



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

## 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:	

### 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):	
<b>Tutor to Student Ratio (one-on-one, small group, etc.):</b>		
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:

(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: \_\_\_\_\_