

NCLB— Supplemental Educational Services Parent/District/Provider Agreement (PDPA)

Student «Student_Lname», «Student_Fname»

Student ID: «Student_ID»

ACHIEVEMENT GOALS/ASSESSMENT METHODS			
Statement of Current Academic Performance: «Current_Performance»			
Specific Achievement goal(s): The following achievement goals have been agreed upon by the provider and parent. The goals are aligned with the Sunshine State Standards and based on the assessment results. If applicable these goals are also aligned with the goals of the IEP, AIP, 504 or ELL plans:		Progress Monitoring and Assessment Methods: Identify the assessment instruments/tools which will be used to monitor the and explain how these instruments/tools will measure student's progress toward achieving the goals stated above:	
«Goals»		«Progress_Monitoring_and_Assessment»	
Contact Information:			
Student «Student_Lname», «Student_Fname»		Grade «Grade»	
Parent/Guardian «Parent»		Telephone Area/No. «Parent_Phone»	
Parent/Guardian Address «Parent_Address»	City «Parent_City»	State FL	Zip Code «Parent_Zip»
Provider	Contact Person		Telephone Area/No.
Provider Address	City	State	Zip Code
School District	Contact Person		Telephone Area/No.
Address	City	State	Zip Code

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This is the ONLY Agreement parents must sign if they agree to have their child receive Supplemental Educational Services (tutoring). *No parent is obligated to sign an additional or separate Contract/Agreement in order for his/her child to receive tutoring.* Should the parent sign a separate Contract/Agreement with the Provider, in no event shall additional charges obligate the DISTRICT financially in excess of the State/Federal reimbursement amount.

SIGNATURES			
WE HEREBY CERTIFY that we have read this Supplemental Services Agreement and agree to its provisions. Classroom teachers may not provide SES tutoring services to students assigned to them during the regular school day. . No payment will be made for services provided without an approved PDPA.			
Signature of Parent/Guardian	Date Signed	Signature of Provider	Date Signed
Signature of Teacher (Optional)	Date Signed	Signature of School District Official	Date Signed
Signature of Principal (Optional)	Date Signed		