

Arizona Department of Education  
Certificate of Supplemental Instruction  
Pursuant to A.R.S. 15-241 (R)

Use one or multiple forms per student, give a copy to the principal/coordinator and tutor keeps the original.

**STUDENT INFORMATION**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ SAIS# \_\_\_\_\_

Student is Attending an Underperforming or Below Average School

Name of School \_\_\_\_\_ Name of LEA \_\_\_\_\_

**RESPONSIBILITIES**

**Skills/Concepts To Be Tutored**

**Check Subject Area(s) To Be Tutored:**       ELA       Reading       Writing       Mathematics

Most important skill/concept from Arizona Academic Standards to be studied (fill in below)

Example: elements of literature or data analysis, not improve reading/writing/math

Primary Skill/Concept: \_\_\_\_\_

Secondary Skill/Concept (If needed): \_\_\_\_\_

Parent will agree to release his or her student's test data, if necessary, so that the skill to be studied by the student can be identified. The student will be tutored in the specific subjects and skills that he/she needs.

*The student must demonstrate through any oral or written measurement, determined by the tutor, that he/she has learned that concept. "The State Board of Education shall annually review academic performance levels for providers (tutors) certified pursuant to this subsection and may remove a provider at a public hearing from an approved list of providers if that provider fails to meet its stated level of academic improvement."(15-241Q) The Provider shall make no changes in any student's goals without the written consent of the student's parent. If student is disabled, state how the goals fit with the student's individualized education program (IEP) under Section 6 15(d) of the Individuals with Disabilities Education Act.*

**Tutoring Dates & Times**

**Provider & parent/guardian/educational surrogate have set the following dates for tutoring sessions. All sections must be filled out.**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Total Number of Sessions \_\_\_\_\_

Time of the sessions \_\_\_\_\_ to \_\_\_\_\_ During Prep Time:     Yes     No

Which days of the week tutoring is to take place:

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Arizona Department of Education  
Certificate of Supplemental Instruction  
Pursuant to A.R.S. 15-241 (R)

Use one or multiple forms per student, give a copy to the principal/coordinator and tutor keeps the original.

**RESPONSIBILITIES CONTINUED**

**Communication**

Provider will inform parent/guardian/educational surrogate about the student's progress.

**Frequency:**       Weekly       Monthly       Other \_\_\_\_\_

**Cancellation of Contract**

- A) The parent/guardian/educational surrogate or the provider may cancel this agreement if either the student does not attend and participate in sessions as agreed to, or the provider does not provide services as agreed to in the agreement.
- B) If a school offers both a State Tutoring Program and permits outside provider(s) on-site, the parent of a participating student must choose **one**: the school's program **or** one of the five approved-providers' programs. If a parent is dissatisfied, he/she can change programs. The new tutor must complete another Certificate of Supplemental Instruction and notify the on-site program coordinator. The new tutor registers as a secondary tutor in order to enter data into the online system.

**SIGNATURES & CONTACT INFORMATION**

Provider (tutor) and parent hereby certify that we have agreed to the points in this Certificate.

Tutor Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Tutor Signature \_\_\_\_\_

Parent/guardian/educational surrogate \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian/educational surrogate email: \_\_\_\_\_

Parent/guardian/educational surrogate phone: \_\_\_\_\_

Principal's Signature Approving Prep Hour Tutoring (If Applicable) \_\_\_\_\_

**Once tutoring is finished:** principal/outside provider's CEO or administrator acknowledges that the identified skill/concept was reasonable and whether the student has shown academic improvement in that skill/concept.

Principal/CEO/Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_