded Supplemental Educational Services (private tutoring).
- Parents need to understand that transportation will not be provided to private tutors.
- Parents need to understand that computers and internet fees will not be paid for by the school system.

What do parents need to do?

- Parents should review the provider information included in this packet to determine which provider would be best for their child. If parents need assistance in determining which provider may be best for their student, they should contact their school’s Title I Social Worker.
- If parents decide they want their child to receive Supplemental Services, they need to complete the application and return it to the Title I Social Worker at their child’s school.

When will parents know if their child will receive Supplemental Educational Services?

- Parents will receive a postcard to confirm that their application has been received. They will then receive a phone call from the Title 1 Office to arrange an appointment to sign a contract with their chosen provider.

Fayette County Public Schools
Parent Request for Supplemental Services 2011-2012

Dear Parent/Guardian:

Your child is enrolled in a school that has not made Adequate Yearly Progress (AYP) for three or more consecutive years. This means your child may be eligible to receive supplemental services from a state approved provider in addition to the Extended School Services (ESS) already provided by the school.

A child is considered eligible to receive supplemental services if:

1. their school fails to meet AYP for 2 straight years;
2. the child qualifies to receive free/reduced lunch; and,
3. the child needs extra help (tutoring) in reading, language arts or math.

Please contact your child's teacher and schedule a conference to help you determine whether or not your child is eligible for and would benefit from this extra help.

If after talking with your child's teacher, you feel that your child would benefit from these services, please complete the section below and return the entire form to the school. Please use a separate form for each child for whom you are requesting Supplemental Services. Please return this completed form to your school's Title I Social Worker. If you need assistance in selecting a provider, please contact the Title 1 Social Worker.

You will receive a postcard to confirm the receipt of your application and a phone call to arrange an appointment to sign a contract with your chosen provider.

Parent/Guardian: Please complete the section below and return the entire form to your school's Title I Social Worker.

Student's Name: _____ Grade: ____ School: _____

Parent's Name (please print): _____

Area(s) of Need: Reading/Language Arts _____ Math _____

I understand that my child may be eligible to participate in supplemental services. Based on this information, I have selected the following option:

___ I wish to enroll my child in the services offered by the following provider:

1. _____ 2. _____ 3. _____

(Please list the name of state approved supplemental service providers in the preferred order.)

___ I will require assistance from the school to help me make a choice. Please contact me at the phone number and /or email address listed below.

Signature of Parent/Guardian: _____ Date: _____

Address: _____ Zip: _____

Telephone: (daytime) _____ (evening or alternate) _____

Email Address: _____

For Office Use Only

State Student ID	Math Teacher	Reading Teacher	SES Code	ELL? (Yes or No)	Migrant? (Yes or No)	Special Needs? (Yes or No)