

**FAIRFAX COUNTY PUBLIC SCHOOLS
SUPPLEMENTAL EDUCATIONAL SERVICES (SES)
TUTOR AND PARENT AGREEMENT—LEARNING PLAN**

School Year: _____

SES Provider (Tutoring Company): _____

Student Name: _____
(Last) (First)

Grade: _____ **School:** _____ **Classroom Teacher:** _____

Enrolled Session: _____
(location - subject - grouping - company)

Number of Classes: _____ **Hours per Class:** _____

Service Subject: (Check one.)
 Math Reading Science

Achievement Goals: (List 2-5 goals, based on Virginia Standards of Learning):
Note: Goals must be selected from list in FCPS SES Management System.

Additional Achievement Goals: (List)

Special Services This Student Receives: (Check all that apply.)
 ESOL Special Education Not applicable

Special Needs – If the student has an individual educational program (IEP), those goals were considered in development of SES goals: (Check one.)
 Yes No Not applicable

Tutor and Parent Agreement—Learning Plan, cont.

Start Date: _____

End Date: _____

Timing of Services: (Check one.)

- Saturday mornings from _____ to _____
- after school evening sessions from _____ to _____
- weekend sessions from _____ to _____
- other: _____

Location for Tutoring Services: (Check one.)

- school (Saturday morning)
- tutoring center (company site)
- community site (library, neighborhood center, etc.)
- other: _____
- home of student
- online

Instructional Grouping: (Check one.)

- individual
- small group (less than 5)
- other: _____
- medium group (6-15)
- online (no tutor present)

Delivery Method for Tutoring Services: (Check all that apply.)

- teacher-directed
- cooperative group
- other: _____
- computer-driven
- individualized study plan

Materials to Be Used: (Check all that apply.)

- computer software
- paper and pencil activities
- manipulatives
- other: _____
- reading materials
- textbooks
- instructional games

Progress Monitoring: (Check all that apply.)

- pre- and post-tests generated by the tutor
- student performance on assignments
- standardized tests to measure student progress
- demonstration of student learning through projects and hands-on activities that are assessed by the tutor
- other: _____

Method for Progress Reporting: (Check all that apply.)

- written reports to parent
- secure emails to parent
- other: _____
- parent meetings/conferences
- telephone calls to parent

Confidential

Tutor and Parent Agreement—Learning Plan, cont.

Progress reporting: The tutor will send a written progress report to the parent at least once per month and will make this report available for FCPS staff.

Attendance: Students are expected to attend tutoring services on a regular basis. Tutors will be paid only for sessions that the student attends.

Termination of services: The parent has a right to terminate tutoring services at any time and for any reason by notifying the school of the decision to terminate, and the date the termination takes effect. If the student moves out of an SES-eligible school at any time, tutoring services will immediately halt. Tutoring services will also cease at whatever time the student should use up the entirety of the state-dictated per pupil allocation for tutoring.

FCPS or the Virginia Department of Education also may terminate this agreement if the SES provider (tutoring company) does not meet stated measurable goals and timelines and/or does not comply with the agreement between the company and FCPS.

The SES provider (tutoring company) can only terminate this agreement with prior approval from FCPS.

Parent Agreement:

I certify that I have read and understood this *Tutor and Parent Agreement*.

_____	_____	_____
Parent Name (Please Print)	Signature	Date

SES Provider (Tutoring Company) Agreement:

I agree not to disclose to the public the identity of this child or any other information related to the child’s individual learning goals without the written consent of the parent, and I agree to abide by this *Tutor and Parent Agreement*.

Provider: _____

_____	_____	_____
Provider Staff Member (Please Print)	Signature	Date

_____	_____	_____
District/School Facilitator (Please Print)	Signature	Date

Student Name (Last, First): _____