## Language Academy of Sacramento Supplemental Educational Services (SES)

## Student Learning Plan (SLP) 2015-2016

Title I, Part A requires "the local educational agency to develop, in consultation with parents (and the SES provider chosen by the parents) a statement of specific achievement goals for the student, how the student's progress will be measured, and a timetable for improving achievement" [Section 1116(e)(3)(A)]. An LEA and a SES provider may agree that the SES provider will complete, on behalf of the LEA, the agreement for each student for whom the provider is requested to serve (SES Non-Regulatory Guidance, Item H-2 [U.S. Department of Education, January 2009]).

PART I: Student Information		
Student Name	School Grad	le ID#
LEA Student Assessment Data (Proficiency	Levels)	
Parent/Guardian Name	Phone	E-mail
Indicate if student is identified for services:	☐ English Learner ☐ Sp	ecial Education
PART II: Provider Information		
Provider Name	Phone	E-mail
Tutoring Subject Area: Reading/La	anguage Arts   Mathematics	Science
Location of services:  In-student's home [	Provider's center (address)	Other (describe)
Tutor-to-Student Ratio:  One-on-one  Sr Other (describe)	mall group (2-5 max) 🗌 Large gr	oup (6-10 max)
Service Period: Beginning date Time of Total hours of service to be provided	of tutoring sessions from to to to	o Week Day(s) contract to be completed by
Student Progress Reports (LEA determines f Frequency Anticipated da		required): Procedure
PART III: Student Learning Plan (S	SLP)	
The SLP developed in consultation with the stu goals, (B) services that will support the achieve to which goals are met, and (D) notation of issu	ement of the goals, (C) the asses	sment tools used to measure extend
A. ACADEMIC ACHIEVEMENT GOALS	B. LEARNING ACTIVITIES	C. MEASUREMENT TOOL(S)
1.		
2.		
3.		
4.		
D. Notation of technology issues, if applica	able:	

PART IV: Parent, Provider, LEA Acknowledgements				
Date of Consultat	ion with Parent:			
Method of Consul Letter		Parent (document): Phone Face-to-face in detail:	e E-mail	
Confidentiality Ag	reements:			
		<b>ignature</b> (SES provider <u>AGREES NOT TO DIS</u> y of this student.)	CLOSE to the	
		<b>n Signature</b> (Parent/Guardian <u>AGREES</u> to rele on regarding their student to the parent-selected		
In the case of a s		<b>EP)</b> ties, the SLP (goals, activities, measures, and land to the Individuals with Disabilities Act.	timelines) will be	
Parents will notify t		s with provider emy of Sacramento if parent wants to terminate with the termination request in writing to the Lar		
	an, have discussed to the services to b	with the SES provider the plan for the SES tuto e provided.	ring program for	
Parent/Guardian S	ignature	Parent/Guardian Name (Print)	Date	
SES Provider Sign	ature	Title and Provider Entity Name (Print)	Date	
The LEA administrated student learning plant		riewed and agrees to the SES provider impleme	ntation of the	
LEA Administrator	Signature	LEA Administrator. Name & Title (Print)	Date	