

Parent/Guardian Notification – Supplemental Educational Services (SES) (Title I Schools)

When one of its Title I schools is identified for improvement (year 2), corrective action or restructuring the district must promptly notify parents of eligible students of the opportunity for their child to receive free tutoring, at no cost to them.

Each notification letter must:

- _____ Notify parents/guardians about the availability of SES at/near beginning of school year
- _____ Be easy to understand (e.g., "free tutoring") and, to the extent practicable, in a language the parents/guardians can understand
- _____ Identify each approved service provider able to serve. Information about approved SES providers in Massachusetts is available at <http://www.doe.mass.edu/ses/>.
- _____ Describe the services, qualifications and evidence of effectiveness for each provider
- _____ Describe procedures and timelines parents/guardians must follow in selecting a provider, including contact information

The template on the following pages is not an official Massachusetts Department of Elementary and Secondary Education document. It is provided only as an example.

Free Tutoring for Your Child!

(Date)

Dear Parent/Guardian,

Help your child succeed in school – sign up for free tutoring! As a result of the federal No Child Left Behind Act, your child can receive extra help in the areas of math, reading, and language arts. You can receive this free tutoring because your child’s school is in its second year or later of “school improvement,” and your family meets the income limits under the law.

You can choose a free tutoring program that is best for your child. A list of approved tutoring programs in your area is enclosed. These programs have been approved by the Massachusetts Department of Elementary and Secondary Education and will provide your child with tutoring that is coordinated with what is being taught in school.

When deciding which tutoring program is best for your child, you may want to ask these questions:

- When and where will the tutoring take place (at school, home, a community center)?
- How often and for how many hours in total will your child be tutored?
- What programs, by grade levels and subject areas, are available for your child?
- What type of instruction will the tutor use (small group, one-on-one, or the computer)?
- What are the tutors’ qualifications?
- Can the tutor help if your child has disabilities or is learning English?
- Is transportation available to and from where the tutoring will take place?

Please call (*name and number*) if you have any questions about these services. You also may join us to talk to the tutors on (*dates and times of parent fairs*) to help you decide which program is best for your child.

If you would like to select a tutor now, you can fill out the enclosed provider selection form and mail it back to (*name and address*) in the stamped enveloped we provide. Applications are due by (*date*). You will receive a letter from us by (*date*) telling you when the free tutoring will start.

Finally, if you do not wish to sign up for these services, you may also choose to transfer your child to another school in the district. The enclosed letter gives more information about school choice in our district.

Thank you.

(*Name of district official*)

Si Uds. Necesitan algún documento escolar traducido a su propio idioma, por favor llamen a (*name, title*), (*phone number*).

Se voces precisarem de uma tradução ou maiores informações sobre nossos programas, favor ligar para: *(name, title), (phone number)*.

Enclosures: List of Approved Supplemental Educational Service Providers
Tutor Selection Form
NCLB Accountability Status Notification Letter

FREE TUTORING FORM (Complete One Form for Each Child)

Please Check:

YES, I would like my child, _____, to receive free tutoring.

I HAVE SELECTED THE FOLLOWING PROVIDER:

First Choice: _____

Second Choice: _____

Third Choice: _____

I NEED HELP SELECTING A PROVIDER. Please contact me at:

NO, I would not like my child to receive free tutoring.

Name of Parent/Guardian	Phone Number	Date
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Please return this form to *(name, address)* no later than *(date)*. We will contact you by *(date)*.