

Supplemental Educational Services Student Learning Plan

DESCRIPTIVE INFORMATION (Completed by the School)

Student Name:	Student Birth Date	Teacher Name	School
Student ID #	Parent / Guardian Name	Home Telephone	Work Telephone
Student's Physical Address			

SESSION INFORMATION (Completed by the Provider)

Number of Sessions per Week	Beginning Date	Ending Date
Number of Sessions per Month	Session Length in Minutes	Days of the Week Sessions will Occur
Location of Services: (school campus, library, faith-based center, student's home, etc)	Type of Service: (online, one-on-one, small group, large group, etc)	Maximum Number of Students per Tutor

PRE-ASSESSMENT OF STUDENT GOALS (Completed by the Provider)

The Provider shall administer a pre-assessment of student achievement for each goal on the SLP using an assessment instrument approved by the FDOE as part of the Provider state application. The goals set forth in the SLP must address specific deficiencies of the student based on test scores or District input. Each goal must state the timetable for improving the student's performance, the specific, measurable goal that the student will be working towards, the pre-assessment score from the test administered by the Provider and the measure of growth that the student will achieve based upon the anticipated post-assessment scores, and the timetable for improving the student's performance. All goals must be related to the Next Generation Sunshine State Standards and be consistent with the student's IEP (if applicable). Provider shall submit no more than five (5) but as least three (3) goals per subject area on each student's SLP.

Supplemental Educational Services Student Learning Plan

ACADEMIC GOALS (Completed by the Provider) – Three (3) goals are required but no more than five (5)

Achievement Goal <small>Goals must address specific deficiencies based on test scores and/or District input. Each goal must be specific measurable, based on the Next Generation Sunshine State Standards and give an anticipated date of mastery. Three (3) goals are required per subject area.</small>	Provider's Pre-Assessment Results	Anticipated Date of Mastery	Provider's Post Assessment Results	Goals Mastered And Date
				Yes No DATE
				Yes No DATE
				Yes No DATE
				Yes No DATE
				Yes No DATE

ADD ADDITIONAL PAGES AS NEEDED

Supplemental Educational Services Student Learning Plan

COMMUNICATION BETWEEN PROVIDER AND PARENT (Completed by the Provider)

Provider will send progress reports to regularly inform the student's parents regarding the student's progress toward achieving the goals stated on the SLP. Progress reports will be submitted according to the following schedule:

_____ Weekly _____ Monthly _____ Other (Explain)_____

How will progress reports be sent to the parent? _____ Written Progress Report _____ Phone Conference

_____ Face to Face Conference _____ Other (Explain)_____

COMMUNICATION BETWEEN PROVIDER AND SCHOOL/SCHOOL BOARD

Provider will send progress reports to regularly inform the school and School Board regarding the student's progress toward achieving the goals stated on the SLP. Progress reports will be submitted monthly:

Progress Reports may be emailed to the School and School Board at the following email addresses:

- Progress Reports will be reported to Board employee, Jennifer Hill at jenny.hill@calhounflschools.org
- Progress Reports will be reported to Blountstown Elementary School at deborah.vanlierop@firn.edu

PROVIDER AGREES:

To provide the services listed above in a timely and professional manner.

To not disclose to the public the identity of a student eligible for or receiving supplemental educational services without the written permission of the student's parent.

To understand its agreement with the school district can be terminated if the provider fails to meet the student's academic goals.

DISTRICT AGREES:

To assist parent, if requested by them, in obtaining additional information regarding state-approved SES Providers that are available to serve their child.

To make available to Providers all appropriate student academic performance and benchmarking information (including previous year's Florida Comprehensive Assessment Test (FCAT) scores, Dynamic Indicators of Basic Early Literacy Skills (DIBELS), results of formative benchmark assessment, etc.) that will assist the Provider in effectively developing the SLP and begin services to the student in a timely fashion.

Supplemental Educational Services Student Learning Plan

SIGNATURES

I have reviewed the Student Learning Plan. I agree to the statement of goals and timeline stated in this agreement. I have been given the opportunity to participate in the development of this plan.

Signatures indicate agreement with the Student Learning Plan

X		X	
Provider Signature	Date	Parent Signature	Date
X		X	
Company Name	Date	Principal Signature	Date
X		X	
Teacher Signature	Date	District Representative	Date
X		X	
Other Signature and Title	Date	Other Signature and Title	Date