Print Form

Verbal Authorization

Supplemental Education Services (SES)
Parent Verbal Agreement
Authorization for Acceptance of Student Goals

District: _____School: _____

Date Goals/Student Plan were reviewed with parent/guardian: _____

This document hereby certifies that SES Goals were developed for

_____in consultation with the parent/guardian
Student name

_____by telephone on _____at
Parent/Guardian name Date

_____ by _____.
Time - AM or PM *District/School or Provider Representative*

The Student Goals are based on a compilation of the school's most recent test scores and/or a diagnostic pre assessment to be administered by
_____Tutoring Program.
(insert tutoring company)

Parent/Guardian understands that they will receive a copy of this Verbal Agreement as proof of their agreement with the goals as they have been explained.

The Supplemental Education Services Agreement outlining the Student Goals was sent home to the parent/guardian for review on _____
Date

District/School Representative:

_____
PRINT NAME

_____
SIGNATURE

Provider Representative:

_____
PRINT NAME

_____
SIGNATURE