



SES Contact Sheet 2010-2011 School Year

Confirmation of ODE Authorized SES Service Hours

Date:

SES Tutor of Record:

Student Information

Student Name: Grade:

The student named above is authorized for services from until

This student should receive hours of services per in Math or Language Arts:

Tutoring Location:

Student Contact Information

Parent/Guardian Name:

Address/City/Zip:

Home/Work/Cell Phone:

Tree of Knowledge Supervisor Signature: _____ Date: _____

Parent of Record Signature: _____ Date: _____

Local Educational Agency Director Signature: _____ Date: _____

Local Educational Agency Director Printed Name: _____

* SES services to be provided by ODE or authorized service provider

**Contract is valid with the understanding that parent SES consent form is signed.