

**Putnam County School District**  
**Annual Notice of Supplemental Educational Services**  
**for Title I Schools**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent or Guardian:

Our school qualifies to receive additional funding from the federal government. These funds are for a program known as Title I under the *No Child Left Behind Act of 2001*. Because of this, we will be sending you important information about the program and your child's education throughout the school year.

All schools that receive Title I funds must show that students are improving in their test scores on statewide assessments. This is called making "Adequate Yearly Progress," or *AYP*. If a school does not make Adequate Yearly Progress for three consecutive years, parents must be notified. In addition, the district must make available additional help for eligible students upon parent request. This additional academic help or tutoring is called "supplemental educational services".

Your child may be eligible for supplemental services. These services will be provided before or after school at no cost to you. The organizations that provide this extra help are called "providers". Attached is a list of providers that have been approved by the state and are reasonably close to the school or accessible through technology. If your child becomes eligible for supplemental services, the district or school will notify you and if requested, help you select a provider from the approved list.

If the district is not able to provide extra help for everyone who requests it, a *fair and equitable process* will be used to make sure that students in greatest need from low-income families receive services first. Participation in a supplemental service program is kept confidential.

We encourage you to contact us as soon as possible if you have any questions regarding this notice or your child's eligibility to participate. You may call \_\_\_\_\_ (*name*) at \_\_\_\_\_ (*phone*).

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**Putnam County School District**  
**Annual Notice of Supplemental Educational Services**  
**for Title I Schools**

**-Approved Supplemental Educational Service Providers**

(state)

Name of Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Service Area: \_\_\_\_\_  
Subject Area Provided: \_\_\_\_\_  
Teacher/Student Ratio: \_\_\_\_\_ Grade Levels: \_\_\_\_\_  
Time/Place of Services: \_\_\_\_\_  
Available via Technology?  Yes  No  
Able to Serve:  Limited English Proficient Students  Students with Disabilities  
Qualifications and Effectiveness: \_\_\_\_\_  
\_\_\_\_\_

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Name of Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Service Area: \_\_\_\_\_  
Subject Area Provided: \_\_\_\_\_  
Teacher/Student Ratio: \_\_\_\_\_ Grade Levels: \_\_\_\_\_  
Time/Place of Services: \_\_\_\_\_  
Available via Technology?  Yes  No  
Able to Serve:  Limited English Proficient Students  Students with Disabilities  
Qualifications and Effectiveness: \_\_\_\_\_  
\_\_\_\_\_

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Name of Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Service Area: \_\_\_\_\_  
Subject Area Provided: \_\_\_\_\_  
Teacher/Student Ratio: \_\_\_\_\_ Grade Levels: \_\_\_\_\_  
Time/Place of Services: \_\_\_\_\_  
Available via Technology?  Yes  No  
Able to Serve:  Limited English Proficient Students  Students with Disabilities  
Qualifications and Effectiveness: \_\_\_\_\_  
\_\_\_\_\_

**Putnam County School District**  
**Aviso anual de servicios educativos suplementarios**  
**para escuelas del Título I**

Escuela: \_\_\_\_\_ Fecha: \_\_\_\_\_

Estimado padre/madre o apoderado:

Nuestra escuela está calificada para recibir fondos adicionales del gobierno federal. Estos fondos son para el programa conocido como Título I (en inglés, Title I) bajo la ley sobre igualdad de oportunidades educativas del año *2001 No Child Left Behind*. Por ello le enviaremos información importante sobre el programa y la educación de su hijo/a a lo largo de todo el año escolar.

Todas las escuelas que reciben fondos del Título I deben demostrar que los alumnos mejoran sus resultados en las pruebas estatales. Esto se conoce como “progreso anual adecuado,” o *AYP*. Si la escuela no logra un progreso anual adecuado durante tres años consecutivos, se les debe notificar de ello a los padres. Además, el distrito debe proporcionar ayuda adicional a alumnos calificados si los padres lo solicitan. Esta ayuda académica o instrucción adicional se conoce como “servicios educativos suplementarios”.

