



# Sandusky City Schools

## SES ENROLLMENT FORM and PARENT/DISTRICT/PROVIDER AGREEMENT

~ SES ENROLLMENT FORM ~

Name of Provider: \_\_\_\_\_

Name of Local

Education Agency (LEA): Sandusky City Schools

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Once eligibility is determined by SCS, Providers will notify parents to set up sessions.

Names of individuals –over age 18– authorized to sign session attendance form:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SES Provider Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Local Educational Agency Official

\_\_\_\_\_  
Date

SES Provider will complete the back page of Established Goals one week after tutoring begins and submit to the LEA.

\_\_\_\_\_The provider to initial as agreeing with goals and timelines.

Location of Service: \_\_\_\_\_

Days of Service: \_\_\_\_\_ Time of Service: from: \_\_\_\_\_ to: \_\_\_\_\_

The parent(s), LEA and provider agree to the following terms and conditions. The Provider will enable

\_\_\_\_\_ to achieve:

(enter student's full name & school)

### **MEASURABLE GOALS**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The student's progress toward achieving the above goals will be assessed by:

\_\_\_\_\_  
**(LEA and provider must agree to the instrument(s) or method(s) of measuring achievement.)**

The Student and Provider will accomplish the above Goals according to the following schedule and timeline:

Goal 1. \_\_\_\_\_

Goal 2. \_\_\_\_\_

Goal 3. \_\_\_\_\_

The Provider will inform the student's **parent(s)** and **teacher(s)** of the progress according to the following reporting time schedule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All reports will be in writing and in a language that is parent friendly. If the parent also desires a verbal report in addition to the written report, the provider agrees to provide the parent with the verbal report and written report.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SES Provider Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Local Educational Agency Official

\_\_\_\_\_  
Date