



# Supplemental Educational Services Student Participation Form

This form **MUST** be returned to the school by **OCTOBER 2, 2015**

Parent Name:	Student(s) Name:
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Please review the enclosed brochure that provides a brief overview of the supplemental educational services (SES) provision. Please note the list of Washington's-approved providers.

Remember that participation is required. If your child does not attend the assigned services, you will forfeit his/her eligibility and services will be offered to another interested family.

**Check one:**

- Yes, I am interested in enrolling my child to receive SES. Please send me more information.
- No, I am not interested in receiving SES for my child.

If you checked "Yes" and your child is identified as eligible, you will receive more detailed information on Washington's State-Approved Supplemental Educational Service Providers.

**Check one:**

Would you like the school to contact you to assist you in choosing a provider?

- Yes. Please contact me at the telephone number listed below.
- No. I plan to choose a provider on my own.

Signature of Parent/Guardian:		
Address:	City:	State:
Telephone:	E-mail:	



*“Every Student, Every Day, Every Classroom”*

## Supplemental Educational Services Provider Selection Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Check the box that applies:

- My son/daughter **WILL** participate in the Supplemental Educational Services (SES) program as it is described in *No Child Left Behind*.
  - ✓ I am selecting the state-approved provider from the list provided to me.
  - ✓ **1<sup>st</sup> choice:** I select \_\_\_\_\_
  - ✓ **2<sup>nd</sup> choice:** I select \_\_\_\_\_
  - ✓ I understand that the provider will regularly inform me and my child’s teacher(s) of his/her progress.
  - ✓ I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.
  
- My son/daughter **WILL NOT** participate this academic year in the SES program as it is described in the *No Child Left Behind Act of 2001*.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Evening Telephone Number

**Office Use Only**

Date Received: \_\_\_\_\_

SES Provider: \_\_\_\_\_

## Tutoring Program Providers

- #1 in Learning Online, Inc
- A1 Education Services Inc
- A+ In Home Tutoring
- Above and Beyond Learning
- Acadamia.net, Inc.
- Academic Link Outreach
- Academic Tutoring Service
- Achieve HighPoints (by Datamatics Inc)
- Achievement Matters, Inc
- Arrowhead Online, Inc
- Arrowhead Tutors, Inc
- ATS Project Success
- Brave the Elements - The Children's Carousel Charitable Foundation, Inc
- Club Z! In-Home tutoring Services, Inc.
- Education Futures Corporation
- EduPlus LLC
- Eduwizards, Inc.
- 1 Online Tutoring LLC (GradeCracker)
- I Can Achieve, Inc.
- Kinetic Potential Scholars
- Knowledge Island Inc
- Legacy Youth & Family Services d/b/a #A1 Legacy Tutors
- Literacy in the Community, LLC.
- Math Mania
- Mobile Minds Tutoring
- On the Third Day Christian Ministries D/B/A Laureate Learning Center
- One on One Learning
- Professional Tutors
- Promise Tutorial
- Read Right
- studentnest
- Sylvan Learning Center of Snohomish
- TC Tech Tutor
- Tutorial Services
- Variations Educational Services
- Wowzers