



ARIZONA DEPARTMENT OF EDUCATION
DEPARTAMENTO DE EDUCACIÓN DE ARIZONA
SUPPLEMENTAL EDUCATIONAL SERVICES (SES) AGREEMENT
Acuerdo De Servicios Educativos Suplementales (SES)

SCHOOL YEAR (Año Escolar) _____

The tutoring services are being offered to this student to increase his/her academic achievement. These services are offered outside of the regular school day. They must be consistent with the content and instruction used by the LEA and aligned with Arizona State Academic Standards.

(Los servicios tutoriales se están ofreciendo a este estudiante para aumentar su rendimiento académico. Estos servicios se ofrecen fuera del día regular de la escuela. Los servicios deben ser consistentes con el contenido y la instrucción usados por el LEA (Distrito) y debe estar alineados con los Estándares Académicos del Estado de Arizona.)

DISTRICT / LEA (Distrito/LEA) :	SCHOOL (Escuela) :
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I. STUDENT INFORMATION (Información Del Estudiante) : * Ethnicity (Étnico*) :- Use code from back cover

SAIS #:	Grade: <small>Grado</small>	Student's Name (Nombre del Estudiante) :	Gender: <small>Genero:</small>	Ethnicity:* <small>Étnico*</small>	Telephone (Teléfono) :
Student's Address (Domicilio del Estudiante) :		City (Ciudad) :		State (Estado) : AZ	Zip Code: <small>(Código Postal)</small>
Name of Parent / Guardian / Educational Surrogate (Nombre de Padre/Madre/Sustituto Educativo) :				Telephone (Teléfono) :	
Address of Parent / Guardian / E S (Domicilio de Padre/Madre/Sustituto Educativo):		City (Ciudad) :		State (Estado) : AZ	Zip Code: <small>(Código Postal)</small>

II. PARENT / GUARDIAN / ES RESPONSIBILITIES: (Responsabilidades del Padre/Madre/Tutor/Sustituo Educativo):

The Parent / Guardian / Educational Surrogate (ES) Statement of Assurances..... Assures that the student will be present for services; that the special needs of the student have been communicated to the provider; agrees to participate in at least one (1) meeting with the provider; and agrees to review progress reports with the child.	Initials of Parent / Guardian / ES <small>(Iniciales del padre / madre / sustituto educativo)</small>	(El Padre/La Madre/Sustituto Educativo) Acta de Garantías..... <i>Garantiza que el estudiante estará presente para recibir los servicios; que las necesidades especiales del estudiante han sido comunicadas al proveedor; está de acuerdo en participar en por lo menos una (1) reunión con el proveedor; y está de acuerdo en revisar los reportes de progreso con el estudiante.</i>
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III. PROVIDER / TUTOR GENERAL INFORMATION (INFORMACIÓN GENERAL DE PROVEEDOR/TUTOR):

Tutoring Provider (Name of Company) <i>Proveedor de Tutoría (Nombre de la Compañía) :</i>	Provider Contact (Contacto de Proveedor) :
E-Mail (Correo Electrónico) :	Telephone (Teléfono) :
Location of Tutoring (provide address if other than the school) <i>Lugar en la Tutoría (proporcione la dirección con excepción si es la escuela):</i>	
Assigned Tutor(s) (Tutor(es) Asignado(s)) :	

SIGNATURES (Firmas) :

We hereby certify that we have read and understood this SES Services Agreement for Tutoring
(Certificamos que hemos leído y hemos entendido este Acuerdo de Servicios SES para Tutoría):

Signature of LEA Official <i>(Firma del oficial del LEA)</i>	Print Name of LEA Official <i>(Nombre del Oficial del LEA)</i>	Date Signed <i>(Fecha de Firma)</i>
Signature of Provider <i>(Firma del Proveedor)</i>	Print Name of Provider <i>(Nombre del Proveedor Imprimido)</i>	Date Signed <i>(Fecha de Firma)</i>
Signature of P / G / E S <i>(Firma del Padre/Madre/Sustituto)</i>	Print Name of P / G / ES <i>(Nombre del P/M/SE Imprimido)</i>	Date Signed <i>(Fecha de Firma)</i>
Signature of Student (as appropriate) <i>(Firma del Estudiante)</i>	Print Name of Student <i>(Nombre del Estudiante Imprimido)</i>	Date Signed <i>(Fecha de Firma)</i>

IV: PARENT / GUARDIAN / ES, LEA, & PROVIDER SHARED RESPONSIBILITIES

(RESPONSILIDADES COMPARTIDAS DE PADRE/MADRE/SUSTITUTO EDUCATIVO, LEA, Y PROVEEDOR):

