

Euclid City Schools
Supplemental Educational Services Provider
District-Approved Agreement
November 1, 2011-April 30, 2012

Supplemental Educational Service Provider: _____ **MASTER COPY** _____
_____ **CONTACT** _____ **PHONE #** _____
_____ **E-mail address** _____

Student: TBN **Schools:** *Must work with Lincoln, Memorial Park, Roosevelt, and Upson to*
Grades: 1-5 *implement SES Services on an individual building basis.*

The Supplemental Educational Services Provider agrees to provide services to the Students named on the Parent Selected List to achieve the following goals that have been developed in consultation with the student's parent(s) and the school district:

X ***Work with students on selected Reading and/or Math standards. Requirements include:***

1. Measure the student's progress toward achieving the goals stated above by the following methods: _____
2. Inform the parents and the school district at least bi-weekly regarding progress of the student toward achieving the goals stated above. Pre and post test results will be reported to the principal of the school.
3. Improve the student's achievement related to the goals, stated above, according to the following timetable that is, if applicable, consistent with the student's Individualized Education Program (IEP): _____
4. Provide services to the student according to the following schedule:
5. Beginning Date: November 1, 2011 Ending Date: April 30, 2012.
(not to go beyond April 30th of the 2011-2012 academic school year in which the services were initiated and not to exceed 30 hours of instruction or \$1,282.45.)
Of Sessions per week: _____ # Of Sessions per month: _____
Time/Date of Sessions: _____ Location of Sessions: _____
6. Not disclose to the public at any time the identity of the student receiving supplemental services without prior written consent from the parent or adult student who is at least 18 years old.
7. Provide services in accordance with all applicable civil rights laws and per the criteria established by the State regarding the approval of Supplemental Educational Services Providers.

8. Submit an invoice for services to the district *monthly* or upon completion of services.
9. Services must be one-on-one, not small group tutoring, unless otherwise agreed upon.

The Euclid City School District agrees to:

1. Make final payments to the Provider not to exceed the amount of \$1,282.45 per student.
2. Terminate this agreement at any time by providing written notice to the Provider if:
 - (a) the student does not make progress toward achieving the above-stated goals;
 - (b) the parent or guardian withdraws their child from receiving Supplemental Educational Services.

This agreement terminates automatically upon payment of the total amount for Supplemental Educational Services or as of the close of business on the specified ending date of service. The Euclid City School 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. Transportation to and from the Provider is the responsibility of the parent, guardian or adult student unless other arrangements have been agreed upon as follows:

Signature

Signature

Name of Supplemental Educational Services Provider

Name of District Representative

Date

Date