

Lame Deer Public Schools
Parent Request for Supplemental Educational Services

Name of Student: _____ Date: _____

Name of Parent: _____ School: _____

Dear Parent/Guardian:

Your child is enrolled in a school that has not made Adequate Yearly Progress (AYP) for three (two years if public school choice is not an option) or more consecutive years. Your child may be eligible to receive free supplemental educational services from a state approved provider. Priority is given to children from low-income families who are in greatest need of academic tutoring. Attached is a list of providers that have been approved by the state and are reasonably close to the school or accessible through technology. Please complete the section below and return the entire form to the school. Please use a separate form for each child for whom you are requesting supplemental services. Please return this form to:

School Name: _____ Attention: _____

Address: _____ City: _____ State: _____ Zip: _____

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

I understand that my child may be able to participate in free academic tutoring before or after the normal school day. Based on this information, I have selected the following option:

I decline supplemental services for my child.

I wish to enroll my child in the services offered by the following provider from the attached list:

(name of state-approved supplemental service provider)

I will require assistance from the school to help me make a choice. Please contact me at the phone number and/or email address listed below.

Signature of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

Lame Deer Public Schools

Montana - 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
Qualifications and Effectiveness:

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
Qualifications and Effectiveness:

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
Qualifications and Effectiveness: