



Arizona Department of Education
Certificate of Supplemental Instruction
Pursuant to A.R.S. 15-241 (Q)

Use one or multiple forms per student. Give a copy to principal, and keep a copy. Don't send to ADE.

Student's first name _____ MI _____ Last Name _____ SAIS# _____

Circle last AIMS scores: Falls Far Below (FFB) in **R W M** Approaches in **R W M** **AIMS NOT TAKEN**
(not necessary to indicate AIMS scores if student is from an "underperforming" or "failing" school per AZ LEARNS)

Date of Birth _____ Current grade _____

RESPONSIBILITIES

1. Skills to be studied

Parent will agree to release his or her student's test data, if necessary, so that the skill to be studied by the student can be identified. The student will be tutored in the specific subjects and skills that he/she needs. For a high school student, this means in the areas where he/she did not pass the AIMS.

Subject area(s) in which to be tutored: reading writing math

Tutor #1 – Most important skill/concept from Arizona Academic Standards to be studied, ex.: *elements of literature* or *data analysis*, not improve reading: _____

Tutor #2 (if needed)- Most important skill/concept from Arizona Academic Standards to be studied, ex.: *elements of literature* or *data analysis*, not improve reading: _____

The student must demonstrate through any oral or written measurement, determined by the tutor, that he/she has learned that concept. "The State Board of Education shall annually review academic performance levels for providers (tutors) certified pursuant to this subsection and may remove a provider at a public hearing from an approved list of providers if that provider fails to meet its stated level of academic improvement."(15-241Q) The Provider shall make no changes in any student's goals without the written consent of the student's parent. If student is disabled, state how the goals fit with the student's individualized education program (IEP) under Section 6 15(d) of the Individuals with Disabilities Education Act.

2. Tutoring Dates

Provider and parent/guardian/educational surrogate have set the following dates for tutoring sessions. If student is disabled, state how the timeline fits with the student's IEP. _____

Start date: _____ End date: _____ Total number of sessions: _____

3. Communication

Provider will inform parent/guardian/educational surrogate about the student's progress.

weekly monthly other _____

4. Cancellation of Contract

The parent/guardian/educational surrogate or the provider may cancel this agreement if either the student does not attend and participate in sessions as agreed to, or the provider does not provide services as agreed to in the agreement.

SIGNATURES

1. Provider (tutor) and parent hereby certify that we have agreed to the points in this Certificate.

Provider signature _____ Date _____

Parent signature _____ **OR** Initials of district personnel or lead provider who spoke to parent to verify agreement _____ Date _____ (One parent call per student is sufficient.)

2. Principal/outside provider's CEO or administrator acknowledges that the identified skill/concept was reasonable and whether the student has shown academic improvement in that skill/concept.

Principal signature _____ Date _____