CERTIFICATE OF SUPPLEMENTAL INSTRUCTION

Pursuant to A.R.S. 15-241

This form is to be completed before tutoring begins and reviewed and revised when needed. Use one or multiple forms per student. A copy will be given to the administration/coordinator while the tutor keeps the original.

STUDENT INFORMATION

First Name _____ MI ___ Last Name _____

Date of Birth _____ Grade _____ SSID # _____ (Not School ID)

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 initials indicating agreement.

CONTENT AND STANDARDS TO BE TUTORED

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

Coding and Standard from Arizona Academic Standards to be studied (2-3 standards):

_____

_____

_____

Expected student growth as demonstrated through formal formative assessment: _____ %

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.

TUTORING DATES AND TIMES

Provider and parent/guardian have set the following dates for tutoring sessions. All sections must be completed.

Start Date _____ End Date _____ Total Number of Sessions _____

Time of the sessions _____ to _____

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

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

COMMUNICATION

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

Frequency: ☐ Weekly ☐ Monthly ☐ Other _____

CANCELLATION OF SERVICES

a) The parent/guardian or the provider may cancel this agreement if the student does not attend and participate in session 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 program or one of the approved providers' programs. If a parent/guardian is dissatisfied, they can change programs. The new tutor must complete another Certificate of Supplemental Instruction and notify the on-site program coordinator.

SIGNATURES AND CONTACT INFORMATION

Provider (tutor) and parent/guardian hereby certify agreement to the points in this Certificate.

Tutor Name (print) _____

Tutor Signature _____ Date _____

Parent/Guardian Phone #: _____ Email _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

Site Administrator/Coordinator Name (print) _____

Site Administrator/ Coordinator Signature _____ Date _____