P / G / ES Initials <i>(Iniciales de P/M/SE)</i>	Parent agrees to release individual student assessment data for evaluation of the student's academic achievement in order for the LEA, the Provider, and parent / guardian / educational surrogate to set the achievement goals for the student <i>(Los padres acuerdan de entregar los datos individuales de evaluación del estudiante para la evaluación del logro académico del estudiante para que pueda el LEA, el proveedor, y padre/madre/tutor/sustituto educativo fijen las metas de logro para el estudiante).</i>
Provider Initials <i>(Iniciales del Proveedor)</i>	Provider agrees to NOT disclose the name of the student being tutored <i>(El proveedor acuerda NO revelar el nombre del estudiante que está recibiendo tutoría).</i>

A. INDIVIDUAL STUDENT GOALS (METAS INDIVIDUALES DEL ESTUDIANTE)- The provider shall make no changes in any student's goals without the written consent of the LEA and the child's parent / guardian / educational surrogate *(El proveedor no cambiará las metas de ningún estudiante sin el consentimiento escrito del LEA y de los padres/tutor/sustituto educativo del estudiante).*

Description of Goals: (If a student is disabled, state how the goals fit the student's individualized education program (IEP) under Section 6 15(d) of the Individuals with Disabilities Education Act.) *(Descripción de Metas: Si un estudiante es discapacitado, indique como las metas encajan con el programa individual de la educación del estudiante bajo Sección 6 15 (d) del Acto de Educación de Individuos con Discapacidades)*

Intermediate Goal *(Meta Intermedia)*:

Final Goal *(Objetivo Final)*:

B. TIMELINE FOR IMPROVING ACHIEVEMENT (FECHA LIMITE PARA MEJORAR EL LOGRO) - All stakeholders have set the following timelines for improving the student's academic achievement. For students with disabilities, state how the timeline fits with the stakeholders IEP *(Todos los partidarios han fijado las siguientes fechas límites para el mejoramiento del rendimiento académico del estudiante. Para los estudiantes con discapacidades, indique como la fecha límite encaja con el IEP de los partidarios):*

Intermediate Goals to be achieved (date) <i>(Metas Intermedias que se alcanzarán (fecha):</i>	Final Goals to be achieved (date) <i>(Objetivos Finales que se alcanzarán (fecha):</i>
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C. TRANSPORTATION(TRANSPORTACION) - If applicable, transportation will be provided by the (Check One)

Si es aplicable, el transporte será proveído por (Marque Uno):

Parent *(Padre/Madre)* LEA *(Distrito)* PROVIDER** *(Proveedor)***

The school district is not required to pay for transportation.

Initials <i>(Iniciales)</i>	Parent / Guardian / Educational Surrogate will pick up my student after tutoring session <i>(Padre/Madre/Sustituto Educativo recogerá a mi estudiante después de las sesiones de tutoría)</i>
Initials <i>(Iniciales)</i>	Parent / Guardian / Educational Surrogate gives authority to tutor / school district to release my student after tutoring session <i>(Padre/Madre/Tutor/Sustituto Educativo da autoridad al tutor/distrito escolar para dejar ir a mi estudiante después de la sesión de tutoría)</i>

** If provider elects to utilize provider transportation (other than personal vehicle) provider must provide proper vehicle liability insurance and provide proof of insurance to the Arizona Department of Education Contracts Management Unit as prescribed in contract. *(Si el proveedor decide utilizar otro tipo de transportación (aparte de su vehículo personal) el proveedor debe presentar copia del seguro de responsabilidades a terceros y prueba de seguro a la Unidad de Administración de Contratos del Departamento de Educación de Arizona tal como lo es indicado en el contrato.*

V: PROVIDER RESPONSIBILITIES (RESPONSABILIDADES DEL PROVEEDOR)

A. PERFORMANCE MEASURES FOR MEETING GOALS: (Medidas de Desempeño para Obtener Las Metas)

Provider will measure the student's progress in meeting the goals stated herein as follows:

(El Proveedor medirá el progreso del estudiante en alcanzar las metas indicadas y estipuladas como sigue:)

List Pre / Post Test and Scores or other measures used to determine academic progress. Include how performance measures fit with student's IEP. *(Lista de los exámenes y Calificaciones de Pre/Post u otras medidas usadas para determinar el progreso académico. Incluya como las medidas de ejecución caben con el IEP (Plan de Educación Individual) del estudiante.)*

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B. DESCRIPTION OF SERVICES (Descripción de Servicios)

Provider will give the student the following tutoring services *(El proveedor le dará al estudiante los siguientes servicios de tutoría):*

LOCATION (LUGAR):

(Be Specific) (Sea Específico)

General Description of Tutoring (Descripción General de Tutoría):	Include Date and Time (Incluya la fecha y la hora)

C. COMMUNICATION WITH PARENTS AND LEA (Comunicación con el padre/madre y personal de LEA)

The provider will inform parent/guardian/educational surrogate and LEA staff with a written report describing the student's progress including benchmark data on a (daily, weekly or monthly basis) *(El proveedor informará al padre/madre/tutor/sustituto educativo y personal del LEA con un reporte escrito que describe el progreso del estudiante incluyendo datos de "benchmark" sobre una (base diaria, semanal o mensual).*

