

Fayette County Public Schools
Parent Request for Supplemental Services 2011-2012

Dear Parent/Guardian:

Your child is enrolled in a school that has not made Adequate Yearly Progress (AYP) for three or more consecutive years. This means your child may be eligible to receive supplemental services from a state approved provider in addition to the Extended School Services (ESS) already provided by the school.

A child is considered eligible to receive supplemental services if:

1. their school fails to meet AYP for 2 straight years;
2. the child qualifies to receive free/reduced lunch; and,
3. the child needs extra help (tutoring) in reading, language arts or math.

Please contact your child's teacher and schedule a conference to help you determine whether or not your child is eligible for and would benefit from this extra help.

If after talking with your child's teacher, you feel that your child would benefit from these services, 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 completed form to your school's Title I Social Worker, Amy Crump (381-3308). If you need assistance in selecting a provider, please contact Ms. Crump.

You will receive a postcard to confirm the receipt of your application and a phone call to arrange an appointment to sign a contract with your chosen provider.

Parent/Guardian: Please complete the section below and return the entire form to your school's Title I Social Worker, Amy Crump (381-3308).

Student's Name: _____ Grade: ____ School: Bryan Station High

Parent's Name (please print): _____

Area(s) of Need: Reading/Language Arts _____ Math _____

I understand that my child may be eligible to participate in supplemental services. Based on this information, I have selected the following option:

___ I wish to enroll my child in the services offered by the following provider:

1. _____ 2. _____ 3. _____

(Please list the name of state approved supplemental service providers in the preferred order.)

___ 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: _____ Date: _____

Address: _____ Zip: _____

Telephone: (daytime) _____ (evening or alternate) _____

Email Address: _____

For Office Use Only

State Student ID	Math Teacher	Reading Teacher	SES Code	ELL? (Yes or No)	Migrant? (Yes or No)	Special Needs? (Yes or No)