



Mary McLeod Bethune Day Academy Public Charter School

1404 Jackson St., N.E.
Washington, DC 20017,
Phone: (202) 459-4710
Fax: (202) 536-2670[Your Fax]
Web: www.mmbethune.org

Supplemental Educational Services Notice

September 14, 2011

Dear Parent/Guardian:

Mary McLeod Bethune Day Academy has been designated by the *No Child Left Behind Act* as a school “in need of improvement year two” because we did not make AYP in 2009 and 2011.

All schools who are “in need of improvement year two” must provide Supplemental Educational Services (SES) to provide extra help to students in grades K-12 who are eligible for free or reduced meals.

Eligible students can receive tutoring in reading, language arts, science, and/or mathematics.

The services are provided outside the regular school day, which can include after after-school, before school and Saturday. We have provided a list of state approved SES providers.

You can choose a provider from the attached list you believe will best meet the needs of your child. Consider:

- Is your child having difficulty either in reading/language arts, math, science or all three? Not all providers offer services in all content areas.
- What is your child’s preferred learning style? Providers offer online, one-one- and small group instruction.
- Where are the services offered? Most providers offer services in your child’s school, but some offer on-line only services and others provider services off-site.

We will have a SES Fair9(Date to be Determined) before October 15th. Your decision and application for SES services should be made by November 10, 2012.

Sincerely,

Executive Director

SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER SELECTION FORM

Student's Name (Printed)

Student's Grade

School

Academic Year

Check the box (only one) that applies:

I am interested in signing up my son/daughter to receive free tutoring.

- I am selecting the state-approved provider from the list provided to me.

In order of preference, I select:

(First choice of state-approved SES provider)

(Second choice of state-approved SES provider)

(Third choice of state-approved SES provider)

- I understand that the district will enter into an agreement with the SES provider. District officials will make every effort to provide my first choice of SES provider.
- I understand that the SES provider will regularly inform me and the student's teacher(s) of my child's progress.
- I understand that participation will be prioritized on the basis of academic need as defined by the district.

My son/daughter **WILL NOT** participate this academic year in the Supplemental Educational Services program as it is described in *No Child Left Behind*.

(Signature of parent/guardian)

(Date)

(Printed name of parent/guardian)

(Daytime telephone number)