

Student Learning Plan
NCLB Supplement Educational Services
Calhoun County Schools

Parent Agrees To:

Initial beside each activity.

- _____ Participate in the development of the SLP.
- _____ Ensure that his/her child actively participates in the learning process.
- _____ Ensure that his/her child attends the scheduled session for the duration of the prescribed program.
- _____ Provide transportation to and from tutoring sessions unless other arrangements have been made.

Provider Agrees To:

Initial beside each activity.

- _____ Participate in the development in the SLP and document participation efforts.
- _____ Meet student achievement goals for the selected subject areas within the specified timelines.
- _____ Enable the student to attain his or her specific achievement goals.
- _____ Measure the student's progress and regularly report progress to parents, LEA, and school (teacher) as follows:
 - Weekly
 - Every Two Weeks
 - Monthly
 - Other _____
- _____ Provide services in accordance with all applicable health, safety, and civil rights laws and according to the approved application on file with the Florida Department of Education.
- _____ Not disclose to the public the identity of the student receiving SES without prior written consent from the parent.
- _____ Contact the parent if attendance negatively impacts learning.
- _____ Include pre- and post-assessment data in the final student progress report.
- _____ Submit electronic assessment data to the Department of Education.
- _____ Provide services to the student consistent with the instruction used by the LEA and aligned with the Sunshine State Standards (SSS) and consistent with (although not included in) the student's IEP under Section 614(d) of the IDEA or 504 plan, as applicable, according to the following:

Type of Services:

Individual Small Group Large Group On-Line/Distance Learning

Start Date: _____ Ending Date: _____

Location of Services: _____

Days of Session: Mon Tue Wed Thu Fri Sat Sun

Meeting Time: _____ AM/PM until _____ AM/PM

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School Board Agrees To:

Initial beside each activity.

- Develop the SLP in consultation with the parent and provider.
- Assist the provider in identifying the student's greatest academic need in a timely and accurate manner.
- Provide information to the provider on the goals and accommodations required in the IEP, ELL, or 504 plans.
- Monitor the implementation of the SES program.
- Provide support to parents and providers in the implementation of the SES program.
- Contact the parent if truancy negatively impacts learning.
- Terminate the agreement with the provider if the parent is not satisfied with the progress, and assign that student to another provider selected by the parent.
- Render payment to the provider for all documented services in accordance with the provider-LEA contract. Payment will not be provided for students not in attendance at sessions.

Assessment Data

Pre/Post Assessment Instrument/Tool: _____

Assessment Administrator for Pre and Post-Assessment: **The SES Provider**

Assessment Data Provided to DOE by: **The SES Provider**

Achievement Goals/Objectives

Do not include more than 5 goals. The boxes will expand as you type in them.

	Current Level of Mastery %	Projected Level of Mastery %
Subject Area: Benchmark: Objective:	_____ %	_____ %
Subject Area: Benchmark: Objective:	_____ %	_____ %
Subject Area: Benchmark: Objective:	_____ %	_____ %
Subject Area: Benchmark: Objective:	_____ %	_____ %
Subject Area: Benchmark: Objective:	_____ %	_____ %

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Consultation

Consultation can be accomplished by telephone, e-mail, home visits, school events, and face-to-face meeting. Please indicate the method of consultation and obtain signatures. Attach documentation of consultation if any exists.

- Telephone Conversation Date/Time: _____
- E-Mail (attach e-mail address) Date/Time: _____
- Home Visit Date/Time: _____
- School Event Date/Time: _____
- Face-to-Face Meeting Date/Time: _____

Signatures

_____	Parent/Guardian	_____	Date
_____	SES Provider	_____	Date
_____	Title I Director	_____	Date