

Arizona Department of Education
Certificate of Supplemental Instruction 2020-2021

Pursuant to A.R.S. 15-241

Use one or multiple forms per student, give a copy to the principal/coordinator and tutor keeps the original. This form is to be completed before tutoring begins and again reviewed and revised by December 4, 2020 and March 19, 2021.

September

December

March

Student Information

First Name _____ MI _____ Last Name _____

Date of Birth _____ Grade _____ SSID# _____

Name of School _____ Name of District/LEA _____

Parent/Guardian agrees to release his or her child's test data, if necessary, so that the standards to be studied by the child can be identified.

_____ Parent/guardian/educational surrogate initials indicating agreement.

Content and Standards to Be Tutored

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

Arizona Academic Standards to be studied (fill in below)

Coding and Standard from Arizona Academic Standards (2-3 standards): _____

The Provider shall make no changes in any student's goals without the written consent of the student's parent/guardian. 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.

How academic progress will be measured during the 2020-2021 State Tutoring Session:

September - November _____

December - February _____

March - May _____

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

Tutoring will take place on the following day(s):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Communication

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

Frequency: Weekly Monthly Other _____

Cancellation of Services

- 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/guardian of a participating student must choose one: the school's program or one of the five approved-providers' programs. If a parent/guardian 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 to enter data into the online system.

SIGNATURES & CONTACT INFORMATION

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

Tutor name (print) _____ Date _____

Tutor signature _____

Parent/guardian/educational surrogate phone: _____ Date _____

Parent/guardian/educational surrogate email: _____

Parent/guardian/educational surrogate signature: _____

Principal's signature approving prep hour tutoring (if applicable) _____

Once tutoring is finished: Principal/outside provider's CEO or administrator acknowledges academic progress was made on the identified standards. How progress was measured:

Principal/CEO/Administrator signature _____ Date _____