Arizona Department of Education

Certificate of Supplemental Instruction 2018-2019

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 (September 4), reviewed and revised by October 31, 2018 and February 28, 2019.

[ ]  September [ ]  October [ ]  February

**Student Information**

First Name MI Last Name

Date of Birth Grade SAIS#

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):

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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 2018-2019 State Tutoring Session:

[ ] August – October \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  November-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**

1. 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.
2. 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:

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Principal/CEO/Administrator signature Date