Puede que su hijo/a cumpla con los requisitos para recibir servicios suplementarios. Estos servicios se proporcionarán antes o después de clases en forma gratuita. Las organizaciones que proporcionan esta ayuda adicional se denominan “proveedores”. Encontrará adjunta una lista de los proveedores que han sido aprobados por el estado y que están situados razonablemente cerca de la escuela, o bien se puede acceder a ellos por medios tecnológicos. El distrito o la escuela le avisará si su hijo/a cumple con los requisitos para recibir servicios suplementarios y, si usted lo solicita, le ayudará a seleccionar un proveedor de la lista aprobada.

Si el distrito no puede proporcionar ayuda adicional a todas las personas que la soliciten, se utilizará un *proceso justo y equitativo* para garantizar que los alumnos provenientes de familias de bajos ingresos reciban estos servicios en primer lugar. La participación en el programa de servicio suplementario es confidencial.

Lo incentivamos a que se comunique con nosotros lo antes posible si tiene preguntas sobre este aviso o sobre la calificación de su hijo/a para participar. Puede llamar a \_\_\_\_\_ (*name*) al \_\_\_\_\_ (*phone*).

Atentamente,

\_\_\_\_\_  
Nombre

\_\_\_\_\_  
Título

**Putnam County School District**  
**Aviso anual de servicios educativos suplementarios**  
**para escuelas del Título I**

**Proveedores de servicios educativos suplementarios aprobados - \_\_\_\_\_**  
*(state)*

Nombre del proveedor: \_\_\_\_\_  
Dirección: \_\_\_\_\_  
Teléfono: \_\_\_\_\_ Dirección de correo electrónico: \_\_\_\_\_  
Área de servicio: \_\_\_\_\_  
Asignatura proporcionada: \_\_\_\_\_  
Proporción maestro/estudiantes: \_\_\_\_\_ Niveles de grado: \_\_\_\_\_  
Hora/lugar de servicios: \_\_\_\_\_  
¿Disponible por medios tecnológicos?     Sí     No  
Puede prestar servicios a:                     Estudiantes con dominio limitado del inglés  
                                                                  Estudiantes con discapacidades  
Calificaciones y eficacia: \_\_\_\_\_  
\_\_\_\_\_

Nombre del proveedor: \_\_\_\_\_  
Dirección: \_\_\_\_\_  
Teléfono: \_\_\_\_\_ Dirección de correo electrónico: \_\_\_\_\_  
Área de servicio: \_\_\_\_\_  
Asignatura proporcionada: \_\_\_\_\_  
Proporción maestro/estudiantes: \_\_\_\_\_ Niveles de grado: \_\_\_\_\_  
Hora/lugar de servicios: \_\_\_\_\_  
¿Disponible por medios tecnológicos?     Sí     No  
Puede prestar servicios a:                     Estudiantes con dominio limitado del inglés  
                                                                  Estudiantes con discapacidades  
Calificaciones y eficacia: \_\_\_\_\_  
\_\_\_\_\_

Nombre del proveedor: \_\_\_\_\_  
Dirección: \_\_\_\_\_  
Teléfono: \_\_\_\_\_ Dirección de correo electrónico: \_\_\_\_\_  
Área de servicio: \_\_\_\_\_  
Asignatura proporcionada: \_\_\_\_\_  
Proporción maestro/estudiantes: \_\_\_\_\_ Niveles de grado: \_\_\_\_\_  
Hora/lugar de servicios: \_\_\_\_\_  
¿Disponible por medios tecnológicos?     Sí     No  
Puede prestar servicios a:                     Estudiantes con dominio limitado del inglés  
                                                                  Estudiantes con discapacidades  
Calificaciones y eficacia: \_\_\_\_\_  
\_\_\_\_\_

**Putnam County School District  
 Determination of Student Eligibility  
 for Supplemental Educational Services**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Dear Parent/Guardian:

We have received your request for free supplemental educational services for your child.

The district has reviewed all parent requests and used *fair and equitable procedures* to ensure that children most in need of supplemental educational services will have the opportunity to participate. Priority is given to children from low-income families who are in greatest need of academic tutoring.

Based on this review, we have determined that your child:

\_\_\_\_\_ is not eligible for supplemental services at this time.

