



AUBURN UNION SCHOOL DISTRICT
255 EPPERLE LANE
AUBURN, CA 95603
PHONE 530.885.7242
FAX 530.885.5170

Student Learning Plan (SLP)

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 1: Student Information

Student Name _____ School _____ Grade _____ ID# _____
 LEA Student Assessment Data (Proficiency Levels) _____
 Parent/Guardian Name _____ Phone _____ Email _____
 Indicate if student is identified for services: English Learner _____ Special Education _____

PART II: Provider Information

Provider Name _____ Phone _____ Email _____
 Tutoring Subject Area: Reading/Language Arts _____ Mathematics _____ Science _____
 Location of services: In-student's home _____ Provider's center (address) _____
 Other (Describe) _____
 Tutor-to-Student Ratio: One-on-one _____ Small Group (2-5 max) _____ Large Group (6-10 max) _____
 Other (describe) _____
 Service Period: Beginning Date: _____ Time of tutoring sessions from _____ to _____
 Week Day(s) _____
 Total hours of service to be provided _____ Total sessions per provider contract _____
 to be completed by _____
 Student Progress Reports (LEA determines frequency, process, and content required):
 Procedure _____ Frequency _____ Anticipated date for completion _____

PART III: Student Learning Plan (SLP)

The SLP developed in consultation with the student's parent/guardian, LEA, and SES provider, outlines (A) specific goals, (B) services that will support the achievement of the goals, (C) the assessment tools used to measure extent to which goals are met, and (D) notation of issues related to technology, if applicable.

A. ACADEMIC ACHIEVMENT GOALS	B. LEARNING ACTIVITIES	C. MEASUREMENT TOOL(S)
1.		
2.		



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Supplemental Educational Service

Student Name: _____ Student ID Number: _____

School: _____ Grade Level: _____

Provide the SES student progress report to parent and return to LEA:
 Auburn Union School District, 255 Epperle Lane, Auburn, CA 95603

Provider Information

SES Provider Entity:		Supervisor of Tutor:	
Office Phone:		Email:	
Location of Tutoring:		Location Phone:	
Tutor Name:			

SES Goals For Student Academic Achievement

Subject Area: ELA, Math, or Science	Student Learning Plan (SLP): approved by parent/guardian on (date):	
	SLP approval by LEA by administrator on (date):	
Tutor to Student Ratio (one-on-one, small group, etc.):		
Achievement Goal as stated on SLP:	Mastered Date:	Not Mastered Provide response to Item (1) below
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Pre-test Score: _____ Date: _____	Post-test Score (upon completion of tutoring)	
Assessment Tool: _____	Date: _____	Assessment Tool: _____
(1) Describe reason(s) as of this report date that the student has <u>not mastered</u> goal(s) and steps that are being taken to allow student to move toward mastery.		

Frequency of Progress Reports (to be determined by the LEA):

Dues dates:				
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Student Progress Report

Time period for this specific Progress Report: Beginning Date _____ Ending Date _____
Number of hours scheduled for this reporting period:
Number of hours student missed during this reporting period: _____ Provide response to Item (2) below
Student has completed: _____ Total hours since beginning of program; Remaining hours: _____
Skills your child has mastered/learned during this reporting period
Skills your child will be working on during the next reporting period
Tutor Comments
Tutor Name: _____ Supervisor Name: _____

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(2) Describe steps that were taken by your SES organization as of this date to address any missed sessions and improve attendance.

This SES student progress report is being submitted to:

Parent _____ (date) District _____ (date) School _____ (date)

SES Provider Tutor Signature: _____

Date: _____ Phone: _____ Email: _____

SES Provider Supervisor Signature: _____

Date: _____ Phone: _____ Email: _____