	Initials of parent / guardian / ES <i>(Iniciales del padre/madre/sustituto educativo)</i>
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	Initials of Provider <i>(Iniciales del Proveedor)</i>
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VI: PAYMENT (PAGO)

PAYMENT TO THE PROVIDER: (Pago Para el Proveedor)

The LEA agrees to pay the provider the amount indicated per child for each hour of instruction provided, up to a maximum payment allowed by law. (all fees included in the Per Pupil Allocation (PPA) *(El LEA está de acuerdo en pagarle al proveedor la cantidad indicada por estudiante y por cada hora de instrucción proporcionada, hasta el pago máximo aprobado por la ley. (Todos los costos están incluidos Cuota por Estudiante (PPA)*

Payment: PPA (Pago: PPA)		Policy For Absence (Regulaciones de Asistencia):	
Invoice Submission (Submisión de Factura):		City / State (Ciudad/Estado)	
Payment Schedule (Calendario de Pagos):		Phone Number: (Contact Location)(Número de Teléfono, Lugar de Contacto)	
Tutoring Date: (Begin)(Fecha del comienzo de Tutoría)	Tutoring Date: (END)(Fecha del fin de la Tutoría)	Total Number of HOURS (Número Total de HORAS):	

CANCELLATION OF AGREEMENT (CANCELAMIENTO DEL ACUERDO)

The parent / guardian / educational surrogate, the provider or the LEA may cancel this agreement if the student fails to attend and participate in sessions as agreed to, the provider fails to provide services as agreed to in the ADE contract, or the provider is removed from the state approved list. *(El padre/tutor/sustituto educativo, el proveedor o el LEA (Distrito) puede cancelar este acuerdo si el estudiante no atiende o participa en las sesiones que han sido acordadas, si el proveedor falla en dar los servicios acordados en el contrato de ADE (Departamento de Educación de Arizona), o si el proveedor es removido de la lista aprobada del estado.)*

VII: SCHOOL DISTRICT / LEA

The School District hereby grants permission, PER SEPARATE AGREEMENT, to vendor to use the following identified facilities:

FACILITY:			
SPECIFIC LOCATION:			
ROOM NUMBER(s):		HOURS OF OPERATION:	
DISTRICT CONTACT:		TELEPHONE NUMBER:	

TITLE 1 - PART A
Improving Basic Programs Operated by Local Educational Agencies (LEA)
SEC. 1116 (e)

SUPPLEMENTAL EDUCATIONAL SERVICES-

(1) **SUPPLEMENTAL EDUCATIONAL SERVICES-** In the case of any school described in paragraph (5), (7), or (8) of subsection (b), the local educational agency serving such school shall, subject to this subsection, arrange for the provision of supplemental educational services to eligible children in the school from a provider with a demonstrated record of effectiveness, that is selected by the parents and approved for that purpose by the State educational agency in accordance with reasonable criteria, consistent with paragraph (5), that the State educational agency shall adopt.

(2) **LOCAL EDUCATIONAL AGENCY RESPONSIBILITIES-** Each local educational agency subject to this subsection shall—

(A) provide, at a minimum, annual notice to parents (in an understandable and uniform format and, to the extent practicable, in a language the parents can understand) of—

- (i) the availability of services under this subsection;
- (ii) the identity of approved providers of those services that are within the local educational agency or whose services are reasonably available in neighboring local educational agencies; and
- (iii) a brief description of the services, qualifications, and demonstrated effectiveness of each such provider;

(B) if requested, assist parents in choosing a provider from the list of approved providers maintained by the State;

(C) apply fair and equitable procedures for serving students if the number of spaces at approved providers is not sufficient to serve all students; and

(D) 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.

(3) **AGREEMENT-** In the case of the selection of an approved provider by a parent, the local educational agency shall enter into an agreement with such provider. Such agreement shall—

(A) require the local educational agency to 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;

(B) describe how the student's parents and the student's teacher or teachers will be regularly informed of the student's progress;

(C) provide for the termination of such agreement if the provider is unable to meet such goals and timetables;

(D) contain provisions with respect to the making of payments to the provider by the local educational agency; and

(E) prohibit the provider from disclosing to the public the identity of any student eligible for, or receiving, supplemental educational services under this subsection without the written permission of the parents of such student.

ETHNICITY CODES:

01	American Indian or Alaskan Native-- A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
02	Asian or Pacific Islander-- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
03	Black (not Hispanic)-- A person having origins in any of the black racial groups of Africa.
04	Hispanic-- A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
05	White (not Hispanic)-- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

SERVICES BEGIN UPON LEA FINAL APPROVAL
(LOS SERVICIOS COMIENZAN A PARTIR DE LA APROBACIÓN FINAL DEL LEA (DISTRITO))
 (Signature of all parties required) *(Las firmas de todos los participantes son requeridas)*



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