



SCHOOL DISTRICT OF THE CITY OF HIGHLAND PARK
Individual Supplementary Services Agreement (ISSA)
2009 - 2010

Student Name: Dalanta Hence Student UIC Number: _____
Address: 89 Elmhurst Phone Number: 544-0591
School: Highland Park Grade: 9 Age: 16
Parent-Selected Provider: ME LEARNING UNLIMITED

After selecting a provider, parent/guardian should submit this form to the School Principal or District Categorical Programs Office.

The District will notify parent/guardian and SES Provider of approval.

AFTER RECEIVING DISTRICT APPROVAL for services, parent/guardian may then schedule the first appointment with the SES Provider.

Special Services This Student Receives: English Language Learner
 Special Education

DATE OF CONSULTATION MEETING: _____

(initials) Parent AGREES to release the following information regarding their student to the parent-selected agency/provider.

KL (Initials) The supplemental service provider AGREES NOT TO DISCLOSE to the public the identity of this student without the written consent of the parent.

PROVIDER: ATTACH ASSESSMENT RESULTS available for this student in reading and mathematics. If this student is in Special Education, attach IEP Learning Goals. Include the following items for all students:

1. Describe the specific achievement goals that will be established for this student.
2. How will progress toward achieving these goals be measured?
3. What is the timeline for improving achievement? In the case of a student with disabilities, the timetable will be consistent with the student's Individual Education Program (IEP) pursuant to the Individuals with Disabilities Education Act.
4. How will parents and the student's teacher be regularly informed of student progress?

____ Monthly Bi-Monthly Other (specify) _____

Procedure For Notification: _____

SERVICES TO BE PROVIDED:

Number of hours of service covered by this agreement: _____ Hourly rate: \$ _____

Location of services (address or site): _____

Type of service: Individual Small group (less than 6)
 Average group (7-10) Other

ATTENDANCE: "Absences in excess of _____ may result in termination of services to the student, upon Provider's receipt of written authorization for such termination by the School District."

TERMINATION OF SERVICES: If the Provider is unable to meet the goals and timetables established in this ISSA, either the Provider, or the parent, may request that the District authorize in writing the termination of Provider's services to this student. Any time the District becomes aware that the Provider is not meeting the goals and timetables established in this ISSA, the District may, in its sole discretion, terminate the Provider's services to this student."

METHOD OF PAYMENT: PROVIDER shall submit to LEA **monthly invoices** itemized by name/address of student, service provided and actual number of hours for which services were provided, and amount owed. **Such invoices shall be submitted within thirty (30) days of the rendering of services.** LEA shall process payments to PROVIDER within forty-five (45) days of submission of such invoices. Such monthly invoices shall be accompanied by all required documents as indicated in the contract, including but not limited to: A) Report on each student's progress; B) **ORIGINAL** attendance report signed each session by tutor, signed monthly by parent; and C) Itemized monthly billing summary.

Parent and supplementary service provider agree to payment **Not to Exceed a total of \$3,409.00 per student.**

Parent Signature

Hence Hence

6-8-10

Date

Supplementary Provider Signature

Date

Categorical Programs Director Signature

Date

NOTE: Services provided prior to authorization by Categorical Programs Director will NOT be reimbursed.

KL copy