

Leake County School District Office of Federal Programs

October 26, 2011

Dear Parent or Guardian:

Help your child succeed in school. Sign up for free tutoring! As a result of the No Child Left Behind Act of 2001, your child may be eligible to receive Supplemental Educational Services (SES) -academic tutoring to enhance student performance in the areas of reading/language arts and mathematics. The SES services are available for students in 3-5, who need additional support and help in language arts and mathematics.

If eligible, you can choose a free tutoring program that best meets your child's needs from the list of state approved tutoring programs in your area. These programs will provide your child with tutoring that is coordinated with what is being taught in school and may help improve your child's academic skills.

You are invited to attend a Vendor Fair at Carthage Elementary School on Thursday, November 3, 2011 from 3:30 p.m. until 5:30 p.m. This event gives you the opportunity to meet vendors from the State approved list, become acquainted with the vendor services, and decide which SES Provider best meets the academic needs of your child.

You can select a tutoring service provider at the Vendor Fair, or you can send your completed Supplemental Educational Services Selection Form to Florence Cocroft, P. O. Drawer 478, Carthage, MS 39051 or you may fax the form (601) 267-5149, or scan and email the form to fcocrofr@leakesd.k12.ms.us

Note: Transportation will be provided by the school district for approved tutoring services.

*Florence Cocroft Federal
Programs Director*

Leake County School District
Supplementary Education Services
Provider Selection Form (2011-2012)

Name

Date

Leake Central Elementary School

School

Grade

___ Sped

ELL

Please select any two providers from the state approved list:

First Choice: _____

State Approved Providers Name

Second Choice: _____

State Approved Providers Name By **Signing**, I understand that

if funds are insufficient to cover the free tutoring for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.

I understand that the school district will enter into an agreement with the provider and that I will be notified of the time to meet with the provider to set achievement goals for my child.

I understand that the provider will not disclose to the public the identity of my child without my permission.

I understand that the LEA(school district) will share with the provider educational data that is necessary for tutoring.

I understand that the provider will regularly inform my child's teacher and me of his/her progress.

I understand that I need to notify the school if my child stops attending the tutoring sessions.

Parent/Guardian Signature

Date

Parent/Guardian (Printed)

Daytime Telephone

_____ Evening Telephone

For Official Use Only

Date Received: _____

_____ Request for Provider 1 has been approved

_____ Request for Provider 2 has been approved

Please return this form by November 18, 2011