\_\_\_\_\_ is eligible for supplemental services and these services will be provided by

\_\_\_\_\_ *(name of state-approved supplemental service provider)*

The district and provider listed above will work with you to develop your child's academic goals, measures of progress, and timetable for improving achievement. You will receive frequent reports from the provider regarding your child's progress. You have the right to withdraw your child from this service at any time.

Please contact \_\_\_\_\_ *(name of school official or supplemental service provider)* at \_\_\_\_\_ *(phone)* to make arrangements for your child to begin receiving supplemental services.

You \_\_\_will \_\_\_will not be responsible for providing transportation to and from the provider of supplemental services.

Thank you for your interest in the quality of your child's education. We encourage your continued involvement toward their academic success.

Sincerely,

\_\_\_\_\_ Name

\_\_\_\_\_ Title

OFFICE USE ONLY					
Student ID #	Date Distributed	Services Initiated Date	Form Sent to Provider Date	Services Declined Date	

**Putnam County School District**  
**Determinación de idoneidad del alumno**  
**para recibir servicios educativos suplementarios**

Nombre del estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Escuela: \_\_\_\_\_

Estimado padre/madre/apoderado:

Hemos recibido su solicitud de servicios educativos suplementarios gratuitos para su hijo/a.

El distrito ha revisado todas las solicitudes de los padres y ha usado *procedimientos justos y equitativos* para garantizar la participación de los alumnos que más necesiten los servicios educativos suplementarios. Se le dará prioridad a los alumnos provenientes de familias de bajos ingresos con la mayor necesidad de instrucción académica.

Según esta revisión, hemos determinado que su hijo/a:

\_\_\_\_\_ no califica para recibir servicios suplementarios en este momento.

\_\_\_\_\_ califica para recibir servicios suplementarios, los cuales serán proporcionados por

\_\_\_\_\_

*(name of state-approved supplemental service provider)*

El distrito y el proveedor antedicho trabajarán con usted para establecer las metas académicas, las mediciones de progreso y los plazos de progreso de su hijo/a. Usted recibirá frecuentes informes de parte del proveedor sobre el progreso de su hijo/a. Usted tiene el derecho de retirar a su hijo/a de este servicio en cualquier momento.

Por favor comuníquese con \_\_\_\_\_ *(name of school official or supplemental service provider)* llamando al \_\_\_\_\_ *(phone)* para hacer los trámites pertinentes para que su hijo/a comience a recibir servicios suplementarios.

Usted deberá \_\_\_\_\_ no deberá \_\_\_\_\_ proporcionar transporte hacia y desde el proveedor de servicios suplementarios.

Gracias por su interés en la calidad de la educación de su hijo/a. Incentivamos su permanente participación en el éxito académico de su hijo/a.

Atentamente,

\_\_\_\_\_

Nombre

\_\_\_\_\_

Título

OFFICE USE ONLY					
Student ID #	Date Distributed	Services Initiated Date	Form Sent to Provider Date	Services Declined Date	

**Putnam County School District**  
**Supplemental Educational Services:**  
**Parent Withdrawal or Request to Change Providers**

Dear Parent/Guardian:

Use a separate form for each child you are requesting to withdraw or change supplemental educational services. Please return this form to:

School Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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*Parent/Guardian: Please complete the section below and return the entire form to school.*

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ School: \_\_\_\_\_

Current Supplemental Services Provider: \_\_\_\_\_

\_\_\_\_ I am withdrawing my child from supplemental services as of \_\_\_\_\_. The reason for withdrawing my child is:

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

\_\_\_\_ I want my child to continue to receive supplemental educational services but from a different service provider. The reason I want a new service provider is:

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

\_\_\_\_ I want the following new provider: \_\_\_\_\_

\_\_\_\_ I need help in selecting a new provider. Please contact me.

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

OFFICE USE ONLY				
Student ID #	Date Distributed	Date Received	Date Provider Notified	Date Transportation Department Notified

Por favor responda  
en inglés

**Spanish**  
Supplemental Educational Services:  
Withdrawal or Change of Provider

**Putnam County School District**  
**Servicios educativos suplementarios:**  
**Solicitud de los padres para retirar al alumno o cambiar de proveedor**

Estimado padre/madre/apoderado:

Use un formulario aparte por cada alumno para quien solicite el retiro o el cambio de servicios educativos suplementarios. Devuelva el formulario a:

Nombre de la escuela: \_\_\_\_\_ Atención: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_ Código postal: \_\_\_\_\_

***Padre/madre/apoderado: Por favor llene la siguiente sección y devuelva todo el formulario a la escuela.***

Nombre del estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre de padre/madre/apoderado: \_\_\_\_\_ Escuela: \_\_\_\_\_

Proveedor de servicios suplementarios actual: \_\_\_\_\_

\_\_\_ He decidido retirar a mi hijo/a de los servicios suplementarios a partir del \_\_\_\_\_. El motivo del retiro es:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Deseo que mi hijo/a continúe recibiendo servicios educativos suplementarios, pero de un proveedor diferente. El motivo por el cual deseo un nuevo proveedor es:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Deseo el siguiente proveedor nuevo: \_\_\_\_\_

\_\_\_ Necesito ayuda para seleccionar un proveedor nuevo. Comuníquese conmigo.

Teléfono: \_\_\_\_\_ Dirección de correo electrónico: \_\_\_\_\_

Firma de padre/madre/apoderado: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_ Código postal: \_\_\_\_\_

OFFICE USE ONLY				
Student ID #	Date Distributed	Date Received	Date Provider Notified	Date Transportation Department Notified

# Putnam County School District

## District Agreement with State-Approved Supplemental Educational Services Provider

Supplemental Educational Services Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

The Supplemental Educational Services Provider agrees to provide services to the above named student to achieve the following goals that have been developed in consultation with the student's parents and the school district:

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

The Provider agrees to:

1. Measure the student's progress toward achieving the goals stated above by the following method(s):  
\_\_\_\_\_.
2. Regularly inform the parents and the school district regarding progress of the student toward achieving the goals stated above (*select each that apply*): \_\_\_\_ following each session \_\_\_\_ weekly \_\_\_\_ monthly  
\_\_\_\_ other: \_\_\_\_\_.  
Progress will be reported to the following school district employee: \_\_\_\_\_.
3. Improve the student's achievement related to the goals stated above according to the following timetable that is, if applicable, consistent with the student's Individualized Education Program (IEP): \_\_\_\_\_  
\_\_\_\_\_.
4. Provide services to the student according to the following schedule:  
Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
(Not to exceed the last day of the academic school year in which the services were initiated).  
# of Sessions per week: \_\_\_\_\_ # of Sessions per month: \_\_\_\_\_  
Time/Day of Sessions: \_\_\_\_\_ Location of Sessions: \_\_\_\_\_
5. Not disclose to the public at any time the identity of the student receiving supplemental services without prior written consent from the parent or adult student who is at least 18 years old.
6. Provide services in accordance with all applicable civil rights laws and per the criteria established by the State regarding the approval of Supplemental Educational Services Providers.
7. Submit an invoice for services to the district per the following schedule: \_\_\_\_\_.

The District agrees to:

1. Make monthly payments to the Provider not to exceed the following total amount: \$ \_\_\_\_\_.
2. Terminate this Agreement at anytime by providing written notice to the Provider if (a) the student does not make progress toward achieving the above stated goals, or (b) the parent or guardian withdraws their child from receiving supplemental educational services.

## Putnam County School District

### District Agreement with State-Approved Supplemental Educational Services Provider

This Agreement terminates automatically upon payment of the total amount for supplemental educational services or as of the close of business on the specified ending date of service. This district assumes no liability related to the provision of services by the Provider beyond reimbursement to the Provider for services as identified in this Agreement. Transportation to and from the Provider is the responsibility of the parent, guardian, or adult student unless other arrangements have been agreed upon as follows \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Supplemental Educational Services Provider

\_\_\_\_\_  
Name of District Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

OFFICE USE ONLY					
Date Contract Approved by Board:	Student ID #	Date 1st Progress Report Rec.	Date 2nd Progress Report Rec.	Date 3rd Progress Report Rec